Pennsylvania Department of Public Welfare

# Annual Child Abuse Report

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

2012

To report suspected
child abuse, call
ChildLine at

**1-800-932-0313**
**TDD 1-866-872-1677**

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## 2012 Annual Child Abuse Report



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COMMONWEALTH OF PENNSYLVANIA

April 2013

Dear Citizen,

Thanks to the work of the Task Force on Child Protection Services, the 2012 Annual Child Abuse Report is being released at a time when the potential for historic changes are on the horizon for protecting Pennsylvania's children. In 2012, the Task Force was created by the General Assembly to thoroughly review state laws and procedures governing child protection and the reporting of child abuse.

I want to congratulate and commend the joint legislative panel for its commitment and diligence at dissecting current child protective laws in Pennsylvania. Its work included 11 separate hearings and hundreds of hours of work by the panel as it heard from medical experts, victim advocates, legal specialists, providers and leadership within the Department of Public Welfare's Office of Children Youth and Families.

In the end, the task force made multiple recommendations for improving our child protection statutes with some calling for sweeping change while others focus on narrow and specific proposals. These recommendations are now being reviewed by various committees within the state legislature with several bills pending.

As the legislature continues this important work, the 2012 Annual Child Abuse Report can be used as a reminder that far too many Pennsylvania children continue to face serious harm and even death due to abuse. There were 33 substantiated child fatalities in 2012 and 48 near fatalities. Certainly, these numbers that show our work is not over. The task force is to be commended for representing the fundamental interest we all have as Pennsylvanians: to better protect our children and their future.

Sincerely,

Tom Corbett

Tom Corbett
Governor

COMMONWEALTH OF PENNSYLVANIA

April 2013

Dear Child Advocate:

The vision of the Office of Children, Youth & Families is for all children and youth to grow up in a safe, loving, nurturing, permanent family and community. Ensuring their safety, permanency and well-being is at the very core of our mission.

You do extraordinary work for the children, youth and families in Pennsylvania and I want to thank you for your continued efforts. Until every child is safe however, we must work together to implement quality services and best practices to make a difference for Pennsylvania children, youth and families.

The previous year reflects an unprecedented increase of 2,286 calls of suspected abuse and/or neglect to the state's child abuse reporting hotline. This marks 2012 as the year Pennsylvania received more reports of suspected child abuse than any other year on record. We cannot say for sure why there is a large increase, but what we do know is that in Pennsylvania there has been a surge in awareness of and conversations about child abuse. With the creation of the Task Force on Child Protection and the release of the task force report, we now have the attention of key decision makers and community leaders to move forward and better protect the children and youth who need us most.

It is important to remember that no group can solve the problem of abuse alone; to better prevent abuse we need to empower families, strengthen our communities and join together to assist organizations to keep the discussion going. To better understand the landscape of abuse in Pennsylvania I urge you to review this report and use it as a resource to make a lasting change.

Sincerely,

Beverly Mackereth

Beverly D. Mackereth
Acting Secretary

# Introduction

Pennsylvania's Child Protective Services Law requires the Department of Public Welfare to prepare and transmit to the governor and General Assembly a yearly report on child abuse in the commonwealth. Each report is to include a full statistical analysis on reports of suspected child abuse and/or neglect and explanations of services provided to abused and/or neglected children.

Data contained in this report are based on completed investigations during the 2012 calendar year. Reports of suspected child abuse received in November and December 2012 that are still under investigation as of Dec. 31, 2012, will be included in next year's annual report.

In 2012, ChildLine, Pennsylvania's child abuse hotline, registered 26,664 reports of suspected abuse and/or neglect; an increase of 2,286 reports from the previous year. Pennsylvania received more reports of suspected child and student abuse in 2012 than any other year on record. The substantiation rate in Pennsylvania has slowly and steadily decreased by about one percent each year since 1977; this trend continued in 2012 as Pennsylvania substantiated 13 percent of reports received, down one percent from 2011. There were 33 substantiated child fatalities in 2012, one less child fatality than the previous year. Every child fatality is closely examined by a child fatality review team to determine what, if any, risk factors may have contributed to the child's death.

Successfully protecting all Pennsylvania's children requires a total team effort. Pennsylvania's child welfare community, its partners, and all its citizens must work together in order to protect our children from abuse and/or neglect. If any citizen has any reason to suspect that a child is being, or has been abused and/or neglected, please help protect that child and report the suspected incident to ChildLine by calling 1-800-932-0313 (TDD 1-866-872-1677).

# 2012 Legislative Update

In 2011, the Task Force on Child Protection was created by Senate Resolution 250 and House Resolution 522. Membership on the Task Force included physicians, attorneys, a judge, a private provider, a child welfare worker, and advocates. The group was chaired by Bucks County District Attorney David Heckler. On Nov. 27, 2012, after eleven public hearings and over sixty testimonies, the Task Force on Child Protection released its report with recommendations on how to improve state laws and procedures governing child protection and the reporting of child abuse. The recommendations include amendments to the Child Protective Services Law (CPSL), the Crimes Code, the Domestic Relations Code and the Judicial Code. Additional recommendations were included around the use of multidisciplinary investigative teams (MDITs) and Child Advocacy Centers (CACs), ChildLine, child welfare staff qualifications and training, and amendments to the Professional Educator Discipline Act.

Two fundamental recommendations of the Task Force were to amend the definitions of child abuse and perpetrator in the CPSL. The proposed definition of child abuse was amended to lower the threshold for substantiating child abuse and would make specific acts, regardless of injury, constitute child abuse. Additionally, sexual abuse was broadened to be consistent with current statutory definitions.

The proposed definition of perpetrator was expanded to include employees and volunteers who have direct or regular contact with a child as a result of their employment or involvement in programs, services, or activities. This proposal also included all school personnel; any person present in a child's home at the time of an alleged abuse; a relative to the child by birth, marriage or adoption to the fifth degree; and former paramours or step-parents.

The proposed list of mandated reporters specifically listed college administrators; coaches; attorneys; librarians; persons working or volunteering in programs, services or activities if they accept responsibility for children; commercial film processors; and persons who repair or service computers or other technology equipment. Additionally, the child does not need to come before the mandated reporter in order for them to be required to report suspected abuse. The recommendations also called for established mandated reporter education and training requirements and a training academy.

Additional proposed changes to the CPSL include requiring all counties to have a functioning MDIT with specific membership requirements. It was proposed to have current CACs evaluated for effectiveness and additional CACs to be established and made available to all counties with dedicated and sustainable funding. The Task Force also recommended the minimum experience and training requirements of child welfare staff be increased and that a review and revision of the civil service requirements for these positions occur.

The report contained proposed legislation that will be introduced as bills by House and Senate members and presented to the General Assembly for review and possible enactment.

The complete report can be accessed at www.childprotection.state.pa.us.

# Child Abuse and Student Abuse Statistical Summary

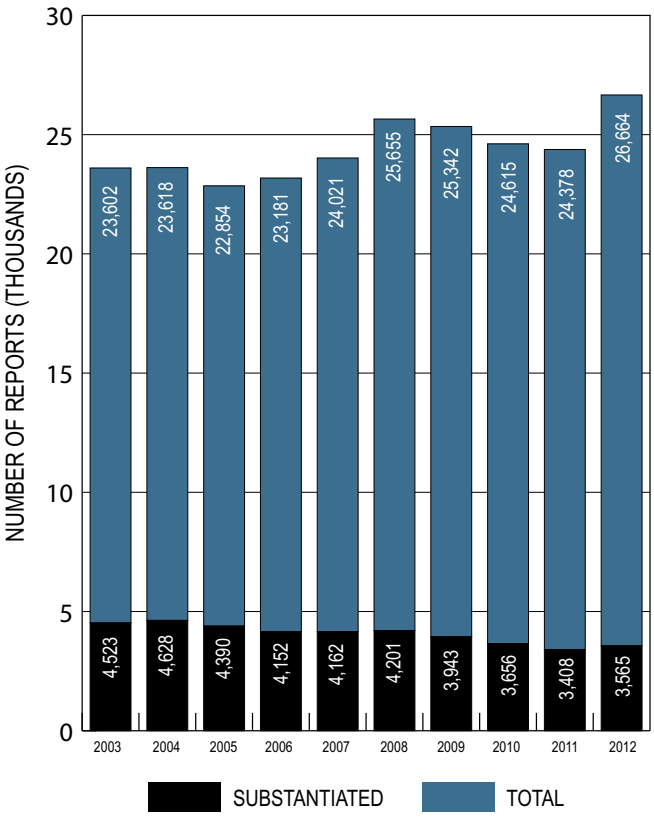
## REPORT DATA[1]

- In 2012, 26,664 reports of suspected child and student abuse were received, an increase of 2,286 reports from 2011 (refer to Chart 1 for a multi-year comparison).
- Law enforcement officials received 8,889 reports for possible criminal investigation and prosecution; this represents 33 percent of all reports. This figure includes certain criminal offenses such as aggravated assault, kidnapping, sexual abuse, or serious bodily injury by any perpetrator. All reports involving perpetrators who are not family members must also be reported to law enforcement.
- In 2012, 3,565 reports, or 13.4 percent, of suspected child and student abuse were substantiated, 157 more than in 2011.
- Due to court activity, 73 reports substantiated in 2011 were changed from indicated to founded, including 59 due to criminal conviction of perpetrators. These 59 represent nearly two percent of the total substantiated reports.
- Of Pennsylvania's 67 counties, 53 received more reports in 2012 than in 2011.
- Sexual abuse was involved in 54 percent of all substantiated reports, an increase of one percent from 2011.
- Included in the reports were 42 reports of suspected student abuse, an increase of 34 from 2011 (refer to Reporting and Investigating Student Abuse on page 30 for a discussion of student abuse).

## VICTIM DATA

- In 2012, 7,088 children were moved from the setting where the alleged or actual abuse occurred. This represents an increase of two percent from 2011.
- Of the 3,565 substantiated reports of abuse, 3,408 children (unduplicated count)[2] were listed as abuse victims. Some children were involved in more than one incident of abuse.
- In 2012, 2,380, or 67 percent, of substantiated reports involved girls; while 1,185, or 33 percent, of substantiated reports of abuse involved boys.
- In 2012, 1,534, or 80 percent, of sexually abused children were girls; while 395, or 20 percent, of sexually abused children were boys.
- Of the 490 reports in which children reported themselves as victims; 148, or 30 percent, of the reports were substantiated.

### Chart 1
### CHILD ABUSE REPORTS FROM 2003 - 2012




[1] All data in the narratives of this report have been rounded off to the nearest percent.

[2] "Unduplicated count" indicates that the subject was counted only once, regardless of how many reports they appeared in for the year.

- In 2012, 283, or eight percent, of substantiated reports involved children who had been abused before.
- In 2012, 33 Pennsylvania children died from abuse, which is one less than in 2011.
- The 28 reports of substantiated student abuse involved 15 females and 13 males.
- Of the substantiated reports of abuse, the living arrangement of the child at the time of abuse was highest for children living with a single parent. These reports represented 42 percent of all substantiated reports. The second-highest living arrangement was children living with two parents, or 35 percent of substantiated reports.

## PERPETRATOR DATA

- There were 4,066 perpetrators (unduplicated count)[2] in 3,565 substantiated reports.
- 419, or ten percent, of the perpetrators had been a perpetrator in at least one prior substantiated report.
- 3,647, or 90 percent, of the perpetrators were reported for the first time.
- In the 3,565 substantiated reports, 59 percent of the perpetrators had a parental (mother, father, stepparent, paramour of a parent) relationship to the child.

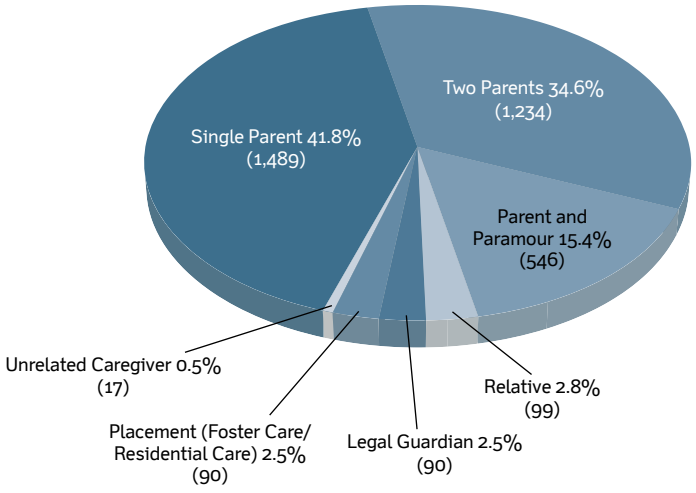
## CHILD CARE SETTING DATA

- A total of 138 substantiated reports involved children abused in a child care setting. A child care setting is defined as services or programs outside of the child's home, such as child care centers, foster homes and group homes. It does not include babysitters (paid or unpaid) arranged by parents.
- Staff in the regional office of the Office of Children Youth and Families, OCYF, investigated 1,800 reports, an increase of four percent from 2011, of suspected abuse in cases where the alleged perpetrator was an agent or employee of a county agency. Children, Youth and Families regional offices are required to conduct these investigations pursuant to the Child Protective Services Law.

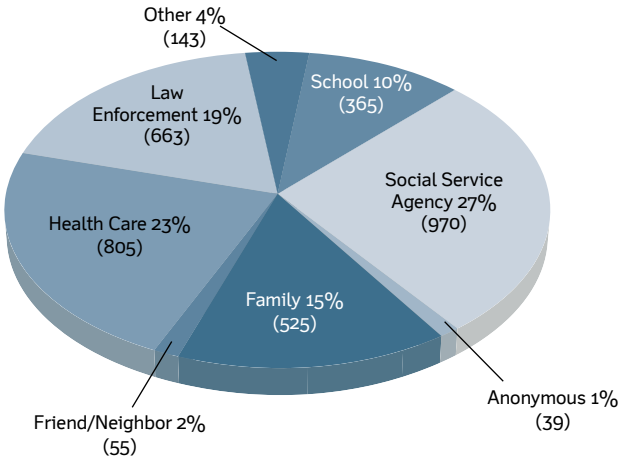
## REQUESTS FOR CHILD ABUSE HISTORY CLEARANCES

- A total of 539,690 individuals who were seeking approval as foster or adoptive parents, or employment in a child care service, or in a public or private school, requested clearance through ChildLine. This is an increase from 2011.
- Of the persons requesting clearance for employment, foster care or adoption 1,086, or less than one percent, were on file at ChildLine as perpetrators of child abuse.

### Chart 2 - CHILD'S LIVING ARRANGEMENT AT THE TIME OF THE ABUSE (Substantiated Reports), 2012




### Chart 3 - SOURCE OF SUBSTANTIATED ABUSE REFERRALS (Substantiated Reports), 2012 (by category)




[2] "Unduplicated count" indicates that the subject was counted only once, regardless of how many reports they appeared in for the year.

# Reporting and Investigating Child Abuse

Act 127 of 1998 amended the Pennsylvania Child Protective Services Law with this purpose:

> "… to preserve, stabilize and protect the integrity of family life wherever appropriate or to provide another alternative permanent family when the unity of the family cannot be maintained."

Act 127 also strengthened the Child Protective Services Law by providing for more cooperation between county agencies and law enforcement officials when referring and investigating reports of suspected child abuse. Pennsylvania law defines child abuse as any of the following when committed upon a child under 18 years of age by a perpetrator[3]:

1. Any recent act[4] or failure to act which causes non-accidental serious physical injury.
2. An act or failure to act which causes non-accidental serious mental injury or sexual abuse or sexual exploitation.
3. Any recent act, failure to act or series of such acts or failures to act which creates an imminent risk of serious physical injury, sexual abuse or sexual exploitation.
4. Serious physical neglect which endangers a child's life or development or impairs a child's functioning.

The Department of Public Welfare's ChildLine and Abuse Registry (1-800-932-0313) is the central clearinghouse for all investigated reports. Professionals who come into contact with children during the course of their employment, occupation or practice of a profession are required to report when they have reasonable cause to suspect that a child under the care, supervision, guidance or training of that person or of an agency, institution, organization or other entity with which that person is affiliated, is an abused child. This also includes incidents of suspected child abuse in which the individual committing the act is not defined as a perpetrator under the Child Protective Services Law. Data reporting contained in this annual report is specific to those cases where the individual committing the acts was considered a perpetrator under the Child Protective Services Law. Unless otherwise noted, any person may report suspected abuse even if the individual wishes to remain anonymous.

Staff of the county agencies investigate reports of suspected abuse. When the alleged perpetrator is an agent or employee of the county children and youth agency, regional office staff from Office of Children, Youth and Families conduct the investigation. The investigation must determine within 30 days whether the report is:

**FOUNDED** – there is a judicial adjudication that the child was abused;

**INDICATED** – county agency or regional staff find abuse has occurred based on medical evidence, the child protective service investigation or an admission by the perpetrator;

**UNFOUNDED** – there is a lack of evidence that the child was abused; or

**PENDING** – status assigned to a report when the county agency cannot complete the investigation within 30 calendar days because criminal or juvenile court action has been initiated.

In this annual report, **"founded"** and **"indicated"** reports of abuse will be referred to as **"substantiated"** reports. Substantiated reports are kept on file at both ChildLine and the county agencies until the victim's 23rd birthday. ChildLine keeps the perpetrator's information on file indefinitely if the date of birth or social security number of the perpetrator is known.

Act 127 of 1998 requires that unfounded reports be kept on file for one year from the date of the report and be destroyed within 120 days following the one-year period.

## STATUS OF EVALUATION, RATES OF REPORTING AND SUBSTANTIATION BY COUNTY, 2011–2012 – TABLE 1

The data contained in this report are based on completed investigations received at ChildLine during the 2012 calendar year. County agencies have a maximum of 60 days from the date a report is registered with ChildLine to submit their findings. Therefore, some reports registered in November and December of 2011 are included in this report because ChildLine received their investigation findings during the 2012 calendar year.

In 2012, 26,664 reports of suspected child abuse were received at ChildLine and investigated by staff of a county agency or Department of Public Welfare's regional staff. The following statistical highlights are extracted from Table 1:

[3] A perpetrator is defined as a person who has committed child abuse and is a parent, paramour of a parent, individual (age 14 or older) residing in the same home as a child, or a person responsible for the welfare of a child, including a person who provides mental health diagnosis or treatment.

[4] A recent act is defined as within two years of the date of the report.

# Table 1 - STATUS OF EVALUATION
# RATES OF REPORTING AND SUBSTANTIATION BY COUNTY, 2011 - 2012

| COUNTY | TOTAL REPORTS | | SUBSTANTIATED REPORTS | | | | 2012 POPULATION[5] | | TOTAL REPORTS per 1000 Children | | SUBSTANTIATED REPORTS per 1000 Children | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2011 | 2012 | 2011 | % | 2012 | % | TOTAL | UNDER 18 | 2011 | 2012 | 2011 | 2012 |
| Adams | 264 | 275 | 44 | 16.7 | 45 | 16.4 | 101,434 | 22,053 | 11.8 | 12.5 | 2.0 | 2.0 |
| Allegheny | 1,504 | 1,705 | 95 | 6.3 | 75 | 4.4 | 1,227,066 | 239,473 | 6.2 | 7.1 | 0.4 | 0.3 |
| Armstrong | 151 | 140 | 23 | 15.2 | 11 | 7.9 | 68,568 | 13,728 | 10.6 | 10.2 | 1.6 | 0.8 |
| Beaver | 187 | 213 | 43 | 23.0 | 45 | 21.1 | 170,414 | 34,225 | 5.4 | 6.2 | 1.2 | 1.3 |
| Bedford | 69 | 93 | 12 | 17.4 | 11 | 11.8 | 49,739 | 10,484 | 6.4 | 8.9 | 1.1 | 1.0 |
| Berks | 904 | 880 | 138 | 15.3 | 137 | 15.6 | 412,778 | 96,906 | 9.2 | 9.1 | 1.4 | 1.4 |
| Blair | 360 | 405 | 39 | 10.8 | 51 | 12.6 | 127,099 | 26,269 | 13.4 | 15.4 | 1.5 | 1.9 |
| Bradford | 178 | 198 | 55 | 30.9 | 46 | 23.2 | 62,917 | 14,005 | 12.5 | 14.1 | 3.9 | 3.3 |
| Bucks | 737 | 858 | 70 | 9.5 | 83 | 9.7 | 626,854 | 140,739 | 5.1 | 6.1 | 0.5 | 0.6 |
| Butler | 228 | 263 | 37 | 16.2 | 33 | 12.5 | 184,848 | 40,537 | 5.5 | 6.5 | 0.9 | 0.8 |
| Cambria | 360 | 428 | 42 | 11.7 | 47 | 11.0 | 143,728 | 27,872 | 12.8 | 15.4 | 1.5 | 1.7 |
| Cameron | 8 | 10 | 3 | 37.5 | 4 | 40.0 | 5,010 | 934 | 8.1 | 10.7 | 3.0 | 4.3 |
| Carbon | 127 | 138 | 16 | 12.6 | 19 | 13.8 | 65,154 | 13,210 | 9.4 | 10.4 | 1.2 | 1.4 |
| Centre | 191 | 218 | 23 | 12.0 | 35 | 16.1 | 154,722 | 24,205 | 7.8 | 9.0 | 0.9 | 1.4 |
| Chester | 791 | 795 | 61 | 7.7 | 59 | 7.4 | 503,897 | 123,639 | 6.4 | 6.4 | 0.5 | 0.5 |
| Clarion | 77 | 77 | 16 | 20.8 | 12 | 15.6 | 40,013 | 7,619 | 9.9 | 10.1 | 2.1 | 1.6 |
| Clearfield | 174 | 241 | 34 | 19.5 | 45 | 18.7 | 81,445 | 15,819 | 10.7 | 15.2 | 2.1 | 2.8 |
| Clinton | 61 | 90 | 13 | 21.3 | 18 | 20.0 | 39,208 | 8,065 | 7.5 | 11.2 | 1.6 | 2.2 |
| Columbia | 124 | 139 | 19 | 15.3 | 33 | 23.7 | 67,476 | 12,437 | 9.9 | 11.2 | 1.5 | 2.7 |
| Crawford | 274 | 351 | 42 | 15.3 | 31 | 8.8 | 88,740 | 19,552 | 13.8 | 18.0 | 2.1 | 1.6 |
| Cumberland | 341 | 394 | 60 | 17.6 | 65 | 16.5 | 237,892 | 48,548 | 7.0 | 8.1 | 1.2 | 1.3 |
| Dauphin | 571 | 629 | 89 | 15.6 | 88 | 14.0 | 268,977 | 61,358 | 9.2 | 10.3 | 1.4 | 1.4 |
| Delaware | 926 | 960 | 71 | 7.7 | 96 | 10.0 | 559,494 | 128,499 | 7.1 | 7.5 | 0.5 | 0.7 |
| Elk | 63 | 49 | 7 | 11.1 | 4 | 8.2 | 31,751 | 6,472 | 9.5 | 7.6 | 1.1 | 0.6 |
| Erie | 850 | 900 | 94 | 11.1 | 84 | 9.3 | 280,985 | 62,966 | 13.3 | 14.3 | 1.5 | 1.3 |
| Fayette | 377 | 413 | 51 | 13.5 | 40 | 9.7 | 136,097 | 26,944 | 13.6 | 15.3 | 1.8 | 1.5 |
| Forest | 6 | 19 | 3 | 50.0 | 7 | 36.8 | 7,589 | 842 | 6.3 | 22.6 | 3.1 | 8.3 |
| Franklin | 208 | 196 | 54 | 26.0 | 42 | 21.4 | 150,811 | 35,335 | 5.8 | 5.5 | 1.5 | 1.2 |
| Fulton | 54 | 42 | 14 | 25.9 | 5 | 11.9 | 14,801 | 3,322 | 15.7 | 12.6 | 4.1 | 1.5 |
| Greene | 97 | 116 | 21 | 21.6 | 16 | 13.8 | 38,623 | 7,559 | 12.6 | 15.3 | 2.7 | 2.1 |
| Huntingdon | 62 | 94 | 10 | 16.1 | 27 | 28.7 | 45,875 | 9,053 | 6.7 | 10.4 | 1.1 | 3.0 |
| Indiana | 166 | 185 | 21 | 12.7 | 23 | 12.4 | 89,298 | 16,769 | 9.9 | 11.0 | 1.2 | 1.4 |
| Jefferson | 96 | 112 | 13 | 13.5 | 25 | 22.3 | 44,976 | 9,447 | 9.8 | 11.9 | 1.3 | 2.6 |
| Juniata | 40 | 67 | 7 | 17.5 | 14 | 20.9 | 24,400 | 5,748 | 6.8 | 11.7 | 1.2 | 2.4 |
| Lackawanna | 394 | 517 | 64 | 16.2 | 109 | 21.1 | 214,166 | 43,413 | 9.0 | 11.9 | 1.5 | 2.5 |
| Lancaster | 859 | 1,074 | 137 | 15.9 | 162 | 15.1 | 523,594 | 128,271 | 6.7 | 8.4 | 1.1 | 1.3 |
| Lawrence | 153 | 149 | 38 | 24.8 | 36 | 24.2 | 90,535 | 18,920 | 7.9 | 7.9 | 2.0 | 1.9 |
| Lebanon | 315 | 348 | 44 | 14.0 | 37 | 10.6 | 134,311 | 30,533 | 10.2 | 11.4 | 1.4 | 1.2 |
| Lehigh | 774 | 828 | 71 | 9.2 | 58 | 7.0 | 352,947 | 82,197 | 9.4 | 10.1 | 0.9 | 0.7 |
| Luzerne | 511 | 550 | 83 | 16.2 | 117 | 21.3 | 320,651 | 63,697 | 7.9 | 8.6 | 1.3 | 1.8 |
| Lycoming | 158 | 279 | 23 | 14.6 | 22 | 7.9 | 116,747 | 23,910 | 6.5 | 11.7 | 0.9 | 0.9 |
| McKean | 172 | 195 | 22 | 12.8 | 24 | 12.3 | 43,222 | 8,994 | 18.8 | 21.7 | 2.4 | 2.7 |
| Mercer | 238 | 235 | 51 | 21.4 | 41 | 17.4 | 116,205 | 24,716 | 9.4 | 9.5 | 2.0 | 1.7 |
| Mifflin | 68 | 116 | 15 | 22.1 | 33 | 28.4 | 46,858 | 10,609 | 6.3 | 10.9 | 1.4 | 3.1 |
| Monroe | 356 | 354 | 52 | 14.6 | 60 | 16.9 | 169,882 | 39,252 | 8.8 | 9.0 | 1.3 | 1.5 |
| Montgomery | 822 | 897 | 87 | 10.6 | 102 | 11.4 | 804,210 | 182,001 | 4.5 | 4.9 | 0.5 | 0.6 |
| Montour | 46 | 47 | 3 | 6.5 | 5 | 10.6 | 18,296 | 3,786 | 11.9 | 12.4 | 0.8 | 1.3 |
| Northampton | 712 | 730 | 98 | 13.8 | 84 | 11.5 | 298,476 | 64,156 | 10.9 | 11.4 | 1.5 | 1.3 |
| Northumberland | 184 | 203 | 36 | 19.6 | 33 | 16.3 | 94,558 | 19,093 | 9.5 | 10.6 | 1.9 | 1.7 |
| Perry | 106 | 131 | 15 | 14.2 | 30 | 22.9 | 46,042 | 10,392 | 9.9 | 12.6 | 1.4 | 2.9 |
| Philadelphia | 4,566 | 4,537 | 710 | 15.5 | 662 | 14.6 | 1,536,471 | 343,810 | 13.3 | 13.2 | 2.1 | 1.9 |
| Pike | 149 | 93 | 13 | 8.7 | 14 | 15.1 | 56,852 | 12,679 | 11.2 | 7.3 | 1.0 | 1.1 |
| Potter | 52 | 50 | 15 | 28.8 | 13 | 26.0 | 17,453 | 3,755 | 13.3 | 13.3 | 3.8 | 3.5 |
| Schuylkill | 331 | 397 | 56 | 16.9 | 56 | 14.1 | 147,513 | 29,078 | 11.1 | 13.7 | 1.9 | 1.9 |
| Snyder | 42 | 33 | 18 | 42.9 | 5 | 15.2 | 39,819 | 8,803 | 4.7 | 3.7 | 2.0 | 0.6 |
| Somerset | 138 | 165 | 20 | 14.5 | 17 | 10.3 | 77,405 | 14,642 | 9.1 | 11.3 | 1.3 | 1.2 |
| Sullivan | 13 | 15 | 2 | 15.4 | 3 | 20.0 | 6,479 | 1,002 | 12.7 | 15.0 | 1.9 | 3.0 |
| Susquehanna | 77 | 97 | 17 | 22.1 | 23 | 23.7 | 43,192 | 8,822 | 8.4 | 11.0 | 1.9 | 2.6 |
| Tioga | 86 | 109 | 16 | 18.6 | 26 | 23.9 | 42,419 | 8,591 | 10.0 | 12.7 | 1.9 | 3.0 |
| Union | 42 | 51 | 12 | 28.6 | 15 | 29.4 | 44,847 | 8,240 | 5.1 | 6.2 | 1.4 | 1.8 |
| Venango | 157 | 164 | 36 | 22.9 | 22 | 13.4 | 54,683 | 11,508 | 13.3 | 14.3 | 3.0 | 1.9 |
| Warren | 109 | 113 | 24 | 22.0 | 21 | 18.6 | 41,441 | 8,367 | 12.5 | 13.5 | 2.8 | 2.5 |
| Washington | 308 | 421 | 59 | 19.2 | 93 | 22.1 | 208,282 | 42,152 | 7.2 | 10.0 | 1.4 | 2.2 |
| Wayne | 92 | 85 | 19 | 20.7 | 18 | 21.2 | 53,004 | 9,725 | 9.2 | 8.7 | 1.9 | 1.9 |
| Westmoreland | 561 | 631 | 85 | 15.2 | 94 | 14.9 | 364,471 | 70,930 | 7.7 | 8.9 | 1.2 | 1.3 |
| Wyoming | 37 | 82 | 5 | 13.5 | 20 | 24.4 | 28,406 | 5,946 | 6.0 | 13.8 | 0.8 | 3.4 |
| York | 1,124 | 1,275 | 122 | 10.9 | 134 | 10.5 | 436,770 | 100,621 | 11.0 | 12.7 | 1.2 | 1.3 |
| **TOTAL** | 24,378 | 26,664 | 3,408 | 14.0 | 3,565 | 13.4 | 12,742,886 | 2,757,244 | 8.7 | 9.7 | 1.2 | 1.3 |

[5] 2012 Annual Estimates from the U.S. Census Bureau.

- There was a nine percent increase in the total number of reports received in 2012.
- Completed investigations found 13 percent of the reports to be substantiated and 87 percent to be unfounded. Due to local court proceedings, six percent of total reports were still pending a final disposition.
- Approximately ten out of every 1,000 children living in Pennsylvania were reported as victims of suspected abuse in 2012.
- Approximately one out of every 1,000 children living in Pennsylvania were found to be victims of child abuse in 2012.
- For 2012, the substantiation rate (the percentage of suspected reports that were confirmed as abuse) is one percent lower than 2011 at 13 percent. The rate in 43 counties was at or above this average. Twenty-four counties were below this average.
- While 67 percent of the substantiated victims were girls, 33 percent were boys. The higher number of substantiated reports involving girls is partially explained by the fact that 80 percent of sexual abuse reports, the most prevalent type of abuse, involved girls and 20 percent involved boys. This has been a consistent trend in Pennsylvania.

## REFERRAL SOURCE BY STATUS DETERMINATION AND CHILDREN MOVED[6] FROM THE ALLEGED OR ACTUAL ABUSIVE SETTING, 2012 – TABLE 2A, TABLE 2B

Table 2A shows the number of suspected child abuse reports by referral source in relation to the number and percent of suspected abuses that were substantiated from those referents. In addition, the table shows the number of children who were moved from the alleged or actual abusive setting in relation to the referral source and the number of suspected abuses substantiated. Children moved from the alleged or actual abusive setting includes children who were removed by the county children and youth agency, children who were moved to another setting by a parent or another adult, and/or children who left the alleged or actual abusive setting themselves.

The number of children who were moved to another setting by a parent or another adult includes situations where the parents may be separated or divorced and the non-offending parent, by agreement or non agreement of the other parent, takes the child upon learning of the alleged or actual abuse. Also included in this number are situations where relatives, friends of the family or citizens of the community take the child upon learning of the alleged or actual abuse. Children who remove themselves are typically older children who either run away or leave the home of the alleged or actual abusive setting to seek safety elsewhere.

### Table 2A - REFERRAL SOURCE BY STATUS DETERMINATION AND CHILDREN MOVED[6], 2012

| REFERRAL SOURCE | TOTAL | SUBTANTIATED | PERCENT | CHILDREN MOVED |
|---|---|---|---|---|
| SCHOOL | 7,635 | 365 | 4.8% | 895 |
| OTHER PUB/PRI SOCIAL SERVICES AGENCY | 4,645 | 762 | 16.4% | 1,606 |
| HOSPITAL | 3,151 | 613 | 19.5% | 1,153 |
| PARENT/GUARDIAN | 1,971 | 289 | 14.7% | 639 |
| LAW ENFORCEMENT AGENCY | 1,686 | 656 | 38.9% | 737 |
| PUBLIC MH/MR AGENCY | 1,237 | 135 | 10.9% | 293 |
| ANONYMOUS | 1,073 | 39 | 3.6% | 141 |
| RELATIVE | 968 | 75 | 7.7% | 226 |
| RESIDENTIAL FACILITY | 899 | 52 | 5.8% | 424 |
| OTHER | 626 | 117 | 18.7% | 195 |
| FRIEND/NEIGHBOR | 620 | 55 | 8.9% | 144 |
| CHILD - SELF REFERRAL | 490 | 148 | 30.2% | 217 |
| PRIVATE DOCTOR/NURSE | 477 | 100 | 21.0% | 163 |
| PRIVATE PSYCHIATRIST | 434 | 66 | 15.2% | 113 |
| DAY CARE STAFF | 415 | 21 | 5.1% | 45 |
| SIBLING | 74 | 13 | 17.6% | 27 |
| CLERGY | 71 | 15 | 21.1% | 16 |
| DENTIST | 55 | 15 | 27.3% | 10 |
| PUBLIC HEALTH DEPT | 49 | 9 | 18.4% | 9 |
| COURTS | 43 | 7 | 16.3% | 19 |
| BABYSITTER | 18 | 1 | 5.6% | 5 |
| PERPETRATOR | 15 | 8 | 53.3% | 5 |
| LANDLORD | 8 | 2 | 25.0% | 4 |
| CORONER | 3 | 2 | 66.7% | 2 |
| NOT FOUND | 1 | 0 | 0.0% | 0 |
| **TOTAL** | **26,664** | **3,565** | **13.4%** | **7,088** |

[6] Children moved from the alleged or actual abusive setting include children who were moved by parents or other adults, those moved by the County Children and Youth Agency, and those who moved themselves.

Mandated reporters continue to be the highest reporters of suspected child abuse (Table 2B). Mandated reporters are individuals whose occupation or profession brings them into contact with children. They are required by law to report suspected child abuse to ChildLine when they have reason to suspect that a child under the care, supervision, guidance or training of that person; or of an agency, institution, organization or other entity with which that person is affiliated; has been abused including child abuse committed by an individual who is not defined as a perpetrator under the Child Protective Services Law. Suspected abuse of students by school employees is reported to ChildLine by the county agency after they receive the report from law enforcement officials. More information on student abuse can be found on page 30.

- In 2012, mandated reporters referred 20,800 reports of suspected abuse. This represents 78 percent of all suspected abuse reports.
- Seventy-nine percent of substantiated reports were from referrals made by mandated reporters.
- Schools have consistently reported the highest number of total reports from mandated reporters. The highest numbers of substantiated reports that originated from mandated reporters came from other public or private social service agencies.
- Parents and guardians have reported the highest number of suspected reports from non-mandated reporters.
- The highest numbers of substantiated reports that originated from non-mandated reporters have come from parents/guardians and others.

## Table 2B - REPORTING BY MANDATED REPORTERS (2003 - 2012)

| SOURCE | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|---|---|---|---|
| School | 5,716 | 5,797 | 5,457 | 5,805 | 5,989 | 6,618 | 6,514 | 6,921 | 6,930 | 7,635 |
| Other Public/Private Social Services Agency | 3,636 | 3,195 | 2,865 | 2,824 | 3,583 | 4,301 | 4,253 | 4,252 | 4,111 | 4,645 |
| Hospital | 2,676 | 2,624 | 2,601 | 2,668 | 2,815 | 2,900 | 2,863 | 2,783 | 2,750 | 3,151 |
| Law Enforcement Agy | 1,525 | 1,806 | 1,677 | 1,570 | 1,486 | 1,527 | 1,481 | 1,387 | 1,539 | 1,686 |
| Public MH/MR Agy | 753 | 842 | 925 | 847 | 839 | 880 | 1,011 | 1,035 | 1,255 | 1,237 |
| Residential Facility | 1,583 | 1,318 | 1,404 | 1,465 | 1,339 | 1,377 | 1,293 | 1,168 | 962 | 899 |
| Private Doctor/Nurse | 574 | 626 | 460 | 474 | 497 | 453 | 449 | 432 | 441 | 477 |
| Private Psychiatrist | 432 | 462 | 496 | 466 | 555 | 493 | 416 | 426 | 424 | 434 |
| Day Care Staff | 380 | 376 | 342 | 385 | 452 | 499 | 432 | 426 | 350 | 415 |
| Clergy | 29 | 36 | 42 | 48 | 41 | 53 | 42 | 42 | 37 | 71 |
| Dentist | 11 | 18 | 18 | 34 | 43 | 32 | 27 | 36 | 35 | 55 |
| Public Health Dept | 37 | 23 | 27 | 26 | 34 | 77 | 60 | 35 | 35 | 49 |
| Courts | 54 | 58 | 65 | 52 | 39 | 42 | 43 | 26 | 51 | 43 |
| Coroner | 9 | 10 | 11 | 7 | 6 | 2 | 4 | 3 | 7 | 3 |
| Total Number of Reports for Mandated Reports | 17,415 | 17,191 | 16,390 | 16,671 | 17,718 | 19,254 | 18,888 | 18,972 | 18,927 | 20,800 |
| | 73.8% | 72.8% | 71.7% | 71.9% | 73.8% | 75.0% | 74.5% | 77.1% | 77.6% | 78.0% |
| Total Number of Reports for Non-Mandated Reports | 6,187 | 6,427 | 6,464 | 6,510 | 6,303 | 6,401 | 6,454 | 5,643 | 5,451 | 5,863 |
| | 26.2% | 27.2% | 28.3% | 28.1% | 26.2% | 25.0% | 25.5% | 22.9% | 22.4% | 22.0% |
| Total Mandated Substantiated Reports | 3,259 | 3,385 | 3,145 | 2,934 | 3,120 | 3,259 | 3,039 | 2,806 | 2,667 | 2,818 |
| Percent of Substantiated | 72.1% | 73.1% | 71.6% | 70.7% | 75.0% | 77.6% | 77.1% | 76.8% | 78.3% | 79.0% |
| Total Non-Mandated substantiated Reports | 1,264 | 1,243 | 1,245 | 1,218 | 1,042 | 942 | 904 | 850 | 741 | 747 |
| Percent of Substantiated | 27.9% | 26.9% | 28.4% | 29.3% | 25.0% | 22.4% | 22.9% | 23.2% | 21.7% | 21.0% |

# Extent of Child Abuse and Student Abuse

## INJURIES BY AGE (SUBSTANTIATED REPORTS), 2012 – TABLE 3

Substantiated reports of child abuse and student abuse are recorded in the Statewide Central Register. Some children received more than one injury; therefore, the total number of injuries, 4,227 (see Table 3), exceeds the number of substantiated reports, 3,565 (see Table 1).

The Child Protective Services Law defines the types of injuries as follows:

- Physical injury is an injury that "causes a child severe pain or significantly impairs a child's physical functioning, either temporarily or permanently."
- Mental injury is a "psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that:

Table 3 - INJURIES, BY AGE GROUP (Substantiated Reports), 2012

| TYPE OF INJURY | TOTAL INJURIES | AGE GROUPS | | | | | |
|---|---|---|---|---|---|---|---|
| | | AGE <1 | AGE 1-4 | AGE 5-9 | AGE 10-14 | AGE 15-17 | AGE >17 |
| Asphyxiation/suffocation | 25 | 4 | 8 | 5 | 6 | 2 | 0 |
| Brain damage | 12 | 4 | 8 | 0 | 0 | 0 | 0 |
| Bruises | 349 | 26 | 119 | 92 | 70 | 42 | 0 |
| Burns/scalding | 42 | 6 | 20 | 7 | 7 | 1 | 1 |
| Drowning | 2 | 1 | 1 | 0 | 0 | 0 | 0 |
| Drugs/alcohol | 87 | 4 | 2 | 3 | 32 | 46 | 0 |
| Fractures | 93 | 47 | 25 | 8 | 7 | 6 | 0 |
| Internal injuries/hemorrhage | 38 | 17 | 13 | 3 | 0 | 5 | 0 |
| Lacerations/abrasions | 128 | 6 | 32 | 32 | 29 | 29 | 0 |
| Other physical injury | 134 | 23 | 19 | 21 | 43 | 27 | 1 |
| Poisoning | 1 | 0 | 1 | 0 | 0 | 0 | 0 |
| Punctures/bites | 19 | 3 | 6 | 5 | 1 | 4 | 0 |
| Skull fracture | 22 | 18 | 4 | 0 | 0 | 0 | 0 |
| Sprains/dislocations | 10 | 2 | 0 | 0 | 4 | 4 | 0 |
| Subdural hematoma | 55 | 38 | 15 | 2 | 0 | 0 | 0 |
| Welts/ecchymosis | 61 | 0 | 19 | 17 | 19 | 6 | 0 |
| **Total physical injuries** | **1,078** | **199** | **292** | **195** | **218** | **172** | **2** |
| Mental injuries | 16 | 0 | 0 | 2 | 7 | 7 | 0 |
| **Total mental injuries** | **16** | **0** | **0** | **2** | **7** | **7** | **0** |
| Exploitation | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Incest | 158 | 0 | 11 | 24 | 77 | 38 | 8 |
| Involuntary deviate sexual intercourse | 301 | 0 | 22 | 64 | 127 | 78 | 10 |
| Prostitution | 9 | 0 | 0 | 1 | 2 | 6 | 0 |
| Rape | 347 | 0 | 20 | 56 | 162 | 96 | 13 |
| Sexual assault[7] | 1,795 | 0 | 154 | 434 | 711 | 441 | 55 |
| Sexually explicit conduct for visual depiction | 72 | 0 | 4 | 16 | 31 | 17 | 4 |
| Statutory sexual assault | 98 | 0 | 2 | 10 | 47 | 34 | 5 |
| **Total sexual injuries** | **2,781** | **0** | **213** | **606** | **1,157** | **710** | **95** |
| Failure to thrive | 27 | 13 | 10 | 4 | 0 | 0 | 0 |
| Lack of supervision | 53 | 12 | 25 | 11 | 2 | 3 | 0 |
| Malnutrition | 7 | 4 | 2 | 1 | 0 | 0 | 0 |
| Medical neglect | 102 | 14 | 38 | 28 | 16 | 6 | 0 |
| Other physical neglect | 5 | 1 | 2 | 1 | 0 | 1 | 0 |
| **Total neglect injuries** | **194** | **44** | **77** | **45** | **18** | **10** | **0** |
| Imminent risk of physical injury | 101 | 16 | 44 | 22 | 11 | 8 | 0 |
| Imminent risk of sexual abuse or exploitation | 57 | 2 | 15 | 18 | 15 | 6 | 1 |
| **Total imminent risk injuries** | 158 | 18 | 59 | 40 | 26 | 14 | 1 |
| **Total substantiated injuries** | 4,227 | 261 | 641 | 888 | 1,426 | 913 | 98 |

[7] Sexual assault includes aggravated indecent assault, exploitation, indecent assault, indecent exposure, sexually explicit conduct and sexual assault.

1. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that his or her life or safety is threatened;

   or

2. Seriously interferes with a child's ability to accomplish age-appropriate developmental tasks."

- Sexual abuse includes engaging a child in sexually explicit conduct including the photographing, videotaping, computer depicting or filming, or any visual depiction of sexually explicit conduct of children.
- Physical neglect constitutes prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care.
- Imminent risk is a situation where there is a likelihood of serious physical injury or sexual abuse.

The following is a statistical summary of Table 3:

- Physical injuries were 25 percent of total injuries.
  - Bruises comprised 32 percent of physical injuries.
- Mental injuries were less than one percent of total injuries.
- Sexual injuries were 70 percent of total injuries.
  - Sexual assault comprised 65 percent of sexual injuries.
- Physical neglect injuries were four percent of the total injuries.
  - Medical neglect comprised 45 percent of physical neglect injuries.
- Imminent risk represented four percent of total injuries.
  - Imminent risk of physical injury comprised 64 percent of imminent risk injuries.

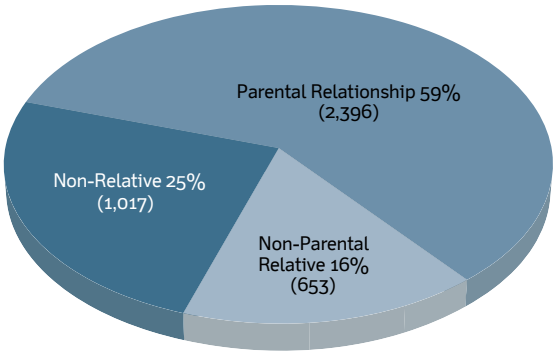
## RELATIONSHIP OF PERPETRATOR TO CHILD BY AGE OF THE PERPETRATOR (SUBSTANTIATED REPORTS), 2012 – TABLE 4

In some reports, more than one perpetrator is involved in an incident of abuse (see Table 4). Therefore, the number of perpetrators, 4,066, exceeds the number of substantiated reports, 3,565 (see Table 1).

### Table 4 - RELATIONSHIP OF PERPETRATOR TO CHILD BY AGE OF THE PERPETRATOR (Substantiated Reports), 2012

| RELATIONSHIP | TOTAL PERPS | AGE | | | | | |
|---|---|---|---|---|---|---|---|
| | | UNKNOWN | 10-19 | 20-29 | 30-39 | 40-49 | 50+ |
| Father | 829 | 3 | 12 | 216 | 302 | 213 | 83 |
| Mother | 799 | 0 | 28 | 341 | 314 | 101 | 15 |
| Other family member | 653 | 14 | 308 | 122 | 35 | 53 | 121 |
| Paramour | 526 | 8 | 15 | 169 | 176 | 112 | 46 |
| Household member | 372 | 11 | 99 | 94 | 65 | 44 | 59 |
| Daycare staff | 23 | 0 | 1 | 8 | 4 | 3 | 7 |
| Babysitter | 474 | 12 | 68 | 94 | 98 | 99 | 103 |
| Custodian (agency) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Step-parent | 242 | 0 | 0 | 33 | 101 | 83 | 25 |
| Residential facility staff | 18 | 0 | 0 | 8 | 6 | 2 | 2 |
| Foster parent | 28 | 1 | 0 | 5 | 5 | 8 | 9 |
| Legal guardian | 20 | 0 | 0 | 0 | 1 | 9 | 10 |
| School staff | 28 | 0 | 0 | 13 | 5 | 1 | 9 |
| Ex-parent | 6 | 0 | 0 | 0 | 4 | 0 | 2 |
| Other/unknown | 48 | 3 | 1 | 9 | 11 | 11 | 13 |
| **Total** | **4,066** | **52** | **532** | **1,112** | **1,127** | **739** | **504** |

## Chart 4 - PROFILE OF PERPETRATORS (Substantiated Reports), 2012




- Twenty percent of perpetrators were mothers.
  - Forty-three percent of abusive mothers were 20–29 years of age.
- Twenty percent of perpetrators were fathers.
  - Thirty-six percent of abusive fathers were 30–39 years of age.
- Sixteen percent of perpetrators were other family members.
  - Forty-seven percent of abusive other family members were between ten and nineteen years of age.
- A majority, 59 percent, of abusers had a parental relationship to the victim child (see Chart 4).
- The percentage of total reports where the abusers had a parental relationship decreased by three percent in 2012.
- An additional 16 percent of the perpetrators were otherwise related to the victim child, representing an increase of three percent from 2011.
- Twenty-five percent of the perpetrators were not related to the child.

### RELATIONSHIP OF PERPETRATOR TO CHILD BY TYPE OF INJURY (SUBSTANTIATED REPORTS), 2012 – TABLE 5

- Since some perpetrators cause more than one injury, there are more total injuries recorded than the total number of substantiated reports (see Table 5).
- Mothers and fathers were responsible for 39 percent of all injuries to abused children in 2012.
- Mothers caused 34 percent and fathers caused 28 percent of all physical injuries.
- Mothers were responsible for 54 percent of physical neglect injuries.
- Other family members were responsible for the third largest number of injuries, 18 percent.

- Foster parents, residential facility staff and child care staff were responsible for nearly two percent of all injuries.
- Teachers and school staff accounted for 34 student abuse injuries.
- Most of the abuse committed by a babysitter was sexual abuse, comprising 83 percent of the total abuse by a babysitter.
- Fathers and other family members caused the most sexual abuse injuries. Fathers and other family members were responsible for 16 and 25 percent of all sexual abuse injuries respectively.
- Children were more likely to be at risk of physical or sexual abuse than any other type of abuse by mothers. Seventy-three percent of all substantiated reports of abuse by mothers was physical or sexual abuse.

## Table 5 - RELATIONSHIP OF PERPETRATOR TO CHILD BY TYPE OF INJURY (Substantiated Reports), 2012

| TYPE OF INJURY | FATHER | MOTHER | OTHER FAMILY MEMBER | PARAMOUR | HOUSEHOLD MEMBER | DAYCARE STAFF | BABYSITTER | STEP-PARENT | RESIDENTIAL FACILITY STAFF | FOSTER PARENT | LEGAL GUARDIAN | SCHOOL STAFF | EX-PARENT | OTHER/ UNKNOWN | ROW TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Burns/scalding | 8 | 15 | 7 | 6 | 3 | 0 | 10 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 51 |
| Fractures | 49 | 68 | 7 | 21 | 4 | 0 | 7 | 0 | 1 | 2 | 0 | 0 | 0 | 2 | 161 |
| Skull fracture | 13 | 13 | 0 | 4 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32 |
| Subdural hematoma | 13 | 17 | 3 | 9 | 1 | 0 | 2 | 1 | 0 | 3 | 1 | 0 | 0 | 0 | 50 |
| Bruises | 131 | 122 | 20 | 72 | 6 | 1 | 20 | 20 | 3 | 6 | 0 | 0 | 0 | 1 | 402 |
| Welts/ecchymosis | 20 | 28 | 6 | 11 | 1 | 0 | 5 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 74 |
| Lacerations/abrasions | 29 | 59 | 11 | 30 | 2 | 0 | 4 | 4 | 4 | 1 | 3 | 0 | 0 | 1 | 148 |
| Punctures/bites | 4 | 7 | 2 | 3 | 2 | 0 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 22 |
| Brain damage | 5 | 5 | 1 | 4 | 0 | 0 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 20 |
| Poisoning | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Asphyxiation/suffocation | 9 | 9 | 0 | 2 | 0 | 1 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 27 |
| Internal injuries/hemorrhage | 14 | 16 | 3 | 11 | 2 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 51 |
| Sprains/dislocations | 3 | 2 | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| Drugs/alcohol | 18 | 32 | 10 | 6 | 6 | 0 | 14 | 8 | 0 | 0 | 1 | 0 | 0 | 2 | 97 |
| Drowning | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Other physical injury | 45 | 50 | 7 | 14 | 4 | 1 | 6 | 10 | 1 | 0 | 2 | 0 | 0 | 4 | 144 |
| Mental injuries | 3 | 9 | 1 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| Rape | 60 | 21 | 97 | 62 | 38 | 0 | 60 | 35 | 0 | 0 | 1 | 1 | 2 | 1 | 378 |
| Incest | 68 | 12 | 87 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 169 |
| Sexual assault[8] | 266 | 133 | 464 | 265 | 268 | 7 | 305 | 154 | 7 | 10 | 9 | 24 | 4 | 30 | 1,946 |
| Involuntary deviate sexual intercourse | 54 | 18 | 79 | 51 | 27 | 0 | 60 | 34 | 0 | 0 | 3 | 3 | 1 | 6 | 336 |
| Exploitation | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Prostitution | 1 | 4 | 0 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 12 |
| Sexually explicit conduct for visual depiction | 17 | 14 | 10 | 10 | 5 | 0 | 11 | 5 | 0 | 0 | 0 | 6 | 0 | 1 | 79 |
| Statutory sexual assault | 11 | 8 | 17 | 19 | 16 | 0 | 26 | 14 | 0 | 0 | 1 | 0 | 1 | 0 | 113 |
| Malnutrition | 4 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| Failure to thrive | 18 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 47 |
| Lack of supervision | 12 | 32 | 10 | 3 | 2 | 9 | 6 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 76 |
| Medical neglect | 37 | 83 | 6 | 1 | 0 | 5 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 135 |
| Other physical neglect | 3 | 2 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| Imminent risk of physical injury | 39 | 49 | 15 | 5 | 4 | 1 | 5 | 1 | 0 | 0 | 3 | 0 | 0 | 3 | 125 |
| Imminent risk of sexual abuse or exploitation | 18 | 30 | 5 | 9 | 3 | 0 | 3 | 4 | 1 | 1 | 0 | 0 | 0 | 2 | 76 |
| Total substantiated injuries | 973 | 894 | 870 | 626 | 399 | 25 | 558 | 300 | 22 | 31 | 24 | 34 | 10 | 55 | 4,821 |
| Sexual | 478 | 211 | 754 | 410 | 356 | 7 | 462 | 243 | 8 | 10 | 14 | 34 | 10 | 38 | 3,035 |
| Physical | 361 | 445 | 78 | 196 | 33 | 3 | 82 | 47 | 11 | 16 | 7 | 0 | 0 | 12 | 1,291 |
| Neglect | 74 | 150 | 17 | 5 | 3 | 14 | 6 | 1 | 2 | 4 | 0 | 0 | 0 | 0 | 276 |
| Imminent risk | 57 | 79 | 20 | 14 | 7 | 1 | 8 | 5 | 1 | 1 | 3 | 0 | 0 | 5 | 201 |
| Mental | 3 | 9 | 1 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |
| Total substantiated injuries | 973 | 894 | 870 | 626 | 399 | 25 | 558 | 300 | 22 | 31 | 24 | 34 | 10 | 55 | 4,821 |

[8] Sexual assault includes aggravated indecent assault, exploitation, indecent assault, indecent exposure, sexually explicit conduct and sexual assault.

## NUMBER OF REPORTS OF REABUSE, 2012 – CHART 5, TABLE 6

One of the reasons the Child Protective Services Law established the Statewide Central Register of all founded and indicated reports was to detect prior abuse of a child or prior history of abuse inflicted by a perpetrator. Upon receipt of a report at ChildLine, a caseworker searches the register to see if any subject of the report was involved in a previous substantiated report or one that is under investigation. Table 6 reflects prior reports on the victim.

During the course of an investigation, it is possible that other previously unreported incidents become known. For example, an investigation can reveal another incident of abuse which was never before disclosed by the child or the family for a number of reasons. These previously unreported incidents are registered with ChildLine and handled as separate reports. Also, a child may be abused in one county then move to another county and become a victim of abuse again. This would be considered reabuse whether or not the original county agency referred the matter to the new county agency. In both examples, such reports would be reflected in Table 6 as reabuse of the child. Therefore, it is not accurate to assume that the victim and the family were known to the county agency in all instances where a child was a victim of multiple incidents of abuse. The statistics on reabuse should be understood within this context.

The following explains the two major column areas from Table 6 on page 18:

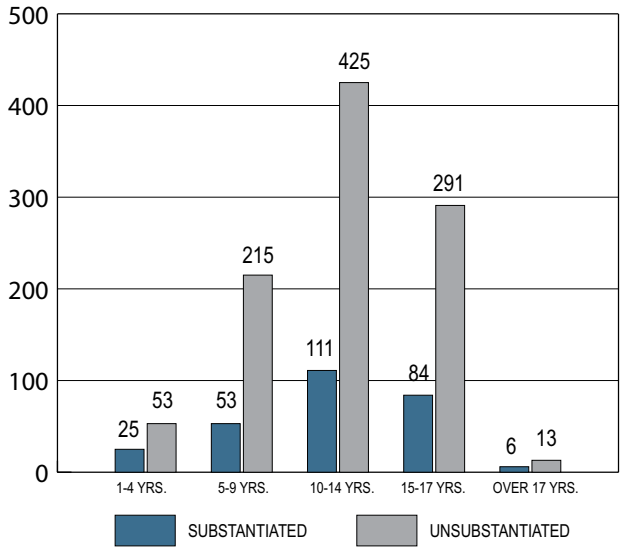
**Total Suspected Abuse Reports** – The first column records the total number of reports received for investigation. The following two columns record the number and percentage of total reports for reabuse involving the same child.

**Total Substantiated Abuse Reports** – This column records the number of substantiated abuse reports from all those investigated; following this, are the associated numbers and percentages of substantiated reabuse.

Information related to Chart 5 (below) reveals the following:

- In 2012 there were 1,280 reports investigated where the victim had been listed in other reports.
- Of those reports of suspected reabuse, 283 were substantiated.
- In 2012, substantiated reports of reabuse accounted for eight percent of all substantiated reports of abuse.
- Children who are less than one year of age and older than 17 years of age are less likely to be reabused than any other age group (see Chart 5).
- More allegations of reabuse were received for 10-14 year-olds than for any other age group, representing 42 percent of all reports. The 10-14 year old age group also had the greatest proportion 39 of substantiated reports of reabuse.

### Chart 5 - REPORTS OF REABUSE, BY AGE, 2012

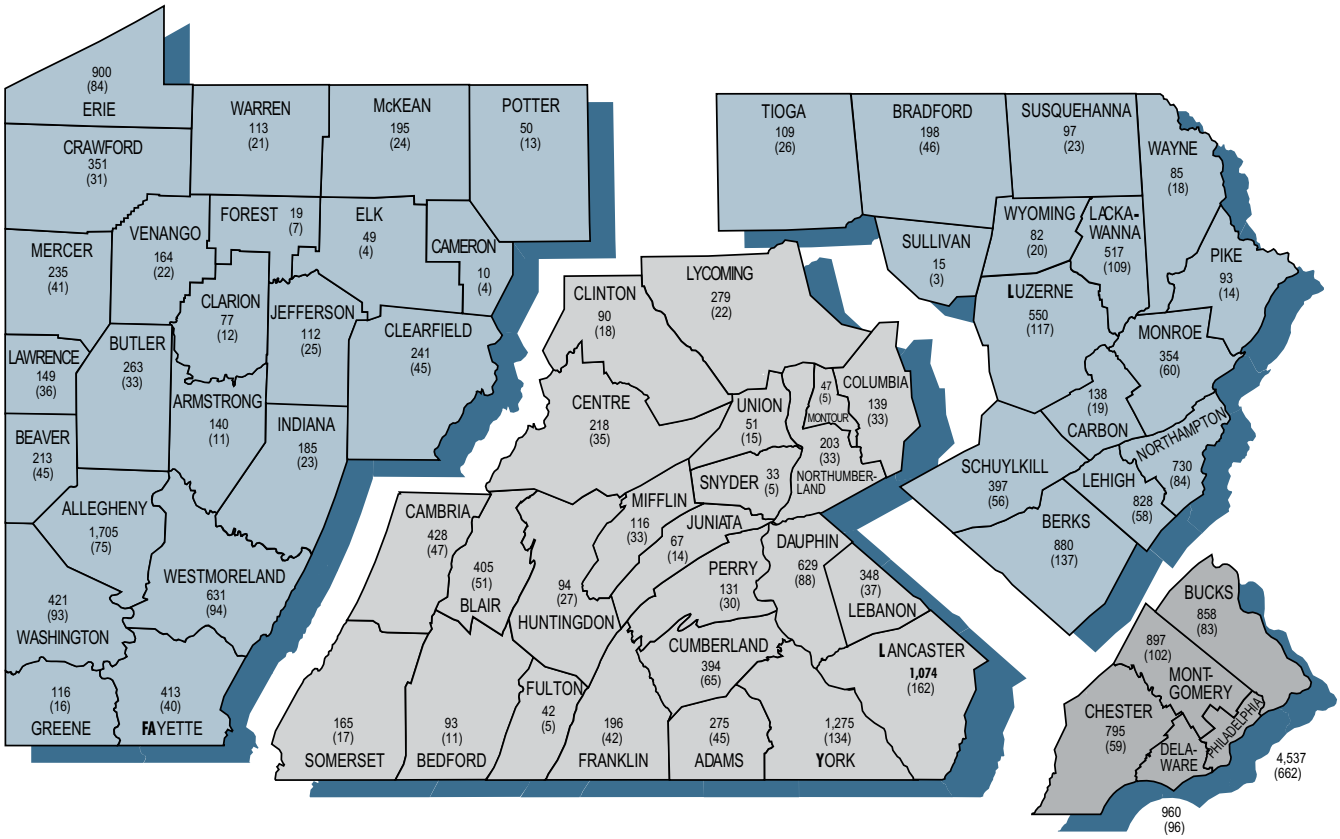



Note: There were four substantiated suspected reabuse report where the age of the child was unknown.

## Table 6 - NUMBER OF REPORTS OF REABUSE, BY COUNTY, 2012

| COUNTY | TOTAL SUSPECTED REPORTS | TOTAL SUSPECTED REABUSE | PERCENT | TOTAL SUBSTANTIATED REPORTS | TOTAL SUBSTANTIATED REABUSE | PERCENT |
|---|---|---|---|---|---|---|
| Adams | 275 | 24 | 8.7% | 45 | 3 | 6.7% |
| Allegheny | 1,705 | 47 | 2.8% | 75 | 1 | 1.3% |
| Armstrong | 140 | 7 | 5.0% | 11 | 0 | 0.0% |
| Beaver | 213 | 8 | 3.8% | 45 | 3 | 6.7% |
| Bedford | 93 | 3 | 3.2% | 11 | 0 | 0.0% |
| Berks | 880 | 39 | 4.4% | 137 | 11 | 8.0% |
| Blair | 405 | 11 | 2.7% | 51 | 5 | 9.8% |
| Bradford | 198 | 22 | 11.1% | 46 | 7 | 15.2% |
| Bucks | 858 | 22 | 2.6% | 83 | 4 | 4.8% |
| Butler | 263 | 13 | 4.9% | 33 | 3 | 9.1% |
| Cambria | 428 | 16 | 3.7% | 47 | 3 | 6.4% |
| Cameron | 10 | 0 | 0.0% | 4 | 0 | 0.0% |
| Carbon | 138 | 12 | 8.7% | 19 | 4 | 21.1% |
| Centre | 218 | 9 | 4.1% | 35 | 2 | 5.7% |
| Chester | 795 | 54 | 6.8% | 59 | 1 | 1.7% |
| Clarion | 77 | 4 | 5.2% | 12 | 0 | 0.0% |
| Clearfield | 241 | 18 | 7.5% | 45 | 8 | 17.8% |
| Clinton | 90 | 2 | 2.2% | 18 | 0 | 0.0% |
| Columbia | 139 | 19 | 13.7% | 33 | 3 | 9.1% |
| Crawford | 351 | 24 | 6.8% | 31 | 2 | 6.5% |
| Cumberland | 394 | 17 | 4.3% | 65 | 1 | 1.5% |
| Dauphin | 629 | 18 | 2.9% | 88 | 3 | 3.4% |
| Delaware | 960 | 33 | 3.4% | 96 | 9 | 9.4% |
| Elk | 49 | 2 | 4.1% | 4 | 0 | 0.0% |
| Erie | 900 | 37 | 4.1% | 84 | 6 | 7.1% |
| Fayette | 413 | 18 | 4.4% | 40 | 4 | 10.0% |
| Forest | 19 | 0 | 0.0% | 7 | 0 | 0.0% |
| Franklin | 196 | 9 | 4.6% | 42 | 2 | 4.8% |
| Fulton | 42 | 2 | 4.8% | 5 | 0 | 0.0% |
| Greene | 116 | 4 | 3.4% | 16 | 3 | 18.8% |
| Huntingdon | 94 | 0 | 0.0% | 27 | 0 | 0.0% |
| Indiana | 185 | 6 | 3.2% | 23 | 1 | 4.3% |
| Jefferson | 112 | 9 | 8.0% | 25 | 1 | 4.0% |
| Juniata | 67 | 3 | 4.5% | 14 | 2 | 14.3% |
| Lackawanna | 517 | 31 | 6.0% | 109 | 8 | 7.3% |
| Lancaster | 1,074 | 46 | 4.3% | 162 | 10 | 6.2% |
| Lawrence | 149 | 11 | 7.4% | 36 | 4 | 11.1% |
| Lebanon | 348 | 11 | 3.2% | 37 | 3 | 8.1% |
| Lehigh | 828 | 34 | 4.1% | 58 | 6 | 10.3% |
| Luzerne | 550 | 23 | 4.2% | 117 | 7 | 6.0% |
| Lycoming | 279 | 19 | 6.8% | 22 | 1 | 4.5% |
| McKean | 195 | 14 | 7.2% | 24 | 2 | 8.3% |
| Mercer | 235 | 13 | 5.5% | 41 | 4 | 9.8% |
| Mifflin | 116 | 10 | 8.6% | 33 | 3 | 9.1% |
| Monroe | 354 | 13 | 3.7% | 60 | 6 | 10.0% |
| Montgomery | 897 | 28 | 3.1% | 102 | 4 | 3.9% |
| Montour | 47 | 2 | 4.3% | 5 | 0 | 0.0% |
| Northampton | 730 | 35 | 4.8% | 84 | 5 | 6.0% |
| Northumberland | 203 | 15 | 7.4% | 33 | 5 | 15.2% |
| Perry | 131 | 12 | 9.2% | 30 | 2 | 6.7% |
| Philadelphia | 4,537 | 265 | 5.8% | 662 | 61 | 9.2% |
| Pike | 93 | 2 | 2.2% | 14 | 2 | 14.3% |
| Potter | 50 | 5 | 10.0% | 13 | 0 | 0.0% |
| Schuylkill | 397 | 21 | 5.3% | 56 | 3 | 5.4% |
| Snyder | 33 | 5 | 15.2% | 5 | 1 | 20.0% |
| Somerset | 165 | 10 | 6.1% | 17 | 2 | 11.8% |
| Sullivan | 15 | 1 | 6.7% | 3 | 0 | 0.0% |
| Susquehanna | 97 | 5 | 5.2% | 23 | 4 | 17.4% |
| Tioga | 109 | 8 | 7.3% | 26 | 5 | 19.2% |
| Union | 51 | 4 | 7.8% | 15 | 2 | 13.3% |
| Venango | 164 | 18 | 11.0% | 22 | 4 | 18.2% |
| Warren | 113 | 6 | 5.3% | 21 | 4 | 19.0% |
| Washington | 421 | 22 | 5.2% | 93 | 9 | 9.7% |
| Wayne | 85 | 7 | 8.2% | 18 | 2 | 11.1% |
| Westmoreland | 631 | 24 | 3.8% | 94 | 6 | 6.4% |
| Wyoming | 82 | 3 | 3.7% | 20 | 1 | 5.0% |
| York | 1,275 | 45 | 3.5% | 134 | 15 | 11.2% |
| **TOTAL** | **26,664** | **1,280** | **4.8%** | **3,565** | **283** | **7.9%** |

# REPORTS OF CHILD ABUSE, BY COUNTY - 2012




\# - TOTAL SUSPECTED REPORTS
(#) - TOTAL SUBSTANTIATED REPORTS

**SUSPECTED REPORTS**

Central 6,792

Northeast 5,073

Southeast 8,047

Western 6,752

Suspected reports include all reported cases (substantiated and unfounded).

**SUBSTANTIATED REPORTS**

Central 974

Northeast 790

Southeast 1,002

Western 799

Substantiated reports include reports that were founded as a result of judicial adjudication or indicated by the county or regional agency based on medical evidence, the child abuse investigation or an admission by the perpetrator.

# Child Protective Services

## ROLE OF COUNTY AGENCIES

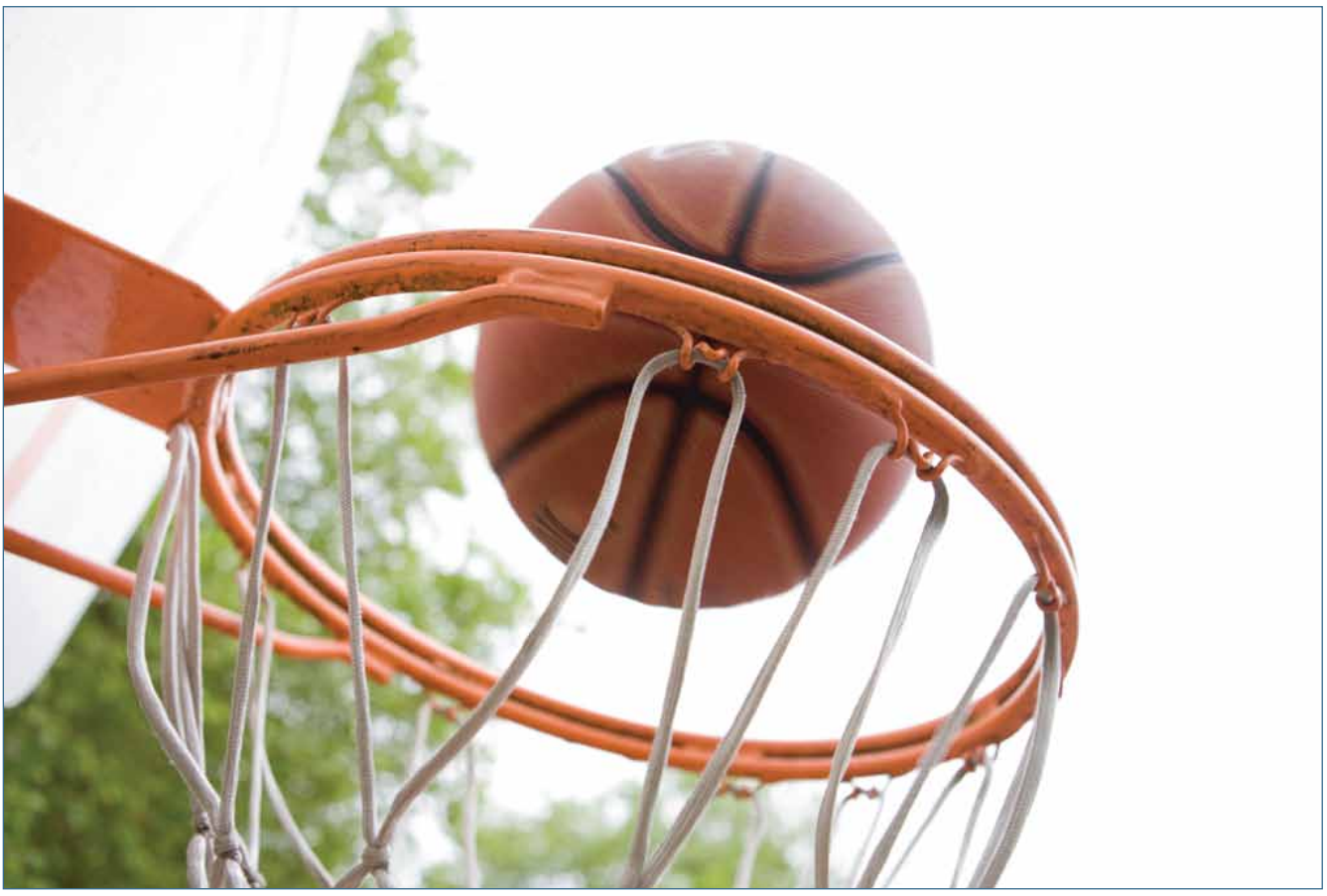
One of the purposes of the Child Protective Services Law is to ensure that each county children and youth agency establishes a program of protective services to ensure the child's safety. Each program must:

- Include procedures to assess risk of harm to a child;
- Be able to respond adequately to meet the needs of the family and child who may be at risk; and
- Prioritize the responses and services rendered to children who are most at risk.

County agencies are the sole civil entity charged with investigating reports of suspected child abuse and student abuse under the Child Protective Services Law[9]. They must have the cooperation of the community for other essential programs such as encouraging more complete reporting of child abuse and student abuse, adequately responding to meet the needs of the family and child who may be at risk, and supporting innovative and effective prevention programs. The county agencies prepare annual plans describing how they will implement the law. The county court, law enforcement agencies, other community social services agencies and the general public provide input on the plan.

## NUMBER OF REPORTS INVESTIGATED WITHIN 30 AND 60 DAYS, 2012 – TABLE 7

The Child Protective Services Law requires county agency staff and the department's staff to complete child abuse and student abuse investigations within 30 days from the date the report is registered at ChildLine. If the summary report of an investigation is not postmarked or electronically submitted to ChildLine within 60 days, the report must be considered unfounded (see Table 7).



[9] The appropriate office of the Department of Public Welfare would assume the role of the county agency if an employee or agent of the county agency has committed the suspected abuse.

- Within 30 days, just over 50 percent of the reports were completed.
- Within 31-60 days, just less than 50 percent of the reports were completed.
- Less than one percent of the reports were automatically considered unfounded after 60 days.

## SERVICES PROVIDED AND PLANNED[10] 2012

The county children and youth agency is required to provide services during an investigation or plan for services as needed to prevent further abuse.

### Multidisciplinary Teams

A multidisciplinary team is composed of professionals from a variety of disciplines who are consultants to the county agency in its case management responsibilities. This includes services which:

- Assist the county agency in diagnosing child abuse;
- Provide or recommend comprehensive coordinated treatment;
- Periodically assess the relevance of treatment and the progress of the family; and

Table 7 - NUMBER OF REPORTS INVESTIGATED WITHIN 30 AND 60 DAYS, 2012

| COUNTY | 0-30 | 31-60 | OVER 60 (EXPUNGED) | | COUNTY | 0-30 | 31-60 | OVER 60 (EXPUNGED) | |
|---|---|---|---|---|---|---|---|---|---|
| Adams | 111 | 126 | 0 | 0.0% | Lebanon | 294 | 42 | 0 | 0.0% |
| Allegheny | 1,027 | 490 | 0 | 0.0% | Lehigh | 320 | 420 | 0 | 0.0% |
| Armstrong | 93 | 45 | 0 | 0.0% | Luzerne | 347 | 173 | 0 | 0.0% |
| Beaver | 139 | 68 | 0 | 0.0% | Lycoming | 203 | 66 | 0 | 0.0% |
| Bedford | 56 | 31 | 0 | 0.0% | Mckean | 99 | 81 | 2 | 1.1% |
| Berks | 363 | 444 | 0 | 0.0% | Mercer | 113 | 64 | 1 | 0.6% |
| Blair | 270 | 129 | 1 | 0.3% | Mifflin | 55 | 54 | 0 | 0.0% |
| Bradford | 92 | 93 | 0 | 0.0% | Monroe | 159 | 173 | 0 | 0.0% |
| Bucks | 391 | 379 | 0 | 0.0% | Montgomery | 609 | 202 | 0 | 0.0% |
| Butler | 167 | 69 | 0 | 0.0% | Montour | 33 | 8 | 0 | 0.0% |
| Cambria | 299 | 123 | 0 | 0.0% | Northampton | 267 | 449 | 0 | 0.0% |
| Cameron | 6 | 4 | 0 | 0.0% | Northumberland | 153 | 34 | 1 | 0.5% |
| Carbon | 49 | 81 | 0 | 0.0% | Perry | 102 | 28 | 0 | 0.0% |
| Centre | 127 | 82 | 1 | 0.5% | Philadelphia | 2,054 | 2,164 | 1 | 0.0% |
| Chester | 401 | 218 | 0 | 0.0% | Pike | 67 | 24 | 0 | 0.0% |
| Clarion | 35 | 40 | 0 | 0.0% | Potter | 22 | 28 | 0 | 0.0% |
| Clearfield | 112 | 130 | 0 | 0.0% | Schuylkill | 252 | 141 | 0 | 0.0% |
| Clinton | 58 | 31 | 0 | 0.0% | Snyder | 9 | 22 | 0 | 0.0% |
| Columbia | 43 | 78 | 0 | 0.0% | Somerset | 70 | 94 | 0 | 0.0% |
| Crawford | 251 | 69 | 0 | 0.0% | Sullivan | 14 | 1 | 0 | 0.0% |
| Cumberland | 217 | 168 | 0 | 0.0% | Susquehanna | 54 | 41 | 0 | 0.0% |
| Dauphin | 87 | 528 | 0 | 0.0% | Tioga | 34 | 65 | 0 | 0.0% |
| Delaware | 453 | 426 | 0 | 0.0% | Union | 36 | 12 | 0 | 0.0% |
| Elk | 48 | 1 | 0 | 0.0% | Venango | 82 | 66 | 0 | 0.0% |
| Erie | 384 | 455 | 0 | 0.0% | Warren | 96 | 16 | 0 | 0.0% |
| Fayette | 230 | 174 | 0 | 0.0% | Washington | 170 | 236 | 3 | 0.7% |
| Forest | 10 | 1 | 0 | 0.0% | Wayne | 17 | 63 | 0 | 0.0% |
| Franklin | 101 | 80 | 0 | 0.0% | Westmoreland | 292 | 309 | 0 | 0.0% |
| Fulton | 36 | 4 | 0 | 0.0% | Wyoming | 47 | 20 | 0 | 0.0% |
| Greene | 41 | 69 | 0 | 0.0% | York | 440 | 788 | 0 | 0.0% |
| Huntingdon | 28 | 66 | 0 | 0.0% | **County total** | **12,780** | **12,072** | **11** | **0.0%** |
| Indiana | 144 | 38 | 0 | 0.0% | Central | 108 | 150 | 0 | 0.0% |
| Jefferson | 66 | 43 | 0 | 0.0% | Northeast | 216 | 99 | 0 | 0.0% |
| Juniata | 31 | 33 | 1 | 1.5% | Southeast | 149 | 600 | 1 | 0.1% |
| Lackawanna | 135 | 352 | 0 | 0.0% | Western | 207 | 271 | 0 | 0.0% |
| Lancaster | 81 | 963 | 0 | 0.0% | **Regional total** | **680** | **1,120** | **1** | **0.1%** |
| Lawrence | 88 | 57 | 0 | 0.0% | **State total** | **13,460** | **13,192** | **12** | **0.0%** |

[10] As part of the investigation, the need for services is evaluated. Services may be provided immediately or planned for a later date.

- Participate in the state or local child fatality review team to investigate a child fatality or to develop and promote strategies to prevent child fatalities.

### Parenting Education Classes

Parenting education classes are programs for parents on the responsibilities of parenthood.

### Protective and Preventive Counseling Services

These services include counseling and therapy for individuals and families to prevent further abuse.

### Emergency Caregiver Services

These services provide temporary substitute care and supervision of children in their homes.

### Emergency Shelter Care

Emergency shelter care provides residential or foster home placement for children taken into protective custody after being removed from their homes.

### Emergency Medical Services

Emergency medical services include appropriate emergency medical care for the examination, evaluation and treatment of children suspected of being abused.

### Preventive and Educational Programs

These programs focus on increasing public awareness and willingness to identify victims of suspected child abuse and to provide necessary community rehabilitation.

### Self-Help Groups

Self-help groups are groups of parents organized to help reduce or prevent abuse through mutual support.

## ROLE OF THE REGIONAL OFFICES

The department's Office of Children, Youth and Families has regional offices in Philadelphia, Scranton, Harrisburg and Pittsburgh. Their responsibilities include:

- Monitoring, licensing and providing technical assistance to public and private children and youth agencies and facilities;
- Investigating child abuse when the alleged perpetrator is a county agency employee or one of its agents;
- Monitoring county agencies' implementation of the Child Protective Services Law;
- Ensuring regulatory compliance of agencies and facilities by investigating complaints and conducting annual inspections;
- Assisting county agencies in the interpretation and implementation of protective services regulations; and
- Reviewing and recommending approval of county needs-based plans and budget estimates.

## REGIONAL INVESTIGATIONS OF AGENTS OF THE AGENCY, 2011–2012 – TABLE 8

Section 6362(b) of the Child Protective Services Law requires the department to investigate reports of suspected child abuse "when the suspected abuse has been committed by the county agency or any of its agents or employees." An agent of the county agency is anyone who provides a children and youth social service for, or on behalf of, the county agency. Agents include:

- Foster parents;
- Residential child care staff;

Table 8 - REGIONAL INVESTIGATIONS OF AGENTS OF THE AGENCY, 2011 - 2012

| REGION | FOSTER HOMES | | | | RESIDENTIAL FACILITY | | | | OTHER | | | | TOTAL | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL | | SUBSTANTIATED | | TOTAL | | SUBSTANTIATED | | TOTAL | | SUBSTANTIATED | | TOTAL | | SUBSTANTIATED | |
| | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 | 2011 | 2012 |
| Central | 90 | 104 | 10<br>11.1% | 16<br>15.4% | 87 | 90 | 2<br>2.3% | 1<br>1.1% | 51 | 64 | 6<br>11.8% | 9<br>14.1% | 228 | 258 | 18<br>7.9% | 26<br>10.1% |
| Northeast | 100 | 88 | 7<br>7.0% | 15<br>17.0% | 183 | 165 | 3<br>1.6% | 7<br>4.2% | 53 | 62 | 7<br>13.2% | 8<br>12.9% | 336 | 315 | 17<br>5.1% | 30<br>9.5% |
| Southeast | 194 | 140 | 7<br>3.6% | 5<br>3.6% | 395 | 431 | 0<br>0.0% | 4<br>0.9% | 176 | 178 | 6<br>3.4% | 3<br>1.7% | 765 | 749 | 13<br>1.7% | 12<br>1.6% |
| Western | 72 | 99 | 11<br>15.3% | 9<br>9.1% | 197 | 239 | 3<br>1.5% | 6<br>2.5% | 127 | 140 | 15<br>11.8% | 7<br>5.0% | 396 | 478 | 29<br>7.3% | 22<br>4.6% |
| **Totals** | **456** | **431** | **35<br>7.7%** | **45<br>10.4%** | **862** | **925** | 8<br>0.9% | 18<br>1.9% | **407** | **444** | 34<br>8.4% | 27<br>6.1% | **1,725** | **1,800** | 77<br>4.5% | 90<br>5.0% |

- Staff and volunteers of other agencies providing services for children and families;
- Staff and volunteers at child care centers;
- Staff of social service agencies; or
- Pre-adoptive parents.

In 2012, regional staff investigated 1,800 reports of suspected abuse involving agents of a county agency, an increase of four percent from 2011 (see Table 8). The overall regional substantiation rate in 2012 remained the same as 2011.

### TYPE OF ABUSE IN REGIONAL INVESTIGATIONS, BY REGION (SUBSTANTIATED REPORTS), 2012– TABLE 9

The total number of injuries, 91, is one more than the number of substantiated reports, 90, (see Table 9). The data show the following changes from 2011 to 2012:

- An overall increase in injuries from 77 to 91.
- An increase in sexual injuries from 58 to 69.
- A decrease in the number of physical injuries, 18 to 17.

Table 9 - REGIONAL INVESTIGATIONS TYPE OF ABUSE, BY REGION (Substantiated Reports), 2012

| REGION | MENTAL | NEGLECT | PHYSICAL | SEXUAL | TOTAL |
|---|---|---|---|---|---|
| FOSTER CARE | | | | | |
| Central | 0 | 0 | 1 | 15 | 16 |
| Northeast | 1 | 0 | 2 | 12 | 15 |
| Southeast | 0 | 1 | 4 | 1 | 6 |
| Western | 0 | 1 | 0 | 8 | 9 |
| Total | 1 | 2 | 7 | 36 | 46 |
| RESIDENTIAL FACILITY | | | | | |
| Central | 0 | 0 | 0 | 1 | 1 |
| Northeast | 0 | 2 | 2 | 3 | 7 |
| Southeast | 0 | 0 | 2 | 2 | 4 |
| Western | 0 | 0 | 1 | 5 | 6 |
| Total | 0 | 2 | 5 | 11 | 18 |
| OTHER | | | | | |
| Central | 0 | 0 | 1 | 8 | 9 |
| Northeast | 0 | 0 | 1 | 7 | 8 |
| Southeast | 0 | 0 | 1 | 2 | 3 |
| Western | 0 | 0 | 2 | 5 | 7 |
| Total | 0 | 0 | 5 | 22 | 27 |
| REGION TOTALS | | | | | |
| **Total** | **1** | **4** | **17** | **69** | **91** |

# Children Abused in Child Care Settings

The Child Protective Services Law requires the department to report on the services provided to children abused in child care settings and the action taken against perpetrators. Child care settings include family day care homes, child care centers, foster homes, boarding homes for children, juvenile detention centers, residential facilities and institutional facilities.

In 2012, there were 2,005 reports of suspected abuse of children in child care settings. A total of 138, seven percent, were substantiated. The department investigated 82 of the substantiated reports because the alleged perpetrators were agents of county agencies.

Social services were planned and/or provided to alleged victims involved in the investigated reports, when appropriate. In 822 reports, 41 percent, information was referred to law enforcement officials for criminal investigation and prosecution; 110 of these reports were substantiated by the county agency investigation.

Of the 138 reports substantiated in a child care setting, the most frequent services planned or provided for a child, parent or perpetrator were as follows (see Child Protective Services, page 21 for description of services):

- Protective and preventive counseling services in 95 cases
- Other services in 49 cases
- Emergency shelter care in seven cases
- Multidisciplinary team case review in 13 cases
- Self help groups in eight cases
- Instruction and education for parenthood and parenting skills in one case
- Emergency caregiver services in one case

# Clearances for Persons Who Provide Child Care Services and for School Employees

Child care agencies are prohibited from employing any person who will have direct contact with children if the individual was named as a perpetrator in a founded report of child abuse or if they were convicted of a felony offense under the Controlled Substance, Drug, Device and Cosmetic Act (P.L. 233, No. 64) within five years preceding the request for clearance.

The Child Protective Services Law requires prospective child care service employees; prospective school employees; and any prospective employees applying to engage in occupations with a significant likelihood of regular contact with children in the form of care, guidance, supervision or training, to obtain child abuse clearances from the department to ensure they are not a known perpetrator of child abuse or student abuse.

These same prospective employees are required to obtain clearances from the Pennsylvania State Police to determine whether they have been convicted of any of the following crimes at the time of the background clearance:

- Criminal homicide
- Aggravated assault
- Stalking
- Kidnapping
- Unlawful restraint
- Rape
- Statutory sexual assault
- Involuntary deviate sexual intercourse
- Sexual assault
- Aggravated indecent assault
- Indecent assault
- Indecent exposure
- Incest
- Concealing the death of a child
- Endangering the welfare of children
- Dealing in infant children
- Prostitution and related offenses
- Pornography
- Corruption of minors
- Sexual abuse of children

Child care services include:

- Child care centers
- Group and family child care homes
- Foster family homes
- Adoptive parents
- Residential programs
- Juvenile detention services
- Programs for delinquent/dependent children
- Mental health/intellectual disability services
- Early intervention and drug/alcohol services
- Any child care services which are provided by or subject to approval, licensure, registration or certification by Department of Public Welfare or a county social service agency
- Any child care services which are provided under contract with Department of Public Welfare or a county social service agency

An applicant for school employment includes:

- Individuals who apply for a position as a school employee
- Individuals who transfer from one position to another
- Contractors for schools

The Child Protective Services Law requires that administrators shall not hire an individual convicted of one of the offenses previously listed above. However, the Commonwealth Court of Pennsylvania ruled in Warren County Human Services v. State Civil Service Commission, 376 C.D. 2003, that it is unconstitutional to prohibit employees convicted of these offenses from ever working in a child care service. The Department of Public Welfare issued a letter on Aug. 12, 2004, outlining the requirements agencies are to follow when hiring an individual affected by this statute. Individuals are permitted to be hired when:

- The individual has a minimum five year aggregate work history in care dependent services subsequent to conviction of the crime or release from prison, whichever is later. Care dependent services include health care, elder care, child care, mental health services, intellectual disability services or care of the disabled.

- The individual's work history in care dependent services may not include any incidents of misconduct.

This court ruling does not apply to prospective foster and adoptive parent applicants. Agencies with questions regarding these requirements should contact their program representative from their respective regional office.

Federal criminal history record clearances by the FBI are also required for applicants for employment or approval for the following positions in Pennsylvania:

- Public or private schools (effective April 1, 2007)
- Adoptive parents and adult household members (effective Jan. 1, 2008)
- Foster parents and adult household members (effective Jan. 1, 2008)
- Child care services (effective July 1, 2008)
- Any prospective employee applying to engage in an occupation with a significant likelihood of regular contact with children, in the form of care, guidance, supervision or training (effective July 1, 2008)

At any time, a person can request voluntary certification to prove that he or she is not on file as a perpetrator of child or student abuse, or has not been convicted of any crimes that would prohibit hire.

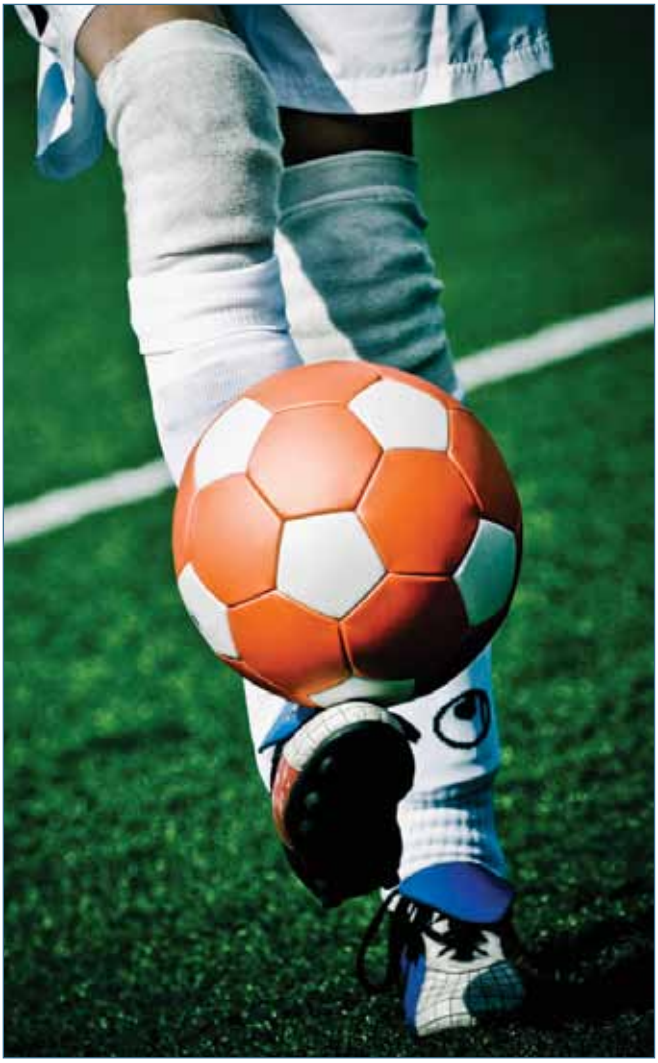
In 2012, ChildLine received 539,690 requests, an increase of over 37,000 from 2011, for background clearance. All requests were processed in the following categories:

- School employment, 197,295 requests or 37 percent of the total.
- Child care employment, 219,773 requests or 41 percent of the total.
- Volunteers, 52,181 requests or ten percent of the total.
- Foster care, 27,507 requests or five percent of the total.
- Adoption, 10,361 requests or two percent of the total.
- Big Brother/Big Sister, 3,032 requests or less than one percent of the total.
- Work Experience[11], 2,223 requests or less than one percent of the total.
- Domestic Violence, 697 requests or less than one percent of the total.

The average processing time was just under eight days, about one day longer than in 2011. The Child Protective Services Law mandates that requests for clearances be completed within 14 calendar days.

A total of 1,085 applicants, less than one percent, were named as perpetrators in child abuse reports. Of these perpetrators, 141 were identified as being prohibited from hire.

The purpose of requiring clearances is to protect children from abuse at school and in child care settings. Less than one percent of the applicants were identified as being perpetrators. However, it is unknown how many perpetrators do not apply for employment in schools and child care settings because they know they are on file at ChildLine or have a criminal history.



[11] This category refers to individuals in work experience or job training programs arranged by the Department of Public Welfare.

# Out of State Clearances

Requirements for resource family homes state that when a resource parent or an individual residing in the resource family home has resided outside of Pennsylvania within the past five years, they must obtain certification from the statewide central registry or its equivalent from that other state. These requirements apply specifically to:

- Any prospective resource parent and any individual 18 years of age or older residing in the prospective home;
- Any individual 18 years of age or older that moves into an already approved home and resides there for a period of 30 days or more in a calendar year.

In 2012, the ChildLine abuse registry and other statewide registries processed 510 background checks, ensuring that individuals met the statutory requirements for certification.

To obtain certification from another state, the appropriate forms required by the other state must be completed. The completed forms and any fees required by the other state must be submitted to ChildLine for processing, not directly to the other state. Other states may refuse to process the requests if they are not received through ChildLine. ChildLine will process the information with the other state's registry. If there are any questions regarding this process, ChildLine may be contacted at (717) 783-6217.

# 2012 Federal Bureau of Investigation Record Requests as per Act 73 of 2007 and Act 33 of 2008

Senate Bill 1147 was signed into law on July 3, 2008. This amendment to the Child Protective Services Law, known as Act 33 of 2008, was effective Dec. 30, 2008. One of the provisions of Act 33 of 2008 requires the Department of Public Welfare to submit a report to the governor and General Assembly containing information pertaining to the implementation of Act 73 of 2007.

Act 73 of 2007 requires individuals working with children and individuals residing in resource family homes to obtain fingerprint-based federal criminal background checks. An individual who is required to obtain these background checks can either register online at www.pa.cogentid.com or by calling (888) 439-2486. Once registration is completed, the individual must have his or her fingerprints electronically scanned at an established fingerprint site. The electronic prints are then sent to the FBI and the results are returned to the Department of Public Welfare for interpretation. The department sends a certification letter stating whether or not there is a criminal record which precludes employment or approval.

When the fingerprinting process first began in January 2008, the fee charged was $40 per applicant. As the Department of Public Welfare worked with interested parties to make the process more efficient, the fee subsequently decreased to $27.50 per applicant.

Act 33 of 2008 requires the department to report information on the number of applicants who applied for background checks, the fees charged for the background checks, a description of the administrative process for the electronic transmission of the background checks to the FBI, and any findings or recommendations.

The following information is a summary for 2012 of how many individuals applied for the background checks, the types of employment or approval of individuals who were seeking the background checks, and the results of the background checks.

Name check searches are requested when an applicant's fingerprints have been rejected twice from two separate fingerprint submissions to the FBI. The applicant's FBI result is then based on a "Name Check Inquiry."

| 2012 FBI IDENTIFICATION REQUESTS[12] | |
|---|---|
| Total number of record requests sent to FBI | 195,276 |
| Total number of results with a record (rap sheet) | 20,367 |
| Total number of results with no record | 174,491 |
| **CRIMINAL HISTORY RECORDS RESULTS WITH A DISQUALIFICATION CRIME FROM THE CPSL** | |
| Aggravated Assault (Section 2702) | 167 |
| Aggravated Indecent Assault (Section 3125) | 1 |
| Corruption of Minors (Section 6301) | 25 |
| Criminal Homicide (Chapter 25) | 31 |
| Endangering Welfare of Children (Section 4304) | 48 |
| Indecent Assault ( Section 3126) | 19 |
| Indecent Exposure (Section 3127) | 9 |
| Kidnapping (Section 2901) | 1 |
| Rape (Section 3121) | 6 |
| Sexual Assault (Section 3124.1) | 1 |
| Stalking (Section 2709.1) | 14 |
| Felony offense under The Controlled Substance and Cosmetic Act (P.L223, No. 64) | 120 |
| Multiple Offenses | 23 |
| Prostitution & Related Offenses (Section 5902(b)) | 2 |
| Unlawful Restraint (Section 2902) | 3 |
| Sexual abuse of Children (Section 6312.2) | 5 |
| **Total Amount** | **475** |

| PURPOSE OF FBI IDENTIFICATION RECORD REQUEST | |
|---|---|
| Adoption/Foster & Foster Adoptive Applicant Household Member | 6,516 |
| Adoption/Adoptive Applicant Household Member | 6,225 |
| Foster/Foster Applicant Household Member | 10,884 |
| Child Care Employment | 58,408 |
| Employment with a Significant Likelihood of Regular Contact with Children | 113,243 |
| **Total number of criminal history records with qualified results[13]** | **193,830** |
| **Total number of criminal history records with disqualified results[13]** | **475** |

| NAMES CHECK SEARCHES REQUESTED FROM THE FBI | |
|---|---|
| Number of Name Searches Initiated | 926 |
| Number of Name Based Search Results Returned | 890 |
| Outstanding Name Based Results[14] | 36 |

[12] Numbers for results with a record and with no record do not equal total requests to FBI as all requests are not final due to, for example, applicants not providing additional information or being reprinted when necessary.

[13] Based on the Criminal Offenses under Section 6344(c) of the CPSL, or an equivalent crime under federal law or the law of another state.

[14] The data for name check searches is based on those which were initiated and returned by the FBI in 2012. The outstanding name check searches reflect those that were initiated in 2012, but were not returned by 12/31/12. Upon return, they will be reported in the 2013 Annual Child Abuse Report.

# Volunteers for Children Act

The Volunteers for Children Act was implemented in March 2003. Previously, it had been used as a means for agencies to conduct federal criminal history checks on Pennsylvania residents to determine if an applicant had been convicted of a crime anywhere in the country that related to the applicant's fitness to care for or supervise children. This was done at the request of agencies as the Child Protective Services Law did not require Pennsylvania residents to obtain this type of background check. However, after the passage of Act 73 of 2007, the requirements for obtaining federal criminal history checks apply to Pennsylvania residents.

Volunteers for Children Act continues to be used, but is now only used for individuals who are volunteering with programs and agencies. The first step of the Volunteers for Children Act process is for interested child care service agencies to submit a request to ChildLine for status as a qualified entity. In order to be deemed a qualified entity by the department, an internal policy on federal criminal history clearances must be established and submitted to ChildLine. Once a request is received by ChildLine, the agency will be provided more detailed information on becoming a qualified entity.

- In 2012, no agencies requested approval to become a qualified entity.
- A total of 288 agencies are qualified entities, 35 of which are county children and youth agencies.
- In 2012, 42 of the criminal history clearance requests received by ChildLine under the Volunteers for Children Act were processed by the FBI.
- No applicants were determined disqualified.
- Forty-two applicants were determined qualified.
- There were no applicants pending as of Dec. 31, 2012.

For further information regarding the process and requirements of participating in this program, please contact:

PA Department of Public Welfare
ChildLine and Abuse Registry
Criminal Verification Unit
P.O. Box 8053
Harrisburg, PA 17105-8053

# Supplemental Statistical Points

- As of Dec. 31, 2012, there were a total of 128,807 substantiated reports in the Statewide Central Register. ChildLine answered approximately 138,541 calls in 2012. Calls involved suspected child abuse, referrals for General Protective Services, requests for information and referral to local services and law enforcement referrals.
- Of the 26,664 reports of suspected abuse, ChildLine received 72 percent and 28 percent were received by county agencies.
- Of the 3,565 substantiated reports of child abuse, 2,736 listed factors contributing to the cause of abuse. Among the most frequently cited factors were:
  - Vulnerability of child, 76 percent
  - Marginal parenting skills or knowledge, 32 percent
  - Impaired judgment of perpetrator, 20 percent
  - Stress, 16 percent
  - Insufficient social/family support, 11 percent
  - Substance abuse, 14 percent
  - Sexual deviancy of perpetrator, eight percent
  - Abuse between parent figures, six percent
  - Perpetrator abused as a child, six percent
- Copies of child abuse reports were given to all subjects of substantiated reports. In addition, written requests for copies of approximately 334 child abuse reports were received during 2012.
- Copies of 1,037 founded or indicated reports on 665 perpetrators (offenders) were provided to the Sexual Offenders Assessment Board as required by Pennsylvania's Megan's Law. These reports were provided to aid the courts in determining whether or not the perpetrator should be classified as a sexually violent predator.
- The department received 1,670 requests for first-level appeals (administrative review) to amend or expunge reports.
- The department's Bureau of Hearings and Appeals received 1,017 requests for second-level appeals. Of those requests:
  - 155, or 15 percent, of county agency decisions were overturned;
  - Five, or less than one percent, of county agency decisions were upheld;
  - 19, or two percent, were dismissed by the Bureau of Hearings and Appeals;
  - Two, or less than one percent, were withdrawn by the county agency;
  - 17, or two percent, were withdrawn by the appellant;
  - No reports were expunged due to the child turning age 18/23 during the appeal;
  - 24, or two percent, were denied hearings or dismissed for a timeliness issue; and
  - 759, or 75 percent, were still pending.
  - Two, less than one percent, were granted a full hearing due to timeliness.
- In 2012 ChildLine received 39,328 General Protective Services reports. These reports are non-abuse cases in which children and families are able to receive protective services as defined by the Department of Public Welfare regulations 3490. These services are provided by the county children and youth agency.
- In 2012 ChildLine received 4,703 law enforcement reports. These reports are for incidents which involve a criminal act against a child but do not meet the criteria of an alleged perpetrator for registering a child abuse/neglect report as defined in the Child Protective Services Law: a parent of a child, a person responsible for the welfare of a child, an individual residing in the same home as a child, or a paramour of a child's parent. Law enforcement referrals are provided to the county district attorney's office where the incident occurred to be assigned to the appropriate investigating police department for appropriate action.
- ChildLine provided county children and youth agencies with 42,277 verbal child abuse clearances. These are done to verify that other people participating in safety plans or caring for a child, such as household members or babysitters, are appropriate and have no record which would put the child at risk.

# Reporting and Investigating Student Abuse

Act 151 of 1994 established a procedure to investigate and address reports in which students are suspected of being abused by a school employee. Student abuse is limited to "serious bodily injury"[15] and "sexual abuse or sexual exploitation" of a student by a school employee.

When a school employee informs a school administrator of suspected student abuse, the administrator is required to immediately report the incident to law enforcement officials and the appropriate district attorney. If local law enforcement officials have reasonable cause to suspect, on the basis of an initial review, that there is evidence of serious bodily injury, sexual abuse, or exploitation committed by a school employee against a student; the law enforcement official shall notify the county agency so it can also conduct an investigation of the alleged abuse. In 2012, of the 42 reports of suspected student abuse, the following were the initial referral sources:

- Thirty-five were referred by law enforcement.
- Three were referred by another public or private social services agency.
- Three were referred by the child's school.
- One was referred by a private psychologist.

A county children and youth agency has 60 days in which to determine if the report is an indicated or unfounded report for a school employee. To the fullest extent possible, the county agency is required to coordinate its investigation with law enforcement officials. The child must be interviewed jointly by law enforcement and the county agency, but law enforcement officials may interview the school employee before the county agency has any contact with the school employee.

In 2012, 42 reports of suspected student abuse were investigated, 34 more than in 2011. Of these reports:

- Twenty-eight were substantiated while 14 were unfounded.
- In the 28 substantiated reports of student abuse, 15 of the victims were female and 13 were male.
- Twenty-two were in the Central Region.
- Eleven were in the Western Region.
- Five were in the Southeast Region.
- Four were in the Northeast Region.

[15] The CPSL defines serious bodily injury as an injury that creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of functions of any bodily member or organ.

# Safe Haven of Pennsylvania

1-866-921-7233 (SAFE) | www.secretsafe.org

Five newborns were relinquished in 2012 through the Newborn Protection Act known as Safe Haven. Since the law was enacted in 2002, a total of 21 newborns have been received as Safe Haven babies by PA hospitals.

Safe Haven gives mothers a safe, legal and confidential alternative to abandoning their newborn baby. The law allows parents to relinquish newborns up to 28 days old at any hospital in Pennsylvania without being criminally liable providing that the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital to accept the child; and
- The newborn is not a victim of child abuse or criminal conduct.

Babies can be left with any hospital staff member, or if a person is unwilling or unable to wait, signs will direct them where they should place the baby.

The law requires that designated hospital staff take protective custody of a Safe Haven newborn. Staff must perform a medical evaluation and provide any necessary care that protects the physical health and safety of the child. The hospital is also required to notify the county children and youth agency and local law enforcement. The local county children and youth agency is then required to file a petition to take custody of the newborn and place the newborn in a pre-adoptive home. The Newborn Protection Act also requires the county agency to do the following:

- Make diligent efforts within 24 hours to identify the newborn's parent, guardian, custodian or other family members and their whereabouts;
- Request law enforcement officials to utilize resources associated with the National Crime Information Center (NCIC);
- Assume responsibility for making decisions regarding the newborn's medical care, unless otherwise provided by court order (Title 23 Pa.C.S. §6316) (relating to admission to private and public hospitals) of the CPSL;
- Provide outreach and counseling services to prevent newborn abandonment; and
- Continue the prevention of newborn abandonment publicity and education program.

To ensure that accurate information about Safe Haven is available the Department of Public Welfare maintains a statewide, toll free helpline, 1-866-921-7233 (SAFE), and the Safe Haven website, www.secretsafe.org.

The statewide helpline provides information to women in crisis and individuals seeking information about Safe Haven. The helpline gives callers the ability to speak with a person regarding Safe Haven and to find out the location of the nearest hospital. In 2012 the helpline averaged 17 calls per month and received a total of 201 calls, an increase of 49 percent from 2011 when 135 total calls were received.

The Safe Haven website is tailored to expectant mothers and has several educational materials available to be downloaded. The website receives at least nine visits each weekday and 21 visits during the weekend.

In an effort to increase public awareness about the Safe Haven Program the Department of Public Welfare mailed educational materials to all hospitals and county children and youth agencies in Pennsylvania and purchased radio and online advertisements that directed viewers to the toll free helpline number and to the secretsafe.org website.

The educational materials included brochures, crisis cards and posters that were mailed to hospitals and county children and youth agencies in August 2012. The Public Service Announcement ran two weeks in the months of July, August and September 2012 in three of Pennsylvania's media markets, Philadelphia, Pittsburgh and Harrisburg and statewide on Pandora radio for the entire months of July, August and September 2012. The online ads were distributed statewide through Facebook and to the top three markets through Google Ad-Network. Facebook and Google Ad-Network advertisements ran from April 30, 2012 – July 1, 2012 and then from July 9, 2012 – Sept. 30, 2012.

Safe Haven advertisements were also displayed on digital billboards in the Allentown/Lehigh Valley and Altoona markets from July 9, 2012 – Sept. 30, 2012. Digital advertisements were also displayed in the Philadelphia, Harrisburg and Pittsburgh markets as an added value to the campaign and ran when space on the boards were not under contract with another organization. These advertisements ran anytime from May 7, 2012- July 1, 2012.

The death of Baby Mary, an infant who was murdered by her mother shortly after her birth and found in a dumpster on July 11, 2001, was the catalyst for the legislation enacting Safe Haven. In remembrance of Baby Mary, the House of Representatives issued House Resolution 765 and the Senate issued Senate Resolution 334 designating July 11, 2012 as Safe Haven Day in Pennsylvania.

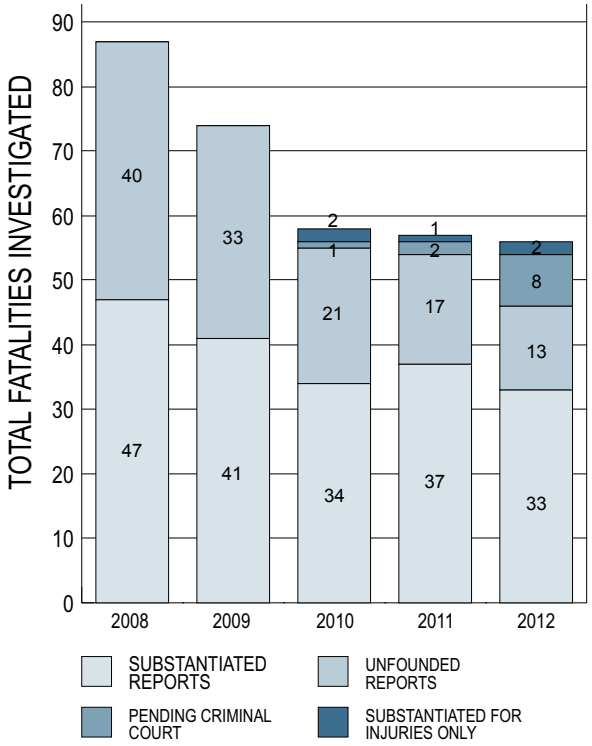
# Fatalities

## FATALITIES (SUBSTANTIATED REPORTS), 2012 – TABLES 10, 10A, 10B, 10C, CHART 6

In 2012, 33 children died as a result of substantiated abuse and/or neglect. The data below illustrates the total number of fatalities reported to ChildLine due to suspected abuse, and their resulting dispositions. In addition, seven fatalities reported in 2012 had no disposition as of Dec. 31, 2012; they will be included in the 2013 annual report.

### Table 10 - FATALITIES BY AGE GROUP (Substantiated Reports), 2011-2012

| AGE GROUP | TOTAL SUBSTANTIATED REPORTS | | CHILD DIED | |
|---|---|---|---|---|
| | 2011 | 2012 | 2011 | 2012 |
| Under Age 1 | 229 | 224 | 13 | 15 |
| Age 1-4 | 557 | 569 | 12 | 10 |
| Age 5-9 | 826 | 829 | 4 | 4 |
| Age 10-14 | 1,030 | 1,124 | 3 | 4 |
| Age 15-17 | 691 | 747 | 2 | 0 |
| Age >17 | 75 | 72 | 0 | 0 |
| **State Total** | **3,408** | **3,565** | **34** | **33** |




- The highest incidence of abuse or neglect causing death occurred in children under the age of one, representing 45 percent of total deaths.
- Seventeen deaths, or 52 percent, were attributed to "major trauma" involving severe injuries including subdural hematomas, internal injuries, and skull fractures.

The number of substantiated and unsubstantiated reports may change from prior years due to criminal investigations, court action, or appeals.

- For 2009, two reports were changed from indicated to unfounded based on appeal;
- For 2010 and 2011, one report from each year was changed from indicated to unfounded based on appeal; and
- For 2011, two pending criminal court reports were changed to founded based on criminal court findings.
- Included in the total deaths for 2012 are seven children who died in 2011.

### Table 10A - FATALITIES BY AGE AND RELATIONSHIP OF PERPETRATOR (Substantiated Reports), 2012

| PERPETRATOR RELATIONSHIP TO CHILD | <19 | 19-20 | 21-25 | 26-30 | 31-40 | >40 | TOTAL | % of all relationships |
|---|---|---|---|---|---|---|---|---|
| Father | 0 | 0 | 5 | 4 | 3 | 3 | 15 | 34.9 |
| Mother | 1 | 1 | 4 | 5 | 1 | 3 | 15 | 34.9 |
| Paramour of Parent | 0 | 1 | 4 | 2 | 0 | 0 | 7 | 16.3 |
| Day Care Staff | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 4.7 |
| Babysitter | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 4.7 |
| Uncle | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2.3 |
| Stepfather | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 2.3 |
| Total | 1 | 3 | 15 | 12 | 6 | 6 | 43 | 100.1 |

### Table 10B - FATALITIES BY PERPETRATOR AGE AND SEX (Substantiated Reports), 2012

| AGE GROUP | FEMALE | PERCENT OF TOTAL | MALE | PERCENT OF TOTAL |
|---|---|---|---|---|
| Under 19 | 1 | 2.3 | 0 | 0.0 |
| 19-20 | 1 | 2.3 | 2 | 4.7 |
| 21-25 | 5 | 11.6 | 10 | 23.3 |
| 26-30 | 6 | 14.0 | 6 | 14.0 |
| 31-40 | 1 | 2.3 | 5 | 11.6 |
| Over 40 | 3 | 7.0 | 3 | 7.0 |
| **Total** | **17** | **39.5** | **26** | **60.5** |

## CHILD FATALITIES AND THE RELATIONSHIP OF THE PERPETRATOR TO THE CHILD

- In 2012, parents were again the most frequent perpetrators of child abuse deaths. Both mothers and fathers each accounted for 35 percent of substantiated child fatalities.
- About 60 percent of perpetrators in child fatalities were male, while about 40 percent were female.
- The youngest perpetrator of a child death was a 16 year old mother.
- The oldest perpetrator of a child death was a 48 year old father.

## FATALITIES BY MANNER OF DEATH

- Seventeen children died as a result of major trauma due to inflicted injuries. This involves severe injuries such as subdural hematoma, internal injuries, and skull fractures.
- Five children died as a result of serious physical neglect. Three of those deaths were attributed to a lack of supervision, one was due to malnutrition, and one was due to gross negligence.
- Five children died as a result of asphyxiation
- Two children's deaths were the result of drowning.
- One child died from a gunshot wound
- One child died as a result of drug/alcohol ingestion.
- Two children died as a result of inflicted stab wounds.

## PREVIOUS INVOLVEMENT

- Thirty-one families had a substantiated child death due to abuse or neglect in 2012.
  - Fifteen of the families received child protective services, general protective services, intake services, or other services through their county agency within the last 16 months of the child death. Of those 15 families, two families were receiving services at the time of their child's death. One perpetrator was receiving services regarding a different family at the time of death.
  - Eighteen of the families had no prior involvement.
- Of the 33 substantiated fatality reports, none of the children had been a previous victim of substantiated abuse.
- Two families had substantiated abuse reports involving siblings (three total) of the deceased child.
- One perpetrator had a history of abusing a sibling of the deceased child.

### Table 10C - FATALITIES DUE TO ABUSE, BY COUNTY (Substantiated Reports), 2012

| COUNTY | DEATHS | COUNTY | DEATHS |
|---|---|---|---|
| Allegheny | 1 | Lancaster | 2 |
| Beaver | 2 | Luzerne | 1 |
| Berks | 2 | Philadelphia | 6 |
| Bucks | 1 | Schuylkill | 1 |
| Cambria | 2 | Somerset | 1 |
| Delaware | 4 | Washington | 1 |
| Erie | 1 | Westmoreland | 2 |
| Indiana | 2 | York | 2 |
| Lackawanna | 2 | **Total** | **33** |

# Pennsylvania Child Fatality and Near-Fatality Analysis

## Background

In the wake of any fatality or near-fatality occurring within the commonwealth, two levels of reviews are conducted. At the county level, a stakeholder team in the county where the fatality or near-fatality of a child under the age of 18 occurred is convened. County stakeholder teams are also assembled in any county where the child and family resided within the preceding 16 months. The county teams are required to review the cases when it has been determined that the fatality or near-fatality was the result of abuse, or when a final determination has not been made within 30 days about whether a fatality or near-fatality was the result of abuse or neglect.

The Pennsylvania Department of Public Welfare (DPW) is also responsible for conducting a review of the child fatalities and near-fatalities when child abuse is suspected, regardless of the determination, i.e., both substantiated and unfounded cases will be reviewed by the department's Office of Children, Youth and Families (OCYF) Regional Offices. Additionally, DPW has convened an internal child fatality/near- fatality review team which consists of staff from each of the OCYF Regional Offices, Headquarters' Policy Unit, Program Development Unit, Information and Data Management Unit, ChildLine and the Child and Family Services Review (CFSR) Manager.

Several data collection instruments are completed throughout the course of the investigation. The data recorded on these instruments and the findings of each review team serve as the basis of the discussion that follows about the circumstances surrounding the child fatalities and near-fatalities in Pennsylvania which occurred during 2012.

## Summary

Among the 33 fatality and 48 near-fatality incidents which were substantiated for child abuse in 2012:

- Roughly two-thirds of fatality/near-fatality victims were male, the opposite of what is seen among all substantiated reports (in which roughly one-third of victims were male).
- Perpetrators of fatality/near-fatality incidents are typically younger than most perpetrators of abuse, and are more likely to have a parenting role to the victim child.
- The most common factors contributing to fatality and near-fatality incidents are the vulnerability of the child and a caregiver's marginal parenting skills; and

| Gender | Fatalities | | Near-Fatalities | | Substantiated Reports | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Male | 20 | 61% | 32 | 67% | 1,185 | 33% |
| Female | 13 | 39% | 16 | 33% | 2,380 | 67% |
| **Total Child Victims** | **33** | **100%** | **48** | **100%** | **3,565** | **100%** |

**Figure A: Gender of Child in Fatalities, Near-Fatalities and Substantiated Reports of Abuse**

## Victim and Perpetrator Characteristics

During the calendar year, 33 fatalities and 48 near-fatalities, with a substantiated disposition, were reported to DPW. Basic demographic information about the victim, parent(s), other household members and perpetrator(s) of each incident of abuse are captured via Pennsylvania's "Child Protective Service Investigation Report" (CY-48) form.

Of the 33 fatalities, 20 (61 percent) were male children and 13 (39 percent) were female. Among the near-fatalities, the proportions were similar – 67 percent of the victims were male and 33 percent were female. The proportions for the total population of victims in a substantiated report of child abuse for the same time period were quite different. Among the 3,565 victims of substantiated abuse during 2012, two-thirds were female and only one-third were male.

When looking at the genders of the perpetrators in the fatalities, near-fatalities and substantiated reports, a similar disproportionality is seen. Although the genders of the perpetrators are fairly evenly-split between males and females for both fatalities and near-fatalities, an overwhelming majority (73 percent) of the perpetrators involved in all substantiated reports were male.

The discrepancy is likely due to the fact that the majority of substantiated reports involve an allegation of sexual abuse, most of which involve a male perpetrator and a female victim. These types of reports rarely result in a fatality or near-fatality.

| Gender | Fatalities | | Near-Fatalities | | Substantiated Reports | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Male | 26 | 60% | 36 | 51% | 2,974 | 73% |
| Female | 17 | 40% | 34 | 49% | 1,092 | 27% |
| **Total Perpetrators** | **43** | **100%** | **70** | **100%** | **4,066** | **100%** |

**Figure B: Gender of Perpetrator in Fatalities, Near-Fatalities and Substantiated Reports of Abuse[16]**

Most of the fatalities (76 percent) and near-fatalities (92 percent) reported in 2012 were among children who were younger than five years old. This is very different than the distribution of ages for the overall population of child victims, among whom only 22 percent were younger than five years old.

| Age of Child | Fatalities | | Near-Fatalities | | Substantiated Reports | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Under Age 1 | 15 | 45% | 24 | 50% | 224 | 6% |
| Age 1-4 | 10 | 30% | 20 | 42% | 569 | 16% |
| Age 5-9 | 4 | 12% | 2 | 4% | 829 | 23% |
| Age 10-14 | 4 | 12% | 0 | 0% | 1,124 | 32% |
| Age 15-17 | 0 | 0% | 2 | 4% | 747 | 21% |
| Over Age 17 | 0 | 0% | 0 | 0% | 72 | 2% |
| **Total Child Victims** | **33** | **100%** | **48** | **100%** | **3,565** | **100%** |

**Figure C: Age of Child in Fatalities, Near-Fatalities and Substantiated Reports of Abuse**

Significant differences also exist between the ages of the perpetrators in fatalities/near-fatalities and those of the perpetrators in all substantiated reports. Perpetrators in the reports involving a child fatality or near-fatality are significantly younger than the population of perpetrators as a whole. Perpetrators, with a known age[17], under the age of 30 made up 40 percent of the total population of perpetrators in 2012. In comparison, 68 percent of both fatalities and near-fatalities involved a perpetrator under the age of 30.

| Age of Perpetrator | Fatalities | | Near-Fatalities | | Substantiated Reports | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Under Age 20 | 2 | 5% | 8 | 11% | 532 | 13% |
| Age 20-29 | 27 | 63% | 37 | 53% | 1,112 | 28% |
| Age 30-39 | 6 | 14% | 12 | 17% | 1,127 | 28% |
| Age 40-49 | 8 | 19% | 9 | 13% | 739 | 18% |
| Over Age 49 | 0 | 0% | 4 | 6% | 504 | 13% |
| Unknown Age | 0 | | 0 | | 52 | |
| **Total Perpetrators** | **43** | **100%** | **70** | **100%** | **4,066** | **100%** |

**Figure D: Age of Perpetrator in Fatalities, Near-Fatalities and Substantiated Reports of Abuse**

[16] Multiple perpetrators can be identified for each report of suspected abuse, so the number of perpetrators in each analysis will be larger than the number of reports.
[17] Percentages are calculated based on the 4,014 perpetrators whose age was known.

The distribution of the perpetrators' relationship to their victims is rather different between the group of perpetrators involved in a fatality or near-fatality of a child and those in substantiated reports, with parents (mothers, fathers and step-parents) being disproportionately represented as the perpetrators of the fatalities and near-fatalities. Seventy-two percent of the fatality perpetrators were a parent of the child as were 65 percent of the near-fatality perpetrators. Among the 4,066 perpetrators involved in the 3,565 substantiated reports for 2012, only 46 percent of the perpetrators were a parent to the victim children.

| Relationship to Child | Fatalities | | Near-Fatalities | | Substantiated Reports | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Birth Father | 15 | 35% | 21 | 30% | 829 | 20% |
| Birth Mother | 15 | 35% | 24 | 34% | 799 | 20% |
| Other Family Member | 1 | 2% | 4 | 6% | 653 | 16% |
| Paramour of Parent | 7 | 16% | 10 | 14% | 526 | 13% |
| Babysitter | 2 | 5% | 6 | 9% | 474 | 12% |
| Household Member | 0 | 0% | 1 | 2% | 372 | 9% |
| Step-Parent | 1 | 2% | 1 | 1% | 242 | 6% |
| Other[18] | 2 | 5% | 3 | 4% | 171 | 4% |
| **Total Perpetrators** | **43** | **100%** | **700** | **100%** | **4,066** | **100%** |
| **Total Reports** | **33** | | **48** | | **3,565** | |

**Figure E: Perpetrator Relationship in Fatalities, Near-Fatalities and Substantiated Reports of Abuse**

In the review of each fatality and near-fatality, investigators, if able, are to record the education level, income level and history of substance abuse (if any), domestic violence (if any) and criminal behavior for perpetrators, caregivers and other persons involved with the incident. Of the 33 fatalities, 27 had information on at least one person involved in the incident (46 people total) and 40 of the 48 near-fatalities had additional information recorded for at least one person (72 people).

In two-thirds of the near-fatality incidents and nearly 80 percent of the fatality incidents, to the extent education level was reported, the perpetrator had a HS diploma or less.

| Education Level | Fatalities | | Near-Fatalities | |
|---|---|---|---|---|
| | # | %[19] | # | % |
| Less than a HS Diploma | 6 | 26% | 14 | 30% |
| HS Diploma | 12 | 52% | 17 | 37% |
| Post-College Education | 3 | 13% | 14 | 30% |
| Some College | 2 | 9% | 1 | 2% |
| College Degree | 0 | 0% | 0 | 0% |
| No Data Recorded | 19 | | 34 | |
| **Total Perpetrators** | **42** | | **80** | |

**Figure F: Education Level of Perpetrators**

[18] "Other" relationships of the perpetrator to the child victim include daycare staff, custodian (agency), residential facility staff, foster parent, legal guardian, school staff, ex-parent and unknown.

The income level was recorded for 24 fatality perpetrators and 49 near-fatality perpetrators. Of these, 88 percent of fatality perpetrators, and 67 percent of near-fatality perpetrators were unemployed or had an income level under $10,000 per year.

| Income Level | Fatalities | | Near-Fatalities | |
|---|---|---|---|---|
| | # | %[19] | # | % |
| $0 - $10,000 or Unemployed | 21 | 88% | 33 | 67% |
| $10,000 - $20,000 | 3 | 13% | 5 | 10% |
| $20,000 - $30,000 | 0 | 0% | 7 | 14% |
| $30,000 - $40,000 | 0 | 0% | 0 | 0% |
| $40,000 - $50,000 | 0 | 0% | 1 | 2% |
| $50,000 or higher | 0 | 0% | 3 | 6% |
| No Data Recorded | 18 | | 31 | |
| **Total Perpetrators** | **42** | | **80** | |

**Figure G: Income Level of Perpetrators**

Finally, information on the perpetrators history of criminal involvement, substance abuse and domestic violence was recorded as part of the investigation. Over one-quarter of the perpetrators in the fatality reports had a criminal history, while one in eight near-fatality perpetrators had a similar history. In less than 10 percent of the near-fatality incidents the perpetrator had a history of substance abuse, while nearly one-quarter of the perpetrators for the fatality reports had such a history. No more than 10 percent of both fatality and near-fatality perpetrators had a history of domestic violence.

| Criminal Involvement | Fatalities | | Near-Fatalities | |
|---|---|---|---|---|
| | # | %[19] | # | % |
| Criminal History | 11 | 26% | 17 | 21% |
| Substance Abuse History | 12 | 29% | 14 | 18% |
| Domestic Violence History | 4 | 10% | 16 | 20% |
| **Total Perpetrators** | **42** | | **80** | |

**Figure H: Prior History of Perpetrators**

Seventeen of the near-fatality perpetrators had a criminal history. Six perpetrators had a history of theft or burglary, four drug offenses, two assaults and one child abuse, while the other four perpetrators had a criminal history of prostitution or firearms-related offense, bail violation or a violation of probation. Eleven of the fatality perpetrators had a criminal history with six perpetrators having a history of drug offenses, two thefts or burglary, and one each for assault, firearms-related offense or disorderly conduct.

[19] Percentages are based on the number of perpetrators for whom an education level was reported.

**Circumstances**

The most common allegations in fatality incidents in Pennsylvania are bruising, which was alleged in 33 percent of the fatalities; subdural hematomas was the second most common allegation at 27 percent of fatalities; and asphyxiation/suffocation was alleged in 24 percent of fatalities, the same percentage as internal injuries. Among the near-fatality incidents, nearly half of all reports involved subdural hematomas and one third of near-fatality reports were linked to an allegation of internal injuries.

| Allegation | Fatalities | | Near-Fatalities | |
|---|---|---|---|---|
| | # | %[20] | # | % |
| Asphyxiation/Suffocation | 8 | 24% | 2 | 4% |
| Brain Damage | 7 | 21% | 8 | 17% |
| Bruises | 11 | 33% | 9 | 19% |
| Burns/Scalding | 1 | 3% | 5 | 10% |
| Drowning | 2 | 6% | 0 | 0% |
| Drugs/Alcohol | 1 | 3% | 0 | 0% |
| Failure To Thrive | 0 | 0% | 1 | 2% |
| Fractures | 2 | 6% | 6 | 13% |
| Internal Injuries/Hemorrhage | 9 | 27% | 14 | 29% |
| Lacerations/Abrasions | 8 | 24% | 4 | 8% |
| Lack Of Supervision | 3 | 9% | 6 | 13% |
| Malnutrition | 2 | 6% | 1 | 2% |
| Medical Neglect | 0 | 0% | 3 | 6% |
| Other Neglect | 1 | 3% | 0 | 0% |
| Other Physical Injury | 5 | 15% | 6 | 13% |
| Punctures/Bites | 1 | 3% | 1 | 2% |
| Skull Fracture | 0 | 0% | 4 | 8% |
| Subdural Hematoma | 9 | 27% | 18 | 38% |
| Welts/Ecchymosis | 3 | 9% | 1 | 2% |
| **Total Reports** | **33** | | **48** | |

**Figure I: Allegations in Fatalities, Near-Fatalities and Substantiated Reports**
**[Note that only allegations appearing in at least one fatality or near-fatality are included in this table]**

In the course of the investigation into the fatalities and near-fatalities, investigators are asked to list up to three factors that contributed to the incident. Among the 72 cases where at least one factor was identified, the "vulnerability of the child" was the most common contributing factor (85 percent). Given the young ages of the fatality/near-fatality victims, it is no surprise that the children's vulnerability is cited as a key factor in so many cases.

Other important contributing factors include the marginal parenting skills of the parent (listed as a factor in half of the cases) and stress (25 percent).

[20] Multiple allegations can be recorded for each report of abuse, so the percentages will sum to more than 100 percent.

| Factor | Total | |
|---|---|---|
| | # | % |
| Vulnerability of Child | 61 | 85% |
| Marginal Parenting Skills | 36 | 50% |
| Stress | 18 | 25% |
| Impaired Judgment of Perpetrator | 17 | 24% |
| Substance Abuse | 13 | 18% |
| Abuse between Parent Figures | 9 | 13% |
| Insufficient Support | 4 | 6% |
| Perpetrator Abused as a Child | 1 | 1% |
| Total Reports with at Least One Factor | 72 | |

**Figure J: Contributing factors to fatalities and near fatalities**

**Services**

As part of the investigation into every report of abuse or neglect in the commonwealth, investigators identify which services were planned or provided to the child, parents and perpetrators in the wake of the incident. Unsurprisingly, the most common service provided to the children who were victims of the near-fatality incidents was emergency medical care (42 percent of cases); intra-agency services and community services were also provided in over 20 percent of the cases.

Among the parents of children who were victims of a fatality, the most common services provided were counseling for the parent and multidisciplinary team (MDT) services, which were provided in nearly a quarter of the cases. Intra-agency services were most frequently provided to parents of children involved in a near-fatality, in 29 percent of the cases.

In twelve fatality incidents, no services were offered to the family in the wake of the incident. In eight of these cases, the alleged perpetrator was incarcerated due to the fatality.

| Services | Fatalities | | | | Near-Fatalities | | | |
|---|---|---|---|---|---|---|---|---|
| | Service Planned | | Service Provided | | Service Planned | | Service Provided | |
| **Service for the Child** | | | | | | | | |
| Counseling for Child | - | - | - | - | 6 | 13% | 6 | 13% |
| Referral to Self-Help Group for Child | - | - | - | - | 0 | 0% | 0 | 0% |
| Intra-agency Services for Child | - | - | - | - | 4 | 8% | 12 | 25% |
| Community Services for Child | - | - | - | - | 6 | 13% | 10 | 21% |
| Emergency Medical Care for Child | - | - | - | - | 0 | 0% | 20 | 42% |
| **Services for the Parent** | | | | | | | | |
| Counseling for Parent | 4 | 12% | 8 | 24% | 8 | 17% | 10 | 21% |
| Referral to Self-Help Group for Parent | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Intra-agency Services for Parent | 1 | 3% | 3 | 9% | 6 | 13% | 14 | 29% |
| Community Services for Parent | 2 | 6% | 6 | 18% | 4 | 8% | 12 | 25% |
| Homemaker/Caretaker Services for Parent | 0 | 0% | 0 | 0% | 1 | 2% | 0 | 0% |
| Parenting Classes for Parent | 3 | 9% | 4 | 12% | 4 | 8% | 5 | 10% |
| **Services for the Perpetrator** | | | | | | | | |
| Counseling for Perpetrator | 4 | 12% | 4 | 12% | 11 | 23% | 4 | 8% |
| Referral to Self-Help Group for Perpetrator | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Intra-Agency Services for Perpetrator | 2 | 6% | 1 | 3% | 7 | 15% | 8 | 17% |
| Community Services for Perpetrator | 2 | 6% | 2 | 6% | 6 | 13% | 6 | 13% |
| Homemaker/Caretaker Services for Perpetrator | 0 | 0% | 0 | 0% | 0 | 0% | 1 | 2% |
| Parenting Classes for Perpetrator | 4 | 12% | 2 | 6% | 4 | 8% | 3 | 6% |
| Multidisciplinary Team | 4 | 12% | 8 | 24% | 3 | 6% | 14 | 29% |
| None | 12 | 36% | 0 | 0% | 2 | 4% | 0 | 0% |
| **Total Reports** | **33** | | **33** | | **48** | | **48** | |

**Figure K: Services Planned and Provided to the Child, Parent and Perpetrator Following Fatalities and Near-Fatalities**

# Child Fatality/Near-Fatality Summaries for 2012 Annual Child Abuse Report

Act 146 of 2006 went into effect on May 8, 2007. A major provision of this legislation requires that the department include a summary of each child fatality or near fatality that resulted in a substantiated child abuse or neglect report in the Annual Child Abuse Report to the governor and the General Assembly. The law requires DPW to provide as much case-specific information as permissible while respecting the confidentiality rights of the individuals. The following summaries are for cases that were substantiated in calendar year 2012.

**2012 Fatalities**

Allegheny County:

1. An 11-year-old male child died on Feb. 11, 2012 due to physical injuries he received. Allegheny County Office of Children, Youth and Family Services substantiated the report in March 2012 and named the mother's paramour as the perpetrator. Emergency responders were contacted by the mother due to the child being unresponsive. The child was taken to the hospital by emergency responders. Upon examination at the hospital, the child was found to have blunt force trauma to his head, trunk and extremities. The child died approximately two hours after arriving at the hospital. The child had been home with the mother's paramour and was instructed to vacuum the floor. The child did not do this and the mother's paramour beat the child for approximately ten hours while the mother was at work. When the mother returned home, she found the child injured and barely breathing. The mother's paramour told the mother to tell police that the child fell out of a window. The mother called several family members for help and eventually contacted emergency responders almost two hours after finding the child. The child has a younger sibling who also lived in the home. The sibling witnessed parts of the incident. The sibling underwent a full examination at the hospital and no injuries were found. The sibling is currently in foster care due to the incident. This family was not known to the county agency prior to the incident. The mother's paramour has been charged with homicide and child endangerment and is currently incarcerated. The mother has been charged with endangering the welfare of a child and involuntary manslaughter and is currently incarcerated.

Beaver County:

2. A 2-month-old female child died on July 26, 2012 due to physical injuries she received. Beaver County Children and Youth Services substantiated the report in August 2012 and named the father as the perpetrator. On July 24, 2012 emergency responders were contacted by the father due to the child turning blue and not breathing properly. The father provided a timeline that indicated he waited approximately an hour and a half to call 911. Father states that he attempted to revive child and provide the child cardiopulmonary resuscitation on his own prior to calling the mother who then told father to call 911. The child was transported to the hospital in cardiac arrest. The child was diagnosed as having a subdural hematoma and retinal hemorrhages. The cause of the child's death is listed as blunt force trauma. The father admitted to police that he shook the child on four different occasions. The shakings were hard enough that the child's chin would hit the child's chest. He has been charged with four counts each of aggravated assault, endangering the welfare of children and recklessly endangering another person. He has also been charged with one count of criminal homicide. He is currently incarcerated and awaiting trial. The father self-reported he has mental health issues for which he is prescribed medication. The father stated he does not take the medication because it makes him tired. The father is also a substantiated perpetrator of physical abuse in 2010. The father bit his now former paramour's child on the leg because the child had bit him on the leg. The mother stated that she only knew a little bit about the previous report but did not know details about the incident. The mother and child were not known to the county agency prior to the incident.

3. A 3-year-old child died on Nov. 7, 2012 from injuries he sustained on Oct. 29, 2012. Beaver County Children and Youth Services substantiated the report naming the mother's

paramour as the perpetrator for physical abuse. The mother's paramour claimed that the child was playing with one of the paramour's children and had fallen from a dresser. The paramour stated that he found the child on the floor. The explanation of injuries did not match the injuries the child sustained. The child had suffered severe head trauma and retinal hemorrhaging but did not sustain damage to his skull or surrounding bone structures. The referral source felt strongly that child's injuries were consistent with abusive head trauma. The mother does not have any other children; however, the paramour has three children to another woman. These children were living with their father, the perpetrator in this case, and their paternal grandmother due to abuse allegations on one of the children by the mother when they lived in New York. The paramour and his children moved out of the paternal grandmother's home a short time prior to the fatality. At the time of the fatality, the county agency was in the process of assessing the situation and in-home services for parenting support had started. It was also recommended that the paramour receive a mental health evaluation. The paramour and the mother had only known each other for approximately one month before the mother and the victim child moved into the paramour's home one week prior to the incident. The paramour's children have returned to the care of their paternal grandmother. The paramour has been arrested and charged with criminal homicide. He is currently incarcerated and awaiting trial.

Berks County:

4. A newborn male child died on Jan. 9, 2012 due to physical injuries. Berks County Children and Youth Services substantiated the report in March 2012 and named the mother as the perpetrator. The adolescent mother of the deceased infant hid her pregnancy from her family. On the date of the child's death, the mother stayed home from school and gave birth to the child in the toilet and then attempted to flush the child down the toilet. The mother went to the hospital later that evening due to hemorrhaging, which she told her family was from her menstrual period. The mother was questioned about the cause of the hemorrhaging and eventually admitted that she gave birth to the child in the toilet. The child was found at the home in a trash can, covered in a sheet. The autopsy showed that the child was born alive and took at least a few breaths before his death. Water was found in the child's sinus cavity and stomach. The coroner's report indicated that the cause of death was drowning, and the manner of death was homicide. The mother was arrested on March 5, 2012 for homicide and concealing the death of a child. The mother, who is a minor, was placed at Berks County Detention pending her preliminary hearing. There is a 3-year-old sibling of the mother in the home; however, it was determined that the 3-year-old is safe in the home. The family was known to the county in the early 1990's due to truancy concerns with the mother, but there was no current county involvement.

5. An 11-year-old female child died March 26, 2012 due to physical injuries she sustained the previous day. Berks County Children and Youth Services substantiated the report in May 2012 and named the mother as the perpetrator. The child died due to being strangled with a phone cord. It was also determined the child had been hit over the head with a bottle and a hammer. The mother then set fire to the home while she and the child were still in it. The mother passed away due to smoke inhalation. It is believed the child was dead for some period of time prior to the mother setting the fire. Several notes were found in the residence which indicated the mother had planned to do this for quite some time. The mother was in debt and had written in a letter that she was not going to leave the child behind. The letters also stated that she had planned to do this a few weeks prior but did not follow through. The mother and father were in the middle of a custody dispute and were working with a co-parenting instructor. The family did not have a history with the county agency.

Bucks County:

6. A 1-year-old female child died on March 7, 2012 due to injuries sustained around Feb. 26, 2012. Bucks County Children and Youth Social Services Agency substantiated the report in April 2012 naming the mother's paramour as perpetrator by commission for causing the child's injuries and the mother as perpetrator by omission for failing to protect the child from abuse. The mother brought the child, who was unresponsive, to the hospital on Feb. 26, 2012. The mother stated that she had been out of state over the weekend and

that her paramour had agreed to watch both the child and the child's two older sisters. The paramour reported that on Saturday, Feb. 25, 2012 he got angry at the child while he was changing her diaper and he then made her carry the dirty diaper to the trash can. While the child, who had a cast on her leg at the time, was carrying the diaper, she allegedly fell into a stack of chairs in the kitchen which then fell onto her. The paramour stated that after the incident the child was not responsive and was gasping for breath. The child's older two siblings were called into the room by the paramour to assist in attempting to wake the child. The attempts were unsuccessful and the paramour then called the mother to report what happened. The mother returned to the home the following day and found the child unconscious. The paramour also admitted to kicking the child in the head while he was wearing boots and that he also grabbed the child by her arm causing her arm to break. Per the medical exam, the child was diagnosed as having a severe brain hemorrhage, retinal hemorrhaging in both eyes, broken left forearm that was approximately 10-14 days old, multiple old and new rib fractures, a pulmonary contusion, a re-fracture of her right leg which had been broken around Jan. 7, 2012, and old burns on her hip from a cigarette lighter. Through their investigation the county was able to substantiate the mother's paramour as the one who inflicted the injuries to the child. The county was also able to determine that the mother was aware of her paramour previously physically abusing the child, but continued to allow her children to be cared for by her paramour. The paramour has been arrested and is currently incarcerated related to this incident. A criminal investigation is ongoing related to mother's involvement with the abuse. The child's older sisters, ages 9 years and 5 years, are currently residing in the home of their maternal grandmother and maternal uncle. The mother has no contact with these children at this time. The county previously received a report on this family in August 2011 regarding concerns about the lack of proper dental care for the oldest sibling. The family was accepted for ongoing supportive services to monitor the mother's follow through with the child's dental care. The family was open with these services until the beginning of February 2012. During this time the county also investigated a general concern about healed burns to the back of the child's thigh and the child's leg being broken but did not provide services related to this concern as the mother was able to provide an explanation for the child's injuries.

Cambria County:

7. A 1-year-old female child died on Aug. 11, 2012 due to physical injuries. Cambria County Children and Youth Services substantiated the report in October 2012 and named the mother's paramour as the perpetrator. Emergency services were called to the home on Aug. 10, 2012 due to the child being unconscious. The mother's paramour was the only caretaker home with the child at the time of the incident. The child was diagnosed with severe subdural hematomas, retinal hemorrhages in both eyes with detached retinas, and bruising to her body. The cause of the child's death was determined to be from blunt force trauma to the head. The mother's paramour provided several different explanations for the child's injuries. The mother acknowledged that she had seen bruising to the child's abdomen but had attributed the injuries to falls. There is no information from either CYS or the police that mother failed to protect her child. The mother's paramour has been arrested and charged with criminal homicide, aggravated assault, simple assault, and endangering the welfare of children. He is currently incarcerated, awaiting trial. The family was not known to the county agency prior to this incident.

8. A 2-month-old male child died on Dec. 23, 2011 due to physical injuries. Cambria County Children and Youth Services substantiated the case in January 2012 and named the father as the perpetrator. The child was diagnosed as having a fractured right distal tibia, a fractured left distal and proximal tibia, severe hemorrhaging behind the eye, a subdural hematoma, and no brain activity upon arrival at the hospital. The father was questioned by police and admitted to shaking the child at least three different times, the last being on Dec. 21, 2011 at which time the child lost consciousness. The mother was at a neighbor's home at the time using the telephone. In September 2012 the father pled guilty to third degree murder and was sentenced to a state correctional facility for 15-30 years. The mother and father have a 19-month-old daughter together who was residing in the home at the time of the incident. After the incident, the

19-month-old was placed in the care of the paternal grandmother through a private arrangement. The mother has two older sons and an older daughter who have not been in mother's care since 2009. The two older boys live with their paternal grandmother and the older daughter resides with her god mother. The mother has had an extensive history with the county agency. The county agency was involved with the family five times between 2005 and 2007 due to poor housing conditions and hygiene issues. The family received in-home services to address these concerns from the end of 2007 to January 2009 when mother and the father of the oldest three children made the decision to place the children with relatives. The county agency again became involved due to unstable housing in February 2011. At that time, the mother and the then 7-month-old sister moved in with the paternal grandmother and father and the case was closed. The last referral prior to incident was in October 2011 when the county was notified of the deceased child's birth. The county did not respond to this referral and no services were provided to the family. The most recent case on the family was closed in August 2012 and the 19-month-old remains in the care of the paternal grandmother as the mother did not make progress with her goals and is unable to care for the child.

Delaware County:

9. A 2-year-old male child died on Dec. 12, 2011 due to physical injuries he sustained while in the care of his babysitter. Delaware County Children and Youth Services (CYS) substantiated the case in February 2012 naming the babysitter as a perpetrator of abuse. The child was at the home of the babysitter for four days. On the date of incident the child was home alone with the babysitter and her own three children, ages 4, 3, and 1. The babysitter has maintained that she walked into the living room and found the child lying on the floor, unconscious, and on his back with a bottle cap lodged in his throat. She stated that she was able to remove the bottle cap, contacted 911, and started CPR on the child. However, once the child was taken to the hospital, he was diagnosed with having multiple contusions of the head and torso, focal contusions of his extremities, interhemispheric subdural hematoma, subdural hemorrhage in the brain, subdural hematoma, subdural hemorrhage surrounding the spinal cord, subarachnoid hemorrhage, asymmetrical edema and anoxic ischemic brain injury. The cause of death was the result of blunt impact neurotrauma and the manner of death was determined to be homicide. The babysitter was arrested and charged. In January 2013 the babysitter was found guilty of third degree murder, aggravated assault, involuntary manslaughter, and endangering the welfare of children. She is scheduled to be sentenced in March 2013. The deceased child, his mother and father all resided in New Jersey. The deceased child's family did not have prior involvement with Pennsylvania or New Jersey Division of Youth, Family and Children's services. The babysitter was previously involved with Delaware County CYS in November and December 2009 related to concerns of appropriate supervision for her own children. After the incident, the babysitter's family was receiving in-home services until the children moved out of state to reside with their father and paternal grandfather.

10. A 1-year-old female child died on Feb. 17, 2012 due to physical injuries. Delaware County Children and Youth Services substantiated the report in April 2012 and named the mother and the mother's paramour as perpetrators of physical abuse. The mother initially reported that the child had been sick for a few days. She called an ambulance on the date of incident due to the child having labored breathing. Child was pronounced dead shortly after arriving at the hospital. The child had multiple bruises and abrasions all over her body. Additionally, the child had a pulmonary edema, extensive hemorrhage and a bruise to the small intestine, extensive scalp hemorrhage, fluid and blood in the abdomen, and a lacerated liver. It was determined that these injuries were indicative of non-accidental blunt force trauma. Both the mother and her paramour were unable to provide an explanation for injuries sustained by the child. The child had two siblings who resided with her in the home at the time of the incident. They were also interviewed and were unable to provide an explanation for the child's extensive injuries. After the child's death the two siblings were placed in the care of their maternal aunt. Delaware County Children and Youth Services accepted the family for SCOH services (Services

for Children in their Own Home.) The mother currently has supervised visitation with her children. The police investigation is ongoing. The county did not have previous involvement with this family.

11. An 11-month-old male child died on July 15, 2012 due to an acute heroin overdose. Delaware County Children and Youth Services substantiated the report in November 2012 listing the mother as the perpetrator for lack of supervision. The child was living with his mother and father at the time of the incident. However, the mother was the responsible caregiver of the child at the time of his death as well as the hours leading up to it. The mother also has a significant history of substance abuse, including the use of heroin. The mother was arrested in November 2012 and charged with third degree murder, involuntary manslaughter, aggravated assault, and endangering the welfare of a child. She is currently incarcerated and is awaiting trial. The child has a 4-year-old brother who remains in the care of his father. This family was known to the county agency, after the deceased child was born due to the mother testing positive for opiates. The county agency was involved with the family for five months. At the time of the case closure, the county was confident that the father would be able to protect the children and assure their safety as their primary caretaker.

12. A 6-year-old male child died on Nov. 2, 2012 due to injuries he sustained on Nov. 1, 2012. Delaware County Children and Youth Services substantiated the case in November 2012 naming the maternal uncle as the perpetrator of physical abuse. The uncle admitted to police that he inflicted the injuries to the child using two different belts. The uncle stated that the child was not following directions and was warned he would have to face consequences. The police determined that the perpetrator beat the child for up to 45 minutes. The medical examiner reported the child had bruises all over his body and his testicles were crushed. The child also aspirated blood into both of his lungs, had a tear in his liver and his pancreas was hemorrhagic. He had bruising to his bowels, bleeding behind the abdominal cavity, hemorrhage in his psoas muscle, and hemorrhaging around his scrotum. The uncle has been arrested and charged with criminal homicide, murder of the first degree, murder of the third degree, possession of an instrument of crime with intent, aggravated assault, unlawful restraint causing serious bodily injury, and two counts endangering the welfare of a child. He was denied bail and is currently incarcerated and awaiting trial. The child was residing full time with his uncle through a private arrangement with the child's mother. The child has a 5-month-old sister who is residing with their mother. The uncle had a daughter who was residing with her own mother. The mother of this child obtained a protection from abuse order barring the child from contact with her father shortly after the incident occurred. The case is currently closed as the county determined that neither mother was in need of services.

Erie County:

13. A 5-month-old male child died on Feb. 20, 2012 due to physical injuries he received eleven days earlier. Erie County Office of Children and Youth substantiated the report in March 2012 and named the mother and her paramour as the perpetrators. The child was transported to the hospital by emergency responders due to being in cardiac arrest. The child was placed on a ventilator and was subsequently removed from life support on Feb. 20, 2012. The child suffered bilateral hemorrhages, massive brain swelling, retinal hemorrhaging, bruising around his left eye and fractures to both arms. The injuries were in various stages of healing. The mother reported that on Feb. 7, 2012, her paramour had been caring for the child and fell while carrying the child. The mother reported that the child hit his head when this happened and had various stages of consciousness. The mother also reported that on Feb. 9, 2012, the child stopped breathing and she pushed on his chest which made the child begin to breathe again. She checked on the child a few minutes later and found him unresponsive, which prompted her to contact emergency responders. The medical examination revealed the child's injuries were inflicted and some of the injuries were likely the result of abusive head trauma. The mother and her paramour do not have any other children. This family was not known to the county agency prior to the incident. Both the mother and her paramour have been charged with criminal homicide, aggravated assault, endangering the welfare of a child and recklessly endangering a child. They are currently incarcerated.

Indiana County:

14-15. Two female siblings, ages eleven and six, died on June 1, 2012 due to physical injuries. Indiana County Children and Youth Services substantiated both reports in July 2012 and named the father as the perpetrator. The father had cut the throat of the 6-year-old with a hunting knife and then went outside of the home and shot the family's pet goat, pony and dog. Soon after this, the 11-year-old had returned home from school and the father cut her throat with a hunting knife. The father then drove to the home of the children's mother and cut her throat and set fire to the mother's home. The father returned to his house and set fire to his house. The parents do not have any other children. This family was not known to the county agency prior to the incident. The father has been charged with three counts of criminal homicide and is currently incarcerated.

Lackawanna County:

16. A 3-month-old male child died on Jan. 3, 2012 after being removed from life support due to a subdural hematoma sustained when the paramour of the child's mother violently shook the child on Dec. 20, 2011. Lackawanna County Children and Youth Services originally indicated the report in January 2012, but later changed the disposition to founded in August of 2012 after the paramour pled guilty to third degree manslaughter and was sentenced to 10-12 years in prison. On Dec. 21, 2011 Lackawanna County Children and Youth Services were contacted by ChildLine and assigned an investigation relating to the suspicions of serious bodily injury to a 3-month-old infant being cared for by the paramour of the victim child's biological mother. At the time of the initial report, the allegations involved suspicious bruising to the child's face and head. The victim child was transported to the pediatric trauma unit where he remained on life support until Jan. 3, 2012. The victim child was removed from life support and expired due to multiple injuries associated with head trauma. Medical findings concluded that the etiology of the injuries sustained by the victim child were due to blunt force trauma. There were no other children in the household at the time of the incident, and the family had no history with the county agency.

17. A 7-month-old male child died on Aug. 3, 2012. Lackawanna Children and Youth Services substantiated the case in September 2012 and named the father as a perpetrator of physical neglect. The father admitted to watching the child while the mother was at work and that he fell asleep with the child by his side. When he woke up he noticed the child had labored breathing and knew something was wrong. The father admitted to placing the child in a play pen and delaying calling emergency services. The mother contacted emergency services upon returning home, approximately two hours later. The father admitted to using marijuana the night prior to the incident and the father's drug screen came back positive for high levels of Tetrahydrocannabinol (THC). Lackawanna County Children and Youth Services investigation determined that all of the father's actions caused a "substantial and unjustified risk" that resulted in the child's death. The father was incarcerated after the incident on unrelated charges. Law enforcement is investigating the case and is awaiting the results of the child's autopsy prior to formally charging the father. The child's 2-year-old brother is residing with the mother. They have moved to a family member's home. The mother has agreed to not allow the father any access to the brother. The mother and the sibling were provided grief counseling. The mother is also seeking counseling from a private provider.

Lancaster County:

18. A 1-year-old female child died on April 4, 2011 as a result of physical abuse. Lancaster County Children and Youth Services (CYS) substantiated the report in September 2012 naming the father as the perpetrator. Lancaster County CYS received a report regarding the child's death in April 2011. However, the report was not investigated as a fatality because her death was believed to have been accidental at the time. After a yearlong police investigation, the father confessed to causing the child's death. The father reported that the child would not stop crying and fussing and he "just wanted it to stop". The father admitted that he laid on top of the child and suffocated her. The father said that he felt that if the child was out of the way, his relationship with her mother would improve. Prior to his confession the father had been incarcerated in the county prison on theft charges. He remains incarcerated on the additional charge of criminal homicide. The

mother has two older children, ages five years and three years, who are not the biological children of the perpetrator. The county agency first became involved with the family in May 2009, due to concerns about the residence the older children's father was living in. Unrelated children had been removed from that residence. The county agency asked that the older children visit with their father outside of his residence and the case was then screened out. Another referral was received on the family in October 2010 regarding concerns that the mother was pregnant with the victim child and, was missing prenatal appointments, with a history of drug and alcohol use. The county agency received confirmation from the hospital that the mother would be drug tested when she delivered and that they would contact the county agency after the mother gave birth. The case was then screened out. A third referral was received just prior to the victim child's birth. The referral mentioned concerns about the crowded living environment. At the time of the referral the mother, the victim child's father, and the two older children were residing with the maternal grandmother and the maternal grandmother's paramour. Also residing in the home at the time of the referral was the father's 12-year-old son. This referral was screened out after the county agency determined that the oldest daughter's school had no concerns about the children. The family was active with the county agency at the time of the death. A referral had been received by the agency at the end of January 2011 regarding some injuries to the victim child's sternum and hemorrhaging to the child's eye. The agency visited with the child and did not see any visible injuries to the child. There were, however, safety concerns with the family regarding domestic violence between the mother and the father, so the decision was made for the family to be opened for services. The mother requested in-home services to help her live on her own and care for the child. The family service plan was in the process of being developed when the child passed away. Services are still being provided to the family due to mother's use of drugs and a lack of a stable home environment. The safety plan is that the two older children are residing with the maternal grandmother and have no unsupervised contact with the mother.

19. A 6-week-old male child died on Oct. 18, 2012 due to physical injuries. Lancaster County Children and Youth Services substantiated the report in December 2012 naming both the mother and father as perpetrators of physical abuse. The police and EMS were dispatched to the home on the morning of Oct. 18, 2012. When they arrived to the home they found the child deceased. The child had multiple traumatic injuries, including multiple rib fractures, hemorrhages of the brain, a clavicle fracture, and burns to a hand and his scrotum. The manner of child's death was ruled to be a homicide due to multiple traumatic injuries. A witness provided statements that the mother and father failed to seek medical attention for the child and talked to each other about not telling on one another. The mother admitted to knowing that father kneed the child in the face. Both parents have been arrested and are currently incarcerated. They have been charged with criminal homicide, conspiracy-criminal homicide, four counts endangering the welfare of children, and conspiracy-endangering the welfare of children and have been denied bail. The victim child is the only child between the mother and father. The father is an indicated perpetrator in Berks County against the daughter he had with an ex-paramour. In December 2009 he physically abused his older daughter causing her to have a spiral fracture to her right femur, two fractured ribs, and a contusion to her liver. The father was not charged in this incident and did not receive services from Berks County Children and Youth as he was incarcerated shortly after for a probation violation.

Luzerne County:

20. A 2-month-old female child died on Nov. 8, 2012 from asphyxiation, due to co-sleeping with a sibling. Luzerne County Children and Youth Services substantiated the report in December 2012 and named both parents as perpetrators for physical neglect. The parents reported that on the morning of Nov. 8, 2012, around 1-1:30 a.m. the 2-month-old child was fed by the mother and then placed back in the crib. Neither parent entered the child's room again until 8:00 a.m. that same morning. At this time the 3-year-old sibling of the victim child was found asleep in the victim child's crib. The victim child was unresponsive at this time and immediately taken to the hospital, where the child was eventually pronounced dead. During the investigation the parents reported that all six children share the same bedroom, and on another occasion they found the 3-year-old

sibling in the victim child's crib. There are five surviving siblings of the victim child, ages two, three, seven, eight, and 10. The three oldest children stated that the 3-year-old sibling would crawl into the crib while the victim child was sleeping, and that this happened a lot. At the time of the incident there were six children in the household, including the victim child. After the incident all five surviving children were removed from the home and temporarily placed with relatives. The family was known to the county agency for two prior incidents. The first referral was received in 2009 regarding drug use and a lack of supervision in the home. This referral was followed up and closed at the intake level with no concerns of abuse or neglect. In February 2012 a second referral was received alleging poor hygiene of the children and a lack of cooperation with the children's schools. This referral was also addressed and closed at the intake level. Presently, the family is receiving reunification services which include mental health evaluations for both of the parents, parenting education, and trauma therapy. The parents have supervised visits with the children. The agency is assisting the parents in finding appropriate housing, with enough bedrooms for five children so that they are no longer co-sleeping with one another.

Philadelphia County:

21. A 2-month-old child died on March 18, 2012 due to physical injuries. The Philadelphia Department of Human Services (DHS) substantiated the case in April 2012, naming the child's father as the perpetrator of physical abuse. On the date of incident, emergency responders were called to the home by a relative of the child. Police arrived at the home and found the father in a bedroom. He was holding a knife to his neck and threatening to kill himself. The police found a note written by the father apologizing for killing the child. The father was taken into custody and admitted to police that he had been drinking alcohol that day and had attempted to put the child to sleep. The father stated that he punched the child in the head. He also stated that he held the child very tightly to his chest so that the child was unable to breathe. The medical examiner determined that the manner of the child's death was homicide due to suffocation. The father has been arrested and is charged with murder, aggravated assault, endangering the welfare of children, simple assault, and recklessly endangering another person. He is currently incarcerated at a Philadelphia County jail. The mother stated that she will be receiving grief counseling services. DHS has since closed the family's case as there are no other children in the home and no need for services. The family did not have prior involvement with the county agency. The father does have an extensive criminal history and is a multiple state Megan's Law Offender.

22. A 6-year-old male child died on March 29, 2012 from physical abuse and neglect. Philadelphia Department of Human Services (DHS) substantiated the case in April 2012, naming the child's mother and father as the perpetrators. The medical examiner determined that the child died from blunt force trauma to the head and malnutrition. The child also had bruises covering his body. The child was approximately the size of a 3-year-old due to emaciation. The child was in the sole care of his parents and he was not attending school. The child had a 3-year-old sister, who was determined to be healthy. The sister was placed in kinship care with a maternal uncle at the time of the child's death, and presently remains with the uncle. The county agency was previously involved with this child from 2007-2009 when the child was placed into the care of distant relatives due to concerns of neglect and drug abuse by the parents. The child was returned to the parents care per court order in 2008 and DHS monitored the family's case for a year, closing the case in 2009 due to compliance by the parents. DHS was also previously involved with seven older siblings, who were removed from the parents and adopted. Two of the older siblings were involved with DHS at the time of the child's death and were participating in visitations with the child; however, the county did not have an open case on the victim child at the time of his death. DHS had no previous involvement with the child's younger sister. The parents are both currently incarcerated, awaiting trial on charges of aggravated assault, conspiracy, endangering the welfare of children, simple assault, recklessly endangering another person, and conspiracy to commit murder. The mother is also charged with murder.

23. An 11-month-old child died on May 11, 2012 due to ingesting methadone. Philadelphia Department of Human Services substantiated the report in June 2012 and named the father as the perpetrator. The father found the child unresponsive in his crib and the mother contacted emergency responders. The child was pronounced deceased at the hospital. A preliminary report from the medical examiner's office was released the following day stating that the child tested positive for methadone. Both parents are recovering heroin addicts and receive treatment through methadone clinics. The father admitted during the investigation that he had put methadone in the child's bottle. There were trace amounts of methadone found in the child's bottle. There had been a prior referral to the county agency when the child was born regarding mother being a heroin addict. No services were implemented at that time. There is an older sibling who is currently in formal kinship care with a paternal grandmother due to the incident. There is an ongoing criminal investigation; however, no criminal charges have been filed.

24-25. Twin 1-year-old siblings, one female and one male, died on May 24, 2012 due to drowning and suffocation. Philadelphia Department of Human Services substantiated both reports in June 2012 and named the mother as the perpetrator. The father had returned home from work and found the mother and the two children unresponsive. The father contacted emergency responders. The two children were determined by the emergency responders to be deceased. However, the mother was still alive. The mother had tried to commit suicide by slitting her wrists and also took a large amount of unknown pills. It was determined that the mother had also given the unknown pills to both children. The mother then drowned the female child in the bathtub and suffocated the male child with a pillow. There is an older sibling of the children who was also at home when these incidents occurred. This sibling was given pills in her juice; however, she refused to drink her juice. This sibling was examined at the hospital and was found to be unharmed. This sibling continues to reside with her father and services have been offered by the county agency. The mother believed that the father had been having a relationship with her adult daughter by a prior relationship and this is her reasoning as to why she killed the children. The mother has been charged with homicide and other charges related to attempting to poison the sibling. The mother is currently incarcerated.

26. A 7-year-old male child died on June 30, 2012 due to drowning. Philadelphia Department of Human Services (DHS) substantiated the report in August 2012 for lack of supervision, naming the daycare owner and a daycare worker as perpetrators. The child and 20 other children were taken to a residential pool to go swimming. The owner of the home was present, but did not interact with the children. Although there were originally four staff members present, the daycare owner and one of the workers left the residence to go to a casino. The children who were interviewed during the investigation stated that there were approximately fifteen children in the pool with one staff member supervising. The other staff member stayed indoors with the younger children. The daycare workers stated that the child had become upset and left the pool to go sit on the porch; however, the children interviewed during the investigation stated that they last saw the child going down the slide into the deep end of the pool. The children reported telling the staff member that they thought the child was at the bottom of the pool. The child was discovered missing at 3:00 p.m. The staff called the owner and they returned to the residence and began looking for the child. There are conflicting reports about whether staff went into the pool to look for the child. The child was found after midnight, at the bottom of the pool, which was described as filthy. The mother reported that she never signed a permission slip for the child to go swimming. During the investigation, it was found that the daycare owner opened this daycare using a false identity. Both the daycare owner and the other staff substantiated as perpetrators on this case had criminal offenses that would prohibit them from being licensed to work with children. The daycare owner had two separate daycare programs, both of which are now closed. The case has been assigned to the Philadelphia Police Department's Homicide Unit and criminal charges are pending.

Schuylkill County:

27. A 1-year-old male child died on April 1, 2012 due to being suffocated. Schuylkill County Children and Youth Services substantiated the report in May 2012 and named the mother as the

perpetrator. The mother contacted emergency responders stating that she found the child unresponsive in his crib. The child later died at the hospital. The child's death was determined to be suspicious. During the investigation, the mother admitted to suffocating the child. The mother said that the child had been crying and she could not take it any longer. She had the child lay on his stomach in his crib and she pushed on his head and back until he stopped breathing. The child had two half-siblings, who live with their father in a different state. The father has sole custody of the half-siblings. The county agency was active with the family on the intake level from November 2011 until January 2012 due to domestic violence between the mother and a paramour that had been living with the family at that time and also due to concerns regarding mother's behavioral health issues. There had also been concerns that the mother had unrealistic expectations of the child and was overfeeding the child. The family, including the mother's paramour, moved to a neighboring county in January and the county agency closed the case and decided against referring it to the neighboring county. Additionally, the family had been active in the past with child protective services in Massachusetts involving the half-siblings. Child protective services in Massachusetts were involved due to an extensive behavioral health history with the mother and because of incidents in which the half-siblings had periodic episodes of stopped breathing with no known cause. The mother has been charged with criminal homicide and aggravated assault and is currently incarcerated.

Somerset County:

28. A 15-year-old male child died on Sept. 15, 2011 due to a gunshot wound. Somerset County Children and Youth Services (CYS) substantiated the report in May 2012 and named the father as the perpetrator. The father was sitting at a desk cleaning his .38 caliber hand gun. The child was in the same room, lying on a couch. The child jokingly said, "Shoot me, Dad, shoot me." The father pointed the gun in the direction of the child and the gun discharged a bullet that struck the child on the right side below his armpit. The bullet entered the right lung, went into the left lung, passed through a rib, and struck the jugular vein. The child was transported to Somerset Hospital for treatment but died shortly after arrival due to his injuries. The father said he believed he had removed the clip from the pistol; however, police discovered that the gun contained four live rounds in the clip and one live round in the chamber. In June 2011, Somerset CYS received a referral on this family which stated that there was no food in the home. A caseworker visited the home and found sufficient food, but was concerned about the cluttered home conditions. The caseworker returned to the home in mid-June 2011 and found the home conditions appropriate, and the case was closed. The family now resides in Fayette County. There is a 12-year-old female sibling in the home. Fayette County CYS saw the sibling at school in May 2012, and she reported no concerns or fear in her home. The county assessed the home and determined that there were no safety threats found. The father has been charged with involuntary manslaughter and reckless endangerment. A preliminary hearing was held in April 2012. The father waived the charges to court and is currently residing at home awaiting his trial.

Washington County:

29. A 2-year-old female child died on Dec. 8, 2011 due to injuries she sustained between Dec. 6 and Dec. 7, 2011. Washington County Children and Youth Services substantiated the case in January 2012 naming the mother and stepfather as perpetrators of physical abuse. The child was initially taken to the hospital and certified to be in critical condition on Dec. 7, 2011. The child was in a coma and diagnosed as having a subdural hematoma, massive brain edema, respiratory and cardiac arrest, and she had significant petechiae all over her face. The child was later deemed to be brain dead and passed away on Dec. 8, 2011. The parents were unable to provide an explanation for the child's injuries. The child's physician indicated that the death was highly concerning for abuse and the only reasonable explanation for the injuries was trauma inflicted by shaking or squeezing the child. After the incident, the child's 7-year-old sister was placed with the maternal grandmother through a voluntary placement agreement. The sister was subsequently removed from the grandmother's home and placed into foster care after it was discovered that the mother had been sleeping over at the grandmother's house, which was in violation of the agreement.

The mother is currently having supervised visits with the surviving child. The surviving child's biological father, who had minimal involvement in her life, is also being afforded the same visitation terms. The county is looking at paternal relatives as a placement option. The mother has undergone mental health and drug and alcohol screenings, however; no treatment has been initiated in these areas. The police have conducted a criminal investigation but no charges have been filed at this time.

Westmoreland County:

30. A 22-day-old female child died on Dec. 27, 2011 due to physical injuries. Westmoreland County Children's Bureau substantiated the report in February 2012 and named the father as the perpetrator of physical abuse. The child was transported to the hospital and pronounced dead upon arrival. The father was the sole caretaker of the child when the injuries occurred while the mother was at a doctor's appointment. Results of an autopsy indicate the child sustained multi-focal 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. An older sibling in the household had been residing with the paternal grandparents at the time of the incident through a private arrangement with the family. The family was known to the county agency prior to the victim child's death. A referral was received when the deceased child was born because the mother tested positive for opiates. After discharge from the hospital, the family stayed with the paternal grandparents in Indiana County for approximately one week. Indiana County Children and Youth Services conducted an assessment of the family while at the paternal grandmother's home and then transferred the case to Westmoreland County. The child remained in the care of the paternal grandmother for an additional week prior to moving back with the parents. The case remained in the assessment phase with Westmoreland County at the time of the child's death. The paternal grandparents subsequently went to court and obtained custody of the older sibling. Due to there being no concerns for the safety of the older child, no services are currently being provided to the family by the county agency. The mother is involved with mental health services. The father has been charged with criminal homicide and is currently incarcerated.

31. A 2-month-old female child died on Nov. 19, 2012 due to physical injuries. Westmoreland County Children and Youth substantiated the report in November 2011 and named the father as the perpetrator of physical abuse. The father and mother were separated at the time of the incident. On Nov. 15, 2012, the child was with her father who was the sole caretaker when the injuries occurred. The child was found unresponsive in her car seat when she was returned to her mother. The mother called emergency responders while the father took the child out of the car seat. The child was transported to the hospital with a bruised forehead, abnormal CT with subdural bleed and severe brain swelling. The child died four days later as the result of her injuries. The family was not known the county agency prior to the incident. The victim child has two older siblings who reside with their mother who has custody. The father has been charged with criminal homicide and is currently incarcerated while awaiting trial.

York County:

32. A 2-year-old male child died on Nov. 11, 2011 due to physical injuries. York County Children and Youth Services substantiated the report in January 2011 and named the mother's paramour as the perpetrator. The paramour was watching the child and his younger sister while the mother went to do laundry. The paramour told the child to get into the bathtub and start a bath after he defecated in his pants. The paramour left the child unattended in the bath and found him with his face in the water. The child would not wake up and was taken to a neighbor's house who called emergency responders. The child was in cardiac arrest when arriving at the hospital and died shortly thereafter. An autopsy confirmed the child died as a result of multiple blunt force trauma. The mother was named as a perpetrator by omission, with no charges pending at this time. The investigation determined that the mother was aware that her paramour had caused previous injuries to the child but continued to allow him to watch the child. The paramour has been charged with criminal homicide and is currently incarcerated. The family was not known to the county agency before the incident. However this

child was seen on Nov. 3, 2011 at the hospital emergency room for injuries received during a basketball game when he was hit in the head by a basketball. A nurse allegedly sent information to York County Children and Youth Services who report never having received such a report. The mother was initially provided in-home services for herself and the child's younger sibling. The mother failed to cooperate with the services and the younger sibling was placed in kinship care with the paternal grandmother. The mother was provided twice a week visitation with the younger child and has failed to show up for those visitations. No other services are in place at this time.

33. A 2-month-old male child died on Nov. 12, 2011 due to medical neglect. York County Children and Youth Services substantiated the report in January 2012 and named the child's mother and father as the perpetrators of medical neglect. The child was born premature on Sept. 1, 2011 but was discharged from the hospital on Oct. 8, 2011 weighing 5 lbs, 3.1 oz. He was sent home with his parents who reported they were going to live with the father's family. The mother stated she was feeding the child on Nov. 12, 2011, when his eyes rolled back and his apnea monitor started to beep. The monitor was needed due to the child having breathing issues from oxygen desaturation. The mother began CPR and called emergency responders. The child was transported to the hospital where he was pronounced dead. An autopsy confirmed the child died as a result of hypernatremic dehydration and malnutrition. The child weighed 3 pounds, 6 ounces at the time of his death and had lost approximately 30% of his body weight since his discharge from the hospital. The victim child had been weighed the day before his death at a Women's, Children's and Infants (WIC) appointment and his weight was recorded as 4 pounds. WIC was unaware the child was born premature, did not have any charts from the hospital regarding weight, and did not feel the child was in severe condition. It was also found that the child had not been seen by his primary care physician since his discharge from the hospital. There had been a prior referral to the county agency for this family in 2007 for a newborn child who had heart and kidney problems. The concern was that the parents may not have been able to care for the child due to their mental limitations. This particular child died during surgery and the case was closed. There is a older sibling of the deceased child who was reported as having "weight gain" issues by her mother. She has been placed with cousins who were approved as a kinship resource, due to death of her sibling. Both the mother and father have been charged with criminal homicide and are currently incarcerated awaiting trial.

**Near Fatalities 2012**

Allegheny County:

1. A 3-year-old male child nearly died on Nov. 4, 2011 due to physical abuse. Allegheny County Children and Youth Services substantiated the report in January 2012 and named the child's father and his paramour as the perpetrators of physical abuse. On the day of the incident, a paternal aunt went to pick up the victim child and his two half-brothers at the father's residence. The child was in the care of the father's paramour the entire day. All three children were placed in the aunt's car and she drove to her residence. Upon arriving she noticed bruising to the child's face and immediately contacted the child's father who said he was unaware of any injuries. The child stated to the aunt that his father's paramour had pushed him down the steps. The father came to pick up the child. The aunt then followed the child and father home and contacted the McKeesport Police Department. Once inside, the police officers noted visible bruising to the child's forehead, left cheek, and left ear. The child lifted his shirt to show bruises on his entire chest area and scratches. He also had severe bruising on his back similar to his chest and stomach. The child was transported to the hospital where it was determined that the child had a subdural hematoma on the left side of his brain and a fractured left arm. He had burn marks on his left foot and left ankle and open lacerations to his back, buttocks, and legs and it was also determined that the child had sustained approximately six retinal hemorrhages. At that time the child commented that his father caused his injuries. A Protection from Abuse Order was obtained to prohibit the father and his paramour from any contact with the victim child. The victim child was released from the hospital on Nov. 10, 2011 and was returned to his mother's care. His mother remained in Allegheny County and complied with all requirements for her son and his care. Her case was closed on April 12, 2012. There

were three half-siblings living with the victim child at the time of incident. All three of those children were placed in the same foster home. The father posted bail and is currently awaiting trial while the father's paramour is incarcerated. The child's mother had prior involvement with the county agency. A referral was received in December 2002 from the maternal grandmother who was uncertain of the mother's ability to care for the victim child's half-brother. The case was opened for services until October 2003 after the mother completed parenting classes and obtained part-time employment. Another referral was received in February 2004 alleging that the mother was not meeting the victim child's half-brother's needs and was using drugs. It was determined that the maternal grandmother assisted in caring for the child and he was up-to-date on his well-child care. The mother only admitted to smoking cigarettes, although no drug testing was done. The case was closed at intake. The last referral for the mother was received in October 2011 reporting that the victim child's half-brother was dropped off at his father's by the mother without notice and his stepmother took him to the hospital because she didn't have any medical history for him. The child was added to his stepmother's insurance and remained with his father and stepmother. The case was closed at intake. The father and his paramour were subjects of a referral in April 2009 after the victim child's half sibling tested positive for drugs at birth. The baby was determined to be healthy although the father's paramour admitted to ongoing marijuana usage during her pregnancy. A case was opened and the father and his paramour both participated in a drug and alcohol evaluation and both were recommended for Intensive Outpatient Treatment. Neither participated in treatment, however, the father's paramour stopped using marijuana and participated in drug screenings which were negative. The father reported he ceased drug use, but no drug screens were documented. The case was closed in April 2010.

2. A 3-month-old female child nearly died on Nov. 8, 2011. Allegheny Children, Youth, and Families substantiated the case in January 2012, naming the father as the perpetrator of physical abuse. The mother was working at the time of the incident and the father was home alone with the child. The father called the mother at work after the child stiffened and went limp. The mother then called 911. The father attempted to perform mouth to mouth on the child and stated he hit the child's head on the floor when laying her down. Once at the hospital, the child was diagnosed as having seizures, acute subdural hematomas, chronic subdural hemorrhages, bilateral retinal hemorrhages, and a right skull fracture. The child had bilateral craniectomies and temporary drains placed in her head to remove the fluid and pressure. The doctor assessing the child determined that the injuries were inflicted and indicative of child maltreatment. While the father denied causing injury to the child, the doctor stated that the injuries would have occurred immediately prior to the child becoming non-responsive. On Nov. 22, 2011 the county agency took custody of the child and the following day she was discharged to a rehabilitation hospital. The child was discharged from the rehabilitation hospital to the care of her great-great paternal aunt on Dec. 6, 2011. The child was returned to her mother's care in May 2012. The child and mother are currently residing with the maternal grandmother. The child is receiving physical therapy through Early Intervention. In November 2012, the father pled guilty to one count of simple assault of a victim under the age of 12. He was sentenced to five years probation and must complete anger management classes. Both parents are receiving in-home crisis services and are working on completing parenting classes. There is currently a no contact order for the father. The county agency had no prior involvement with this family.

3. A 1-year-old male child nearly died on July 18, 2012 as a result of physical injuries. Allegheny County Department of Human Services substantiated the mother and her paramour as perpetrators of physical abuse. At the time of the incident, the mother and the child were residing in the home of the maternal grandmother, the maternal grandmother's paramour, and the mother's three younger siblings. The mother had to leave the home to go to the store. She contacted her paramour to come to the home to watch the child as no one else in the home was able to do so. The mother returned to the home approximately an hour later and found out that the child had vomited and was unresponsive. The paramour had told the mother that the child had tripped and fallen over a fan. The mother contacted paramedics who transported the child

to the hospital. The child was diagnosed with having a depressed skull fracture, multiple bruises to his face, chest, back, and buttocks, and lacerations to his liver, spleen, and kidneys. The physician determined that the injuries were not consistent with the explanation provided and that the injuries were non-accidental in nature. The injuries were acute in nature and happened within a short time frame prior to the child going to the hospital. As neither the mother nor her paramour was able to provide an explanation for the injuries the child sustained, both of them were substantiated for physical abuse. The mother and her paramour have been charged with aggravated assault, endangering the welfare of children, and reckless endangerment. The mother is currently incarcerated and is awaiting a pre-trial conference. The mother's paramour, who was 17 years old at the time of incident, has been charged as a juvenile. At the time of the incident, the child's father was actively using marijuana. The child was placed into foster care while the father completed drug and alcohol treatment. The child was returned to the father's care in September 2012 where he remains at this time. The county agency closed their case with the father at the beginning of December 2012. The father and child continue to receive community services.

4. A 2-year-old male child nearly died on Oct. 25, 2012 due to physical injuries. Allegheny County Children, Youth, and Families substantiated the case in December 2012 naming the mother's paramour as the perpetrator of physical abuse. The mother was at work and her paramour was caring for the child at the time of the incident. The child became unresponsive at the family home and the paramour carried the child to the local police station. The paramour claimed the child had fallen down the steps. The child was hospitalized and diagnosed with bruises on the child's penis, thigh, head, and face. The child also had a subdural hematoma and retinal hemorrhages. The examining physician stated that the injuries were the result of inflicted trauma by another person. The paramour has been arrested and charged with aggravated assault and endangering the welfare of a child. He is currently incarcerated. Prior to the incident, the mother and child had been residing with the paternal grandfather. The mother has two older sons to two different men. Both boys reside with their own fathers. The mother met her paramour online. A referral was received by the county agency in July 2012 concerning the mother and the victim child moving out of the grandfather's home and into the home of the paramour. The allegations stated that the mother was not providing a safe and loving environment for her children. The county was unable to substantiate these allegations and the case was closed in August 2012. The family had no other prior involvement with the county agency.

Beaver County:

5. An 8-month-old female child nearly died on Jan. 5, 2012 due to physical injuries. Beaver County Children and Youth Services substantiated the report in January 2012 and named the father as the perpetrator. The child was flown to Children's Hospital of Pittsburgh after becoming unresponsive while in the father's care. A medical exam showed that the child sustained bilateral acute subdural hemorrhaging, early signs of brain edema, and bruising on the neck. The child was put on life support. The father was caring for the child at the time of incident and stated that he dropped the child. However, abusive head trauma was suspected based on the child's injuries. The child's sibling was removed from the home and placed with her maternal aunt. The child was discharged from the hospital on May 3, 2012 and is in the care of the mother. The sibling has also been returned home to the mother. The child is stable but requires 24-hour care due to traumatic brain injury, retinal hemorrhage, right leg DVT, G-tube dependent feeding, and developmental delays. The mother is receiving intensive in-home services from Project Star and eight hours of nursing daily. This family was known to Beaver County Children and Youth. In May 2011, a report was made to the county alleging that the family did not have electricity in the home. The caseworker who responded to that report found that the home was clean and utilities were on, and the case was closed at intake. A second referral was received in October 2011 regarding the condition of the home. The caseworker was unable to make contact with the family at the home and found that the family had moved in with the maternal grandmother. The mother explained that the utilities at the old address were turned off due to non-payment, which is why the family moved in with the

maternal grandmother. The family was able to stay with the maternal grandmother, whose home was appropriate, until mother could get into public housing. The case was again closed at intake.

Berks County:

6. A 4-year-old female child nearly died on Dec. 16, 2011 after accidentally ingesting benzodiazepines and marijuana. Berks County Children, Youth, and Families substantiated the report in February 2012, naming the stepfather as the perpetrator for lack of supervision. The child presented in the emergency room on the date of incident with tremors and appeared acutely ill. The child's toxicity screen was positive for benzodiazepines and marijuana. The child was in the care of her stepfather when the incident occurred. The mother admitted to the county agency that she knew the stepfather had illegal pills and marijuana in the residence. The child was discharged from the hospital and did not require follow up treatment. The stepfather did not cooperate with the investigation. He is currently living in New York and has no contact with the family. This family was known to the county agency at the time of the near fatality incident. A neglect report was made in November 2011 alleging inappropriate sexual contact between the child and her maternal half-sibling. The county was in the process of investigating these allegations at the time of the near fatality. The child was interviewed at the Children's Alliance Center on Dec. 20, 2011 but nothing substantial was reported. The half sibling resides with his biological father and is safe in his father's care. The victim child now lives with her father and has supervised visitation with her mother, as well as supervised visits with her sibling. The family has been accepted for services to include a mental health evaluation for the mother and parenting services.

7. A 2-year-old male child nearly died on Oct. 28, 2012 due to physical injuries. Berks County Children and Youth Services substantiated the report in December 2012, naming the mother's paramour as the perpetrator. The mother and her paramour brought the child to the hospital because the child was limp and unresponsive. The mother and her paramour reported that the child was alone in the car with the mother's paramour while the mother went into a friend's home. After a while, the mother's paramour came into the friend's home and said that the child was vomiting, limp, and unresponsive. The examining physicians noted that the child was covered in bruises. The adults had no explanation for the injuries and suggested that they happened when the child fell. However, the doctor stated that was not a feasible explanation. The child was given a CAT scan of the stomach which showed a hole in the bowel and free air leaking outside the bowel into the general abdominal cavity. Additionally, he had two lacerations to his liver. The doctor stated that the injuries were consistent with blunt force trauma. The child had surgery, recovered, and is currently doing well. The child is now residing with his father. The mother's paramour was charged with aggravated assault, simple assault, and endangering welfare of a child. He is currently incarcerated and awaiting trial. There is no unsupervised contact between the mother and child. This family was unknown to the county agency prior to the incident.

Blair County:

8. A 17-year-old male child nearly died on Dec. 4, 2011 as a result of physical abuse. Blair County Children and Youth Services indicated the report in January 2012, naming the father as the perpetrator. The father found the child and his 4-year-old female half-sibling under the covers together and thought that the child was sexually assaulting his sister. The father beat the child with his fist and a board. The father called 911 and the child was transported to the hospital via ambulance. The child was certified to be in critical condition upon arrival and was then flown to another hospital. The child had bruises and lacerations over his arms, torso face, and head. The child required seven staples to his scalp. The father was arrested and charged with simple assault and harassment. The father was sentenced to Accelerated Rehabilitative Disposition (ARD) and ordered to attend anger management counseling, which he successfully completed. Throughout the course of the investigation, it was learned that the child did have inappropriate sexual contact with his younger half sibling. Although the assault between the subject child of this report and his sibling did not meet the criteria for child abuse as defined by the Child Protective Service Law, the subject child of this report was criminally charged

with rape and indecent assault and put on a consent decree. There is no unsupervised contact between the child and his sibling. Blair County Children and Youth Services received a prior report concerning the child in July 1998. The child presented with suspicious bruising that allegedly occurred while he was in the care of his father and grandmother. The investigation revealed that the bruising was consistent with normal childhood bruising (not indicative of abuse) and the case was closed. This is the only county agency involvement directly connected to the victim child listed in this report.

9. A 2-month-old male child nearly died on Oct. 2, 2012 due to head trauma. Blair County Children and Youth indicated the report in November 2012 naming the mother as the perpetrator. On Sept. 30 the child was taken to the local hospital for lethargy and treated for an infection. The next day, the child had a seizure and was transferred to a different hospital where he received a CT scan. This scan showed a fresh subdural bleed and early cerebral edema with no indication of infection. The child was determined to be in serious and critical condition due to suspected abuse and was admitted to the Pediatric Intensive Care Unit. The mother was with the child when the child's abnormal behavior started. The mother denies any sort of trauma to the child. The child is currently residing with his older sibling's grandmother. The child's siblings remain in the care of the mother. A safety plan was determined to not be necessary for these children. The mother has unsupervised visits with her child. The family is currently receiving reunification services and early intervention services. The mother has been recommended to participate in individual counseling but has not yet participated. The police completed an investigation and do not plan to press charges. The agency received two reports during 2010 for neglect concerns. The first case was assessed with an overall low risk and the case was closed a month later. The second report was screened out after telephone calls with the mother and the school guidance counselor.

Bucks County:

10. A 5-year-old male child nearly died on Jan. 27, 2012 due to physical injuries he received from a lack of supervision. Bucks County Children and Youth Social Services Agency substantiated the report in March 2012 and named the child's mother and maternal grandmother as the perpetrators. Emergency responders were contacted by the grandmother due to the child being unresponsive due to possibly ingesting the grandmother's medication. The grandmother was prescribed three different medications including Soma, Clonazepam and Neurontin, which were kept in containers that were not child proof. The investigation determined that the child did ingest some of the grandmother's medication. The child has two younger siblings. All three children have been removed from the care of the mother and placed into foster care. The siblings had remained in the home at the start of the investigation. However, the safety plan was violated and the siblings, along with the child, were placed into foster care as a result. There is a criminal investigation pending. The county agency had received a prior referral in February 2011 regarding inappropriate discipline by the mother towards the child. The county agency reviewed appropriate disciplinary procedures with the mother and also offered agency services to the family. However, services were never implemented as the family was supposed to be moving to another county.

11. A 3-month-old male child nearly died on April 12, 2012 due to physical abuse. Bucks County Children and Youth Services (CYS) substantiated the report in April 2012 and named the child's babysitter as the perpetrator. The child's parents were cleared through a CYS and police investigation which included a polygraph examination. The child was in the care of the babysitter at the time of injury. The child was brought to the emergency room at the Children's Hospital of Philadelphia on April 11, 2012 due to lethargy and extreme irritability. The child was seen and discharged, only to return on April 13, 2012 due to vomiting and a poor appetite. The child was admitted to the hospital on April 13, 2012 and given a full skeletal scan. The child was diagnosed with subdural bleeding of the brain, bilateral hemorrhaging in both eyes, and bilateral hemorrhaging on the top and side of both frontal lobes of the brain. Also found was an acceleration/deceleration injury consistent with shaken baby syndrome. The child's injuries were determined to be the result of non-accidental trauma. The perpetrator is now allowed supervised access to her own children and is not

allowed to care for any other children. The police continue to investigate this incident. Neither the victim's family nor the perpetrator's family were known to CYS within the last 16 months or were receiving services through other community service providers. The child is currently doing well and receiving regular pediatric and ophthalmology care. The child is expected to make a full recovery, but the impact on the child's long-term development is still unclear.

12. A 1-year-old male child nearly drowned on June 1, 2012. The Bucks County Children and Youth Social Services Agency substantiated the report in July 2012, naming the 19-year-old maternal aunt, the maternal aunt's 19-year-old paramour, and the maternal grandmother as perpetrators for lack of supervision. The aunt's paramour found the child submerged in a backyard pond at the maternal grandmother's home. On the date of incident, the mother had left the home and left the maternal grandmother in charge of the children. Maternal grandmother went shopping and left the victim and his three siblings home with the maternal aunt, the maternal aunt's paramour, their 10-month-old son, a 17-year-old maternal aunt, and that aunt's 18-year-old paramour, and their 1-year-old child. The 19-year-old maternal aunt's paramour has a recent criminal history for endangering the welfare of his own child. Despite knowing this, the maternal grandmother left the child victim in his care. The maternal aunt's paramour stated that he had gone to the bathroom and all of the children were in the home at that time. When he got out of the bathroom, the child was missing from the home. One explanation given for the victim getting out of the house was that the victim's 5-year-old brother had unlocked the back door. At the time of the incident, the agency had been providing services to the 19-year-old aunt, her paramour, and their 10-month-old son, in the maternal grandmother's home, for eight months. This was due to a domestic violence incident that resulted in the aunt's paramour being charged with endangering the welfare of a child. The agency was not aware that the victim's mother, the victim, his three siblings, the 17-year-old maternal aunt, her 18-year-old paramour, and their 1-year-old son were also living in the maternal grandmother's home. Subsequent to the incident, the victim and his siblings were informally placed in the care of the maternal great grandparents. The mother now resides with the maternal great grandparents and the family is receiving intensive family based services and Early Intervention Services. The mother will be participating in Job Corps training as well. The perpetrators' 10-month-old son was informally placed with a maternal great aunt and uncle. This child has been returned to the care of his parents and the Judge stated the agency could close the case with this family as long as they were agreeable to services. The 17-year-old aunt's child was voluntarily placed at Christ's Home for Children. The 17-year-old aunt has also been accepted for services as a child, as well as, a parent. Family group decision making did occur with this family and they had numerous family and friends participate. Unfortunately, no one was able to take this child into their home. The 17-year-old aunt is currently receiving intensive reunification services so that her child will eventually be able to return home.

13. A 3-month-old male child nearly died on Oct. 12, 2012 as a result of head trauma. Bucks County Children and Youth Services indicated the report in December 2012, naming the father as the perpetrator. The child was in his father's care while the mother was out. The mother and father brought the child to the hospital and stated that the child was "acting funny." They described the child's eyes rolling back in his head and said that the child had difficulty breathing. The mother said that the child had similar behaviors about a week prior. The hospital discovered that the child had old and new bilateral subdural hematomas, in various stages of healing. The child was certified to be in critical condition on Oct. 15, 2012. The father was interviewed by police and admitted to causing the child's injuries. The father was charged with aggravated assault, endangering welfare of children, and simple assault. The father is to have no contact with the child. The child was discharged to the mother's care and is doing well. The child is receiving Early Intervention Services; however, it is not clear if the child's delays are the result of abuse or natural causes. The mother is to be supervised by her sister and a family friend at their home. This plan was put into place due to concerns over the comments mother made about the child having similar physical symptoms a week prior. The family had no involvement with the county agency prior to this incident.

14. A 2-month-old male child nearly died on Oct. 15, 2012, due to head trauma. Bucks County Children and Youth Services indicated the case in December 2012, naming both parents as perpetrators. On the date of incident, the mother left the child in the father's care. A home nurse was in the living room, providing care to the victim child's 1-year-old brother. The home nurse heard the father get up twice during the night to get a bottle and diaper for the child. Around 3:30 a.m., the nurse heard the child cry loudly and then stop. The father came out of the bedroom and said that the child went limp in his arms and was barely breathing. The nurse began CPR and instructed the father to call 911. Paramedics arrived and took the child to the hospital. The hospital found that the child had multiple acute subdural brain bleeds. Neither of the parents provided a credible explanation for the child's injuries. The child is now progressing well. He will be monitored for developmental milestones by his pediatrician. The county agency took custody of all three children. The 1-year-old brother has been placed in the care of an aunt. The child and his 3-year-old brother were placed into foster care while the county explores kinship resources. The agency has received a number of reports on this family dating back to May 2010. Reports focused on the parents being overwhelmed with the care of their young children and the medical needs of the 1-year-old brother. In March 2011, there were concerns for possible physical abuse of the 1-year-old that had bleeding to different parts of his brain and a broken wrist. The father stated that he had dropped the child while he was trying to manage the behavior of the oldest son. The county determined that this incident was accidental in nature. In June 2011, the family was accepted for services. The family was receiving Family Preservation Services, Early Intervention, overnight nursing services for the 1-year-old, and help with medical assistance eligibility. No charges have been filed against the parents at this time.

Butler County:

15. A 4-month-old male child nearly died on Feb. 11, 2012. Butler County Children and Youth Services substantiated the report in April 2012 and named the child's babysitter as the perpetrator of physical abuse. The child had suffered abusive head trauma. Specifically, the child had a subdural hematoma, retinal hemorrhaging, and seizures. The child was in the care of his babysitter the morning the injuries were sustained. The babysitter admitted that she attempted to force feed the child his bottle and that the child had difficulty breathing afterwards. The babysitter denied shaking the child but did state that she requested a teenage household member assist her in performing CPR on the child. There was a language barrier related to this case as the family speaks Vietnamese. It was initially reported that the mother stated she was home alone with the child and was the sole caretaker of child at the time of the incident. Based on this information, child was placed into foster care after he was discharged from the hospital. Through multiple interviews and the use of interpreters, it was later determined that the child was in the care of the babysitter at the time of the incident, and the child was then returned to his mother. The family has been accepted for services. Case Management Services, Crisis In-Home Stabilization Services, and Early Intervention Services are currently working with the family. The results of the criminal investigation are pending at this time.

Centre County:

16. A 2-month-old male child nearly died on Jan. 11, 2012 due to physical injuries. Centre County Children and Youth Services substantiated the report in February 2012 and named both parents as perpetrators. The parents noticed that the child was not eating and was "twitching." The parents took the child to his primary care physician, who directed the parents to take the child to the hospital. The child was then life-flighted to Geisinger Medical Center and admitted to the Pediatric Care Intensive Unit. The child was found to have a skull fracture, subdural hemorrhage, retinal hemorrhage, a fractured clavicle bone, fractured ribs, and a black eye. It was determined that the child suffered brain damage caused by oxygen deprivation, which may lead to serious future impairments. The parents were the only caretakers for the child. The parents did not have any explanation for the child's injuries and denied harming the child. The doctor stated that the child's injuries were caused by chronic abuse. When the child was discharged

from the hospital, he was placed in foster care. On Feb. 2, 2012 the child was adjudicated as a dependent and abused child and he was court ordered to remain in foster care. The child's parents have supervised visitation with the child. Centre County Children and Youth Services conducted this investigation in collaboration with the Penn State University Police. Reunification services are being provided to the family. The child remains in foster care with the next permanency review scheduled for July 2012. The criminal investigation is continuing at this time. The father has a prior criminal history and was incarcerated shortly after this incident due to unrelated charges. The father remains at this time in the Centre County Jail. This is the only child in the family, and Centre County Children and Youth Services had no previous involvement with this family.

Chester County:

17. A 4-month-old male child nearly died on Feb. 18, 2012. Chester County Department of Children, Youth, and Families substantiated the report in April 2012 and named both the mother and father as perpetrators of physical abuse. On the date of incident, the father had called EMS to the home due to the child not breathing. The father reported that this was the second time in a week that the child had stopped breathing. The father also stated that he did not get medical attention for the child after the first incident. The child was taken to the hospital where he was diagnosed with a skull fracture, brain bleeding, cerebral hemorrhage, cerebral contusion, subdural hematoma, liver laceration, healing bilateral rib fractures, bruising to the torso, fluid around the spine, and retinal hemorrhages. The parents, who were both caring for the child when the injuries would have occurred, could not provide an explanation for how the child sustained such serious injuries. There were additional concerns that at the time of the incident, the home was cluttered with beer cans and smelled like alcohol. The child has since been released from hospital and is currently being cared for in a rehabilitation hospital. It is planned that the child will reside with his maternal grandmother upon discharge. There were three siblings residing with the child at the time of the incident: two older sisters, ages three years and two years, and an older brother, age 17 months. The older sisters are currently residing with the biological father of the 3-year-old. The older brother is currently residing with the maternal grandmother. The family has been accepted for In-Home Services to address drug and alcohol and potential mental health concerns for the parents; however, the parents are currently non-compliant with the agency and services have not yet begun. The mother currently has supervised visits with the children in their respective homes. The father is not currently visiting with his children. A prior referral to the county had been made in 2011 due to concerns with the older brother, who was born prematurely. The family was accepted for services at that time to assist the family in caring for the older brother who had special health needs. The services to the family for this referral were closed in September 2011.

18. A 1-month-old female child nearly died on Oct. 14, 2012 due to burns. Chester County Children and Youth Services indicated the case in November 2012, naming the father as the perpetrator. At the time of incident, the father was bathing the child in an attempt to calm her down. The father admitted that he was frustrated because the child would not stop crying. The father turned on the hot water for a few seconds but said that he did not know it was "that hot." Both parents took the child to the hospital. The child sustained 2nd and 3rd degree burns on 40 percent of her body. According to physicians, the burn pattern was inconsistent with a splash burn injury and appeared to be an immersion burn. Doctors estimated that child was immersed in at least three to four inches of water. The child was certified to be in critical condition and transferred to a burn center. The child received several surgical skin grafts and was released from the hospital into the care of her mother at the end of November 2012. The father was charged with aggravated assault, simple assault, recklessly endangering another person, and endangering the welfare of a child. The father has been released on bail and is being monitored electronically until his trial. As a condition of his bail, the father is not allowed to have contact with the child. The father and mother had one other child together, age 1 ½ years. The father has supervised visits with this child. The family is receiving in home services from the county agency to monitor the child's medical care and assist with parenting skills. This family was not previously known to the county agency.

Cumberland County:

19. On April 25, 2012 a near fatality report was received on a 2-year-old female. Cumberland County Children and Youth Services indicated the report in June 2012, naming the mother's paramour as the perpetrator. On April 23, 2012 the mother and her paramour called an ambulance after the child vomited, collapsed, and turned blue. The child may have had seizure activity. The child was taken to Holy Spirit Hospital and was unresponsive where she was put on a ventilator and intubated. The child was then transferred to Hershey Medical Center on this same date. Over the course of the next two days various tests were run on the child and a computed tomography (CT) scan showed air in the soft tissue of her neck, which indicates a severe blunt force injury, suffocation, or strangulation. Upon receiving the results of the tests on April 25, 2012, it was determined that the child's condition was a result of abuse or non-accidental trauma and the report was registered as a near fatality on this date. HMC noted that the child had a bruise on top of her right shoulder, but no other remarkable visible injuries. The hospital also noted that the child was exceedingly dirty and had head lice. The mother and her paramour also presented with hygiene issues. Although the mother and her paramour initially claimed that there was no injury to the child, the mother's paramour later provided law enforcement with a partial confession, in which he stated he was "horsing around" with the child with a pillow and may have placed the pillow over the child for too long. The mother was in the home at the time of the incident, but was in another room. CYS received a referral on the family due to poor hygiene and home conditions in April 2011. The report alleged that the mother, her three children, and the mother's paramour were all sleeping on a couch/futon at their home. The agency assessed the referral and concluded that the family did not need agency services at that time. The child has been released from the hospital and is in stable condition. The mother, child, and her two siblings are currently living in the maternal grandparents' home. The mother's paramour is not living in the home and does not have access to the children. Law enforcement conducted a criminal investigation and will not be filing charges in this case.

Dauphin County:

20. A 10-month-old male child nearly died on Jan. 6, 2012 due to physical injuries. Dauphin County Children and Youth Services substantiated the report in March 2012 and named mother and mother's paramour as the perpetrators. The child was taken to the hospital by ambulance after experiencing a seizure while in the care of his mother. The hospital discovered that the child had old and new acute head trauma, including bilateral subdural hemorrhages, ecchymosis under the right eye, and bruising on both ears. The child also had ecchymosis on the tip of the penis, multiple bilateral fractures of varying ages on both legs, fractures of the right radius/ulna, and edema of the stomach and bowels. The mother and her paramour admitted to being the sole caretakers for the child during the time period in which the injuries occurred. Both denied causing the injuries to the child and blamed the child's 4-year-old sibling for the child's injuries. Medical professionals reported it is not possible for a 4-year-old to have caused injuries of this magnitude. In addition, the child's siblings witnessed the paramour harming the child and said that their mother was aware of the abuse. The three siblings initially stayed with the maternal grandmother. However, the grandmother returned the siblings to the mother despite clear instructions not to do so. Subsequently, the siblings were placed together in a non-kinship foster home. The child's condition is currently stable, but medically complex. The child has severely diminished brain functioning and profound developmental delays. The child has had numerous hospitalizations since his initial release for various complications and receives 16 hours a day of nursing care at his foster home. The child's father is in Mexico and has requested that his rights be terminated and that child be available for adoption by his foster mother. Following this incident, the mother was arrested on a bench warrant, unrelated to the abuse, and placed in Dauphin County Prison. This family was known to Dauphin County. Four referrals were made to the county since 2010, regarding guns in the home, a baby born addicted to opiates, and medical neglect. The family was accepted for services in August 2011. The family was receiving intensive in-home services from Justice Works as of October 2011 and was continuing to receive services at the time of the incident. A criminal investigation into the child's death is ongoing.

Delaware County:

21. A 2-month-old female child nearly died on April 20, 2012. Delaware County Children and Youth Services indicated the report in May 2012, naming the father as the perpetrator. The mother was at work at the time of the incident and the father was alone with the children. The father reported that he washed the child and then left the room, leaving the child on the bed. The father states that the child "scooched" off the bed and fell. The father reported that child was unresponsive after falling off the bed. The father also reported that the child had a seizure when he found her. The father called a friend to transport them to the hospital because he said that 911 "took too long." The father took the child to Taylor Hospital, a small community hospital without a trauma center, but she was then transferred to Children's Hospital of Philadelphia. The child was diagnosed with subdural and subarachnoid bleeds, hypoxic and ischemic brain injury, bruises to both thighs, and bruise on the right eyelid. The child required a blood transfusion. It was noted that the child's injuries were not consistent with the father's story and physical abuse was suspected. The child was discharged from the hospital in June and placed into a medical foster home. The child currently has a feeding tube and is being followed closely as there are concerns about her vision. There is no history of CYS involvement with the family. The child has a twin brother and an older sister who are in the care of the mother. The father was charged with aggravated assault, simple assault, recklessly endangering another person, and endangering the welfare of children. The father is incarcerated pending trial, with bail set at $75,000.

Erie County:

22. A 10-month-old female child nearly died on Aug. 10, 2012 as a result of a lack of supervision. Erie County Children and Youth Services (CYS) substantiated the report in October 2012 naming the mother as the perpetrator. The father admitted that he overdosed on methadone a few weeks prior and some pills fell on the floor but were cleaned up. The father said that the child was fine when he left the home on the evening of the incident. The mother said that she put the child to bed around 8 p.m., and that when she checked on the child two hours later, she found the child barely breathing, with her eyes rolled back in her head. The mother provided varying stories about what had happened. First, the mother stated that she found the child with eyes rolled back in her head, but another time stated that she found the child face down in the crib, with her face in a pillow. One story was that a teenage sibling (unknown who, as the mother allegedly has no contact with her two teenage children) found the child "whistling" while breathing in her crib. The child was flown to a hospital. The child's toxicology screen was positive for methadone. The methadone is believed to have caused the child's impaired breathing. The mother was unable to explain how the child ingested methadone while in her care. Abrasions were noted on the child's neck and nose, but could have been a result of medical treatment and do not appear to be the result of abuse. Erie Police are still investigating. The mother has three other children who live with their fathers. The mother has weekend visitation with the youngest child which are supervised by the child's father. The other two children are teenagers and the mother has no contact with them. The child was discharged from the hospital on Aug. 15, 2012 and is doing well medically. The child is currently in agency custody and is placed in the kinship home of her maternal aunt. She is having partially supervised visits with her parents in that she visits for a total of five hours, but two of the hours are unsupervised. The father is currently participating in mental health services and both parents are providing random urine samples for drug testing. The family was known to Erie CYS prior to this incident. The family was referred to CYS in June 2012 because the sibling, who had visitation at the home, had ringworm. There was also a referral in October 2011 after the mother tested positive for methadone when the child was born. Both of these referrals were closed at intake.

Lackawanna County:

23. A 2-week-old male child nearly died on Oct. 28, 2012 due to complications from the onset of a seizure. The child was transported to the hospital by his parents following the seizure where it was discovered, after medical examinations, that the child had symptoms consistent with Shaken Baby Syndrome. The victim child was treated and eventually released from the pediatric intensive

care unit and has since recovered from the incident. When first questioned, both parents were unable to provide a plausible explanation for the cause of the child's injuries. Later interviews conducted by law enforcement and child welfare agency personnel indicate that the father withheld information from the child's mother, the attending emergency medical personnel, and the investigating agencies as it related to the circumstances surrounding the victim child's seizures. The father did eventually admit to shaking the victim child forcefully on numerous occasions when he supervised the child alone. The father was named the perpetrator and was eventually charged with child endangerment. The biological father was released to his biological mother, where he is currently living while awaiting trial by jury in Lackawanna County Criminal Court. Proceedings are scheduled to commence in March 2013. There are two siblings that reside with the victim child in the custody of the biological mother at the maternal grandparents' home. A safety plan was developed with the family which states that the siblings of the victim child and the victim child are to have no contact with the perpetrator. The biological mother is in agreement with this plan and continues to cooperate with the county agency and she has secured a no contact Protection from Abuse order (PFA) so the perpetrator has no access to either the mother or children pursuant to the provisions of the PFA order. The family had no prior history with the county agency. Lackawanna County Children and Youth Services continue to provide ongoing protective services to the mother and her children. Referrals have been made for community based counseling and supportive programming. The mother and extended family have been receptive to county agency intervention. The mother does receive mental health counseling through a private service provider. The victim child has been referred for Early Intervention Services and is developing within the normal range.

Lancaster County:

24. A 3-year-old female child nearly died on Sept. 23, 2012 due to physical injuries. The Central Regional Office of Children, Youth, and Families indicated this case in November 2012 and named the foster father as the perpetrator. On the date of incident, the foster parents called 911 because they found the child unresponsive. The foster parents said that the child had been vomiting for several days. The child had a nonreactive pupil exam and decreased mental status, and was intubated upon arrival to the hospital. The hospital noted that the child sustained bifrontal acute subdural hematomas, as well as bruising along her vaginal area and buttocks. The child has been released from the hospital and is currently in a medically specialized foster care home. The alleged perpetrator confessed to police that he caused the child's injuries. He was charged with aggravated assault and endangering the welfare of a child and is currently incarcerated. The child's two biological siblings, who were also in this foster home, received skeletal surveys and did not have any injuries. The siblings were removed from the foster home immediately and are placed together in another resource home. This child was in the custody of Lancaster County Children and Youth services and was known to the agency before this incident due to removal of the child and her siblings from the biological parents due to abuse and neglect.

Lawrence County

25. A 10-month-old male child nearly died on March 29, 2012 due to physical neglect. The Western Region Office of Children, Youth, and Families substantiated the case in May 2012 listing the child's maternal aunt as the perpetrator. The child had been placed with the aunt in October 2011, due to mother's inability to care for the child. Medical records showed that the child did not start to decline in weight until the child was placed with the aunt. The aunt brought the child to the hospital on March 29, 2012 to see a specialist regarding the helmet the child was prescribed to wear. The child was prescribed this helmet due to concerns about his head being misshapen. Due to the child being emaciated, the aunt was advised to take the child to the emergency department where he was subsequently admitted. At the time of admittance the child was in the 4th percentile for weight. The aunt reported concerns to her pediatrician about the child swallowing properly and brought these concerns up again while the child was at the emergency department. It was determined the child was having difficulty swallowing due to his muscles relaxing and not working properly due to malnutrition. The child received surgery to repair muscle and tissue around his epiglottis. Once this surgery was completed the child started to gain

weight. Medical records show that the aunt had a history for missing medical appointments for the child. The aunt also admitted to not following through with intervention services while the child was in her care. While the child was in the care of the aunt, the county children and youth agency as well as the kinship care agency were conducting home visits. During these visits the children and youth agency and the kinship care agency did not observe this child while he was alert and active, only while sleeping. The child was discharged from the hospital and was placed into a medical foster home where he remains and is thriving. He is continuing to gain weight. The child had a sibling who, at the time of the incident, was residing with the maternal great grandmother. Upon further investigation, it was determined that the grandmother had placed the sibling into the aunt's care as well. The county children and youth agency conducted a safety assessment of this child and placed her back into the care of her grandmother. Law enforcement is not continuing their investigation.

Lehigh County:

26. A 1-year-old male child nearly died on July 28, 2012 as result of physical abuse. Lehigh County Children and Youth Services substantiated the report in September 2012 naming the mother's paramour as the perpetrator. The child was taken to the hospital because he was seizing and bradycardic, which required intubation and resuscitation. The child had a significant left-sided subdural hematoma, with a large mass along the midline shaft that required immediate surgical intervention. The child also had ecchymosis along the right frontal scalp, facial bruising and petechiae, and bruising to the chest, back, and scrotum. It was later discovered that the child also had a pancreatic contusion and retinal hemorrhaging. The child had surgery in October 2012 to close his skull. It is not clear how the child sustained the injuries, but the injuries were life-threatening and were determined to be non-accidental in nature. The mother's paramour was the sole caretaker for the child prior to the child's hospitalization. The state police have completed their investigation and are awaiting charges to be filed against the mother's paramour. The state police have forwarded their report to the District Attorney's office. This family was known to Lehigh County Children and Youth Services. In June 2012, Lehigh County Children and Youth received a General Protective Service referral regarding the child's poor hygiene and the mother using drugs. The agency found the allegations to be unsubstantiated and had the mother submit to a drug screen, which was negative. The case was closed at the end of June 2012. A similar report was received at the end of July 2012. The caseworker went to the home and left a note for the mother and scheduled a visit for July 30. This visitation never occurred as the near fatality incident occurred on July 28. There are no other children in the home.

27. A 1-year-old male child nearly died on July 23, 2012 as a result of physical abuse. Lehigh County Children and Youth Services substantiated the report in September 2012, naming a caretaker as the perpetrator. The child had been staying with a family friend and her paramour as the child's mother had been recently incarcerated. The paramour is the individual who was named as the perpetrator. The family friend found the child unresponsive and contacted emergency responders. The child was found to be in cardiac arrest upon arrival at the hospital and placed on a ventilator. The child remained on the ventilator for several days. It was determined that the child had several healing fractures once the child was removed from the ventilator. These fractures were investigated separately from the incident in which the child went into cardiac arrest. This investigation was substantiated in September 2012 and both the family friend and her paramour were named as perpetrators as it was determined the fractures were caused by the paramour and the family friend failed to protect the child. On Aug. 30, 2012 the paramour admitted to law enforcement officials that he had covered the child's mouth and nose to stop the child from crying on the day when the child went into cardiac arrest. After additional assessment, the incident in which the child went into cardiac arrest was determined to be a near fatality on Sept. 7, 2012. Prior to the paramour's admission, it was unknown why the child had gone into cardiac arrest. The child lost blood flow to the brain as a result, and now suffers from severe brain damage. The child was discharged from the hospital and was initially staying at a rehabilitation facility. The child was later returned home to his mother. The child is receiving Early Intervention Services and out-patient medical

follow-up. The mother and child are receiving in-home services. The perpetrator did not show remorse for his actions. The perpetrator has been arrested and is currently in Lehigh County Prison. The perpetrator does not have any children. A witness who was interviewed stated they had seen the perpetrator abusing the child. The witness failed to call authorities because they did not want to believe that the perpetrator was abusing the child. Lehigh County Children and Youth has a history of involvement with the mother. The mother has several children who have all been privately placed with other people. The county agency also has a history of involvement with the perpetrator and the perpetrator's paramour with other children. The regional office is currently assessing the county agency's handling of this case.

Luzerne County:

28. A 3-month-old male child nearly died on Dec. 4, 2011 due to sustained physical injuries. Luzerne County Children and Youth Agency received the initial General Protective Services (GPS) report for the incident this same day. After initial medical testing, it was revealed by the doctor that "the number and location of the hemorrhages as well as the presence of retinoschisis is absolutely diagnostic of abusive head trauma" and as a result the child was listed in critical condition. On Dec. 5, 2011 the county agency opened up a Child Protective Services (CPS) investigation into suspected child abuse. When asked how the child sustained the head injuries, neither parent was able to explain what happened. The child went into surgery on Dec. 6, 2011 to help reduce the pressure caused by the brain bleeds. The child was placed on a ventilator but was still able to take breaths on his own, display basic brain function activities, respond to pain, and was also able to cough. On Dec. 9, 2011 the child's father was interviewed by law enforcement and admitted to shaking the child on one occasion. Based on this admission, he was arrested and incarcerated. He eventually entered a plea of nolo contendere to charges of aggravated assault and endangering the welfare of a child. He has been sentenced to 5-10 years state prison confinement. On Dec. 22, 2011, the child was discharged to a rehabilitation center in Scranton, PA. Within a week, the child was transported back to the hospital with an elevated temperature and seizure activity where it was determined that the shunt placed in his head during surgery had become infected and must be removed. The caseworker was unable to contact the mother so a court order had to be obtained for the child's surgery. Ten days later the child was cleared to return to the rehabilitation center. The family, including the victim child's maternal grandmother, and mother have a long history with the county agency. At the time of the current incident there was a safety plan in place due to the parent's use of marijuana. The safety plan required that both mother and father not be left unsupervised with the child. At the time of the incident the victim child, along with his parents, were living with the child's paternal aunt, identified as the responsible party for ensuring adherence to the plan. The caseworker made both announced and unannounced visits to the family home. However, it would later be learned by the children and youth caseworker that the plan was ineffective and that it was not being adhered to by the parties involved. The county agency CPS investigation was concluded on Jan. 19, 2012. The case was indicated due to the physical abuse of the child. The father was named as a perpetrator for physically injuring the child. The child's mother and paternal aunt were also named as perpetrators by omission for failing to protect the child by not adhering to the safety plan.

Monroe County:

29. A 2-year-old male child nearly died on June 24, 2012 due to a lack of supervision. Monroe County Children and Youth substantiated both parents for lack of supervision resulting in physical injuries. The child fell from a second story window, sustaining a bruise and abrasion on the right side of his forehead, a skull fracture, and a fractured right forearm. The victim child, a 5-year-old sibling, and a 10-year-old sibling were playing in their bedroom. The father was in his bedroom and the mother was downstairs making dinner when the incident occurred. The 10-year-old left the room to use the bathroom. The victim child pushed a toy box under the bedroom window and climbed on top of toy box. There was no screen on the window and the child fell out of the window, approximately 25 feet. A neighbor found the child on the ground under the bedroom window, crying and trying to stand. The neighbor carried the child to the front door, and the parents called 911. The child was taken to the hospital and

remained in there for two days for observation. On June 5, 2012, Monroe County Children and Youth received a referral on the family regarding poor home conditions and father slapping the 10-year-old sibling. The family was open for this intake at the time of the near fatality. The mother and father signed a safety plan after the incident stating that all of the children would be under the direct supervision of a parent at all times. When the victim child was released from hospital, the mother, victim child, and the 5-year-old sibling went to stay with a neighbor due to concerns about the conditions of the home. It was noted that window guards were needed in the upper level windows of the home, there was a large gap on a porch railing, and the home needed a thorough cleaning. The family acknowledged the concerns with the home and had previously attempted to contact the landlord to have them make the repairs to the home. The landlord had not been responsive to the family's request. The father and two older children remained in the home and completed the necessary repairs to the home. All of the needed repairs were completed, and the home was deemed to be safe by Monroe County Children and Youth two days later. The mother and younger children returned to the home at that time. Pocono Mountain Regional Police Department criminally charged both parents for endangerment of a minor child. The parents are currently awaiting trial. The landlord has also been cited by the code enforcement officer.

Montgomery County:

30. A 6-year-old male child nearly died on March 13, 2012, due to medical neglect. Montgomery County Office of Children and Youth substantiated the report in April 2012, and named the child's mother and father as the perpetrators of medical neglect. The child was previously diagnosed with Kawasaki Disease. His parents were attempting to treat the child's condition through natural methods, and were failing to take the child to scheduled medical appointments. When the child was finally seen by a doctor, he was severely malnourished and could not extend his arms and legs due to muscle contractions. The child was diagnosed with an enlarged liver and failure to thrive. Medical professionals determined the child would likely have died if he was not hospitalized when he was. The child is currently hospitalized, as his body is still not properly absorbing protein. The county agency was not previously involved with this family. The child's 17-year-old sister was evaluated and determined to be healthy; she currently resides with the parents. A criminal investigation is ongoing.

31. A 2-year-old male child nearly died on May 8, 2012. Montgomery County Children and Youth Services (CYS) indicated the case in June 2012, naming the mother as the perpetrator. The child was found by a construction worker on the ground near the home after falling from a third floor window. The family lives in a three story duplex with a second floor roof. The child fell from the third floor, rolled onto the second floor overhang, and then hit the ground. The child had a pattern of playing near the third floor window. The county agency had previously investigated this concern, and required that the family install locks on the windows of the upper floors. At the time of incident, police noted that the locks were removed from the window from which the child fell. The child was unconscious when he was found and was taken to Lehigh Valley Hospital, Cedar Crest Campus Pediatric Intensive Care Unit. The child was diagnosed with epidural hematoma, bleeding in the brain, multiple skull fractures, and a broken elbow. He was sedated and put on a ventilator. The child is now in stable condition. This family was known to CYS. In January 2010, a case was opened for brief services after allegations were made that the father was shaking and yelling at the child, who was two months old at the time. The father denied ever shaking the child. CYS closed with the family in March 2010. In March 2012, CYS received a referral regarding the child crawling out of a window. The caseworker went out to the home within 24 hours and suggested that the family purchase locks for the windows. The mother did not seem very concerned about the child's safety, but the maternal grandmother, who also lives in the home, agreed to purchase and install locks. The worker went to the home two weeks later and observed that all of the third floor windows had child-proof locks. The case was closed at the end of March 2012. The household includes one other minor, a 17-year-old cousin, who is not in danger of falling out of the windows. The case was referred to law enforcement, but no criminal charges are being filed.

Northampton County:

32. A 2-month-old male child nearly died on Aug. 25, 2012 due to physical abuse. Northampton County Department of Human Services, Children, Youth, and Families Division substantiated both parents as perpetrators in October 2012. The parents brought the child to the emergency room on Aug. 25, 2012 after the mother reportedly accidentally dropped the child on a linoleum floor. Examination of the child revealed a hematoma to his forehead and intracranial bleeding with two skull fractures. The child's injuries did not match the mother's explanation. A CAT scan determined that the victim child had three skull fractures and old brain hemorrhaging which was the result of a prior injury. The investigation determined the victim child had multiple skull fractures at different stages of healing that could not have been self inflicted. The mother and father's explanations for the child's condition were not consistent with his injuries and his injuries could not be explained; therefore, the report was substantiated. The family was not known to the county agency, however, the mother has two older children who are not in her care; they reside with their biological father. The mother self-reports alcohol and drug use during pregnancy and does not appear to be bonded to the victim child. The father, who works full time, was the child's primary caregiver and appears to be well bonded to the child. There are no other children in the victim's home. The Northampton County Court has adjudicated the child dependent and placed him in the custody of Northampton County Department of Human Services, Children, Youth, and Families Division due to both parents being indicated perpetrators on this case. The parents have been court-ordered to comply with visiting nurses services and obtain psychological and drug and alcohol evaluations. The police are investigating and plan on filing criminal charges against the parents after approval by the District Attorney.

Philadelphia County:

33. A 4-month-old male child nearly died on Dec. 18, 2011 due to head trauma. The Philadelphia Department of Human Services (DHS) indicated the case in January 2012, naming the father as the perpetrator. The child was in his father's care at the time of incident. According to the mother, the child had no injuries when she dropped him off at the father's house in the morning. The father reported that the child was having trouble breathing. The paternal grandmother talked to the mother about this and said that she thought the child had asthma. The mother said that the child does not have asthma and insisted that the father take the child to the hospital. The hospital noted that the child had swelling on the hairline, an abrasion on the upper lip, abrasions on the back of the head and ear, and bruising on the stomach. The child was given a CAT scan of the head and stomach and admitted to the hospital. The father was unable to explain the injuries. According to the medical team, the child's injuries were thought to be a result of shaken baby syndrome. The child was released from the hospital in late December 2011 and is now functioning normally, with no permanent injuries. No charges were filed against the father; however, the mother was granted a Protection from Abuse order against the father. The father is now only allowed to have visitation with the child if he is supervised by the maternal grandfather. The family was not known to DHS prior to this incident.

34. A 5-year-old male child nearly died on April 7, 2012 due to injuries sustained by a gunshot. The Philadelphia Department of Human Services substantiated the case in May 2012 listing mother as the perpetrator for lack of supervision. The child found the mother's gun under her pillow. The child shot himself in the chest while the mother was in the downstairs area of the home. The mother stated that she thought the child was also downstairs at the time of the incident. The child was hospitalized after the incident and required numerous surgeries to repair damage to his internal organs. The child's stomach required repair and the child had to have a kidney removed. Upon discharge, the child was returned to his mother's care. The mother asked the police to keep the gun that was used in the incident as she no longer wanted it back. This was the only gun in the home. The family was accepted for services and the mother is working with an in-home team on positive parenting. The police completed their investigation and determined that charges would not be filed in the case.

35. A 3-year-old female child nearly died on April 6, 2012. The Philadelphia Department of Human Services (DHS) substantiated the case in April 2012 listing the mother as a perpetrator for

physical abuse. The mother brought the child to the hospital on April 6, 2012. The mother told the hospital that the child fell down four or five steps while walking the dog down the steps. The victim child sustained a severe spinal injury that has resulted in paralysis of her lower extremities. Additionally, the child had bruises to her face, buttocks, legs, and back. It was felt that the explanation provided by the mother did not match the extent of the injuries. After the investigation started, the child's 4-year-old sister was also brought into the hospital for examination and was determined to have bruises to both of her eyes, an ear, and her shoulder. DHS also substantiated this case listing the mother as the perpetrator. The sister was placed into a medical foster home. It is hoped that the victim child, who is currently at a rehabilitation hospital, will be able to join her sister in this foster home. The mother had supervised visitation with both of the children, but has since been arrested and incarcerated on charges of aggravated assault, endangering the welfare of children, simple assault, and recklessly endangering another person related to this incident.

36. A 3-month-old male child nearly died on April 17, 2012 due to injuries sustained from physical abuse. The Philadelphia Department of Human Services (DHS) substantiated the case in June 2012 listing the mother, father, and maternal grandmother as perpetrators. The mother and father brought the child to the hospital on April 17, 2012 due to the child not feeding, being limp, and screaming in pain. Upon exam, it was determined that the child had sustained an acute subdural hemorrhage, old and new rib fractures, posterior parietal and occipital lobe infarcts, and multiple, multi-layer retinal hemorrhages. DHS determined the child was in the care of each of the perpetrators during the time frame that the injuries could have occurred. The police are continuing their investigation at this time. There are no other siblings in this home. The child was discharged from the hospital to a rehabilitation facility. He was then discharged from the rehabilitation facility and placed into a medical foster home. He was initially receiving in-home nursing services but those have been discontinued due to the child's progress. The court has ordered that both parents are allowed supervised visits with the child.

37. A 4-month-old male child nearly died on May 28, 2012 due to medical neglect. The Philadelphia Department of Human Services (DHS) substantiated the case in June 2012 and listed the mother, maternal grandmother, and maternal aunt as perpetrators. The child and the mother resided in an efficiency apartment with the maternal grandmother, the maternal aunt, and the maternal aunt's 5-year-old child. The child was brought to the hospital by his mother on May 28, 2012 due to constipation. The child was seizing upon arrival to the hospital. Upon exam it was determined that the child had severely low blood pressure and sodium levels. The child was extremely underweight and had wasting of his extremities. The child had a medical history of being born premature and having heart issues. The child had been in the hospital for at least a week after his birth. The mother was instructed to have the child seen by a cardiologist but this never occurred. Once at the hospital the child was diagnosed as failure to thrive. The maternal grandmother and the maternal aunt were substantiated as perpetrators because they were living in the home with the child, observed that the child was not doing well prior to his hospitalization, and took no steps to help the child by calling 911 or taking the child to the hospital. The victim child has been released from the hospital and is currently in a foster family home. A referral has been made for early intervention, but as of the writing of this summary services have not yet been provided. The mother has supervised visits with the child at DHS. The goal for this child is to be reunified with his mother. While there was no current DHS involvement with the family at the time of the incident, the family had been previously involved with DHS. The mother has four other children who have either been adopted or are living with relatives. The mother was substantiated in 2001 by DHS for physical abuse of one of these older children who was four months old at the time. This child had sustained a chip fracture of his left tibia. The aunt has voluntarily placed her own child into the care of his biological father until she is able to find appropriate housing for herself and her child. The police have concluded their investigation and will not be filing charges related to this incident.

38. A 4-year-old male child nearly died on July 24, 2012 due to physical abuse. Philadelphia Department of Human Services (DHS) substantiated the report, naming the mother and the mother's paramour as perpetrators. The child was taken to the hospital for stomach pain, and it was determined that the child had a liver laceration that may have been caused by trauma. The child was interviewed and reported that the mother's paramour kicked him in the stomach and his mother held her hand over his mouth. The mother and her paramour were both arrested and charged with aggravated assault, conspiracy aggravated assault, endangering the welfare of children, simple assault, and recklessly endangering another person. The mother and her paramour are co-defendants in their case and their preliminary hearing is scheduled for the end of December 2012. The child has three siblings; two were living with relatives at the time of the incident. The victim and his two older siblings have a stay away order against the mother and do not have contact with her at this time. The victim child was initially placed into foster care, but has since been reunified with his biological father. The father will be receiving foster care aftercare services for the next year. The child is attending trauma focused therapy. The 9-month-old sibling is currently residing with the paternal great-aunt with a plan for reunification with the mother. Mother is receiving parenting and anger management services. The mother currently has supervised visits with the 9-month-old child. There is currently a restraining order that restricts contact between the 9-month-old and his father. The family was not known to the county agency prior to this case.

39. A 2-year-old male child nearly died on Aug. 6, 2012 due to physical injuries. Philadelphia Department of Human Services (DHS) substantiated the mother and her paramour as perpetrators of physical abuse in August 2012. The mother reported that the victim child had a stomach ache and had thrown up what he ate that day and the day before. The mother said that the child hit his head on the coffee table the day before. The child was brought to the hospital via ambulance after losing consciousness. It was discovered that child had subdural hematoma, retinal hemorrhaging, internal bleeding, and a rib fracture. The child required a craniotomy. The child's injuries were determined to be caused by physical abuse. The mother and her paramour have been arrested and both have been charged with aggravated assault, conspiracy-aggravated assault, endangering the welfare of children, simple assault, and recklessly endangering another person. Both the mother and her paramour are currently incarcerated. The child has three sisters, ages 6, 4, and 11 months. The two oldest children are residing with their biological fathers, respectively. The youngest child is currently residing with her maternal grandmother. The siblings were evaluated at the hospital and no concerns were identified. The victim child was placed in a medical foster home pending further assessment of his paternal grandfather as a kinship resource. The child lived with his biological father and two siblings for past 2 years, but moved in with the mother because the father could not afford daycare. At the time of the incident, the child had not seen the father for several months. This family has been involved with DHS in the past. In June 2007, the family was referred due to concerns of lack of supervision and not having enough food. This report was closed at intake. In June 2008, a report made on a sister due to burns. This report was substantiated and the family was accepted for services until February 2009. In April 2011, the mother called DHS and requested services as she was behind in paying her rent, wanted assistance in filing for child support. A referral was made to community based prevention services.

40. An 11-month-old female child nearly died on Sept. 4, 2012 as a result of physical injuries. Philadelphia Department of Human Services (DHS) substantiated the father as the perpetrator of abuse in October 2012. The parents stated that they called their insurance company on Sept. 2, 2012 because the child "was not herself." The parents stated that they were told that the child was "in a sleep walking state," and that the child eventually fell asleep around 4 a.m. The next morning, the parents checked on the child around 10 a.m. and the child was "very stiff." When the child was brought to the hospital, she was unresponsive and had possible seizure activity. The hospital discovered that child had subdural, subarachnoid, and bilateral hemorrhages as a result of non-accidental trauma. The father admitted to hitting the child on her head and jaw. The father has been arrested and charged with aggravated assault, endangering the welfare of a

child, simple assault, and recklessly endangering another person. He is currently incarcerated and is awaiting trial. DHS was involved in December 2011 for a report that the child had burns on her feet. This report was unfounded. The victim child was discharged from the hospital into a medical foster home on Oct. 31, 2012. The hospital has set up services for the child that include early intervention services and Child Link services. The plan is for reunification of the child with the mother.

41. A 14-year-old male child nearly died on Sept. 11, 2012 due to physical injuries. The Philadelphia Department of Human Services (DHS) substantiated the report in October 2012 and named the mother as the perpetrator. There had been an argument between the child and the mother due to the child refusing to go to school. The mother stabbed the child with a knife during the argument. The child received numerous stab wounds to his arms, neck and torso. The child was discharged from the hospital a week later and is currently in juvenile detention due to an incident following his discharge in which he physically assaulted a peer in the community. There had been an extensive history of involvement with Bucks County Children and Youth Social Services Agency and Philadelphia DHS dating back to April 2001. DHS became involved with the family in April 2001 due to the child being inappropriately disciplined by the mother. The family was accepted for services in May 2001. Between this time and the date of the near fatality, the family frequently moved back and forth between Philadelphia and Bucks County. Throughout this period of time, the child had multiple placements in psychiatric hospitals and residential treatment facilities. At the time of the near fatality, the family was receiving after-care services through two different private providers; however, the family was not active with a county children and youth agency. The child does not have any siblings. The father of the child is deceased. The mother is currently incarcerated due to the incident.

42. A 3-year-old female child nearly died on Sept. 13, 2012 due to physical injuries. The Philadelphia Department of Human Services substantiated the report in October 2012 and named the father as the perpetrator. The child was brought to the hospital by emergency responders and was unresponsive. The child was on a visit at the father's home and was being cared for by the father. Upon examination it was found that the child had bruising to her lower abdomen and both upper thighs. It was determined the child had internal bleeding and a lacerated liver and spleen. The father reported that he had spanked the child earlier in the day. The father put the child to bed after the spanking and went to a store, leaving the child home alone. Upon arriving home from the store, he found the child unresponsive. The father believes that the child fell out of her bed while he was gone and hit her head on a radiator. The child did not have any injuries to her head. Medical examination determined that the injuries sustained by the child were inflicted and were the result of blunt force trauma. The father was the only caretaker for the child when the injuries occurred. The child does not have any siblings. The child has since been discharged from the hospital and is living with the mother. This family was not known to the county agency prior to the incident. The father has been arrested and is currently incarcerated.

43. A 1-year-old female child nearly died on Sept. 13, 2012 due to serious physical neglect. The Philadelphia Department of Human Services substantiated the report in October 2012 and named the mother as the perpetrator. The child had ingested her aunt's Lomotil, which is used to treat diarrhea, and became lethargic. The aunt was visiting at the mother's home, where child resided. The mother of the child did not seek any medical treatment for the child's lethargy. After a period of approximately 12 hours from when the mother realized the child ingested the medicine, the mother sought medical treatment as the child was not getting better. Upon medical examination, it was determined the child had significant swelling to her brain. The swelling was due to oxygen deprivation and the swelling would not have been as significant had the mother sought medical treatment sooner. The ingestion of the medicine was determined to be accidental and not due to a prolonged or repeated lack of supervision. The child has been discharged back to the care of the mother. The county agency has implemented services to assure the safety of the child and also to provide rehabilitative services for the child. The child has four older siblings residing in the home. These siblings were not removed from the home during the investigation as it was determined their safety could be assured

with them remaining in the home. However, the siblings are now in formal foster care as the mother was arrested and incarcerated due to this incident. The county agency had been involved with the family on an intake level in the past due to substantiated sexual abuse of one of the child's siblings committed by mother's former paramour. The family was not opened for services.

Susquehanna County:

44. A 1-year-old male child nearly died on Sept. 20, 2012 due to serious physical neglect. Susquehanna County Services for Children and Youth substantiated the report in October 2012 and named the mother as the perpetrator. The child was brought to the hospital by emergency responders with significant burns to his abdomen, lower extremities and scrotum. It was determined that the mother left the child bathing in a sink for an extended period of time and the temperature of the water caused the burns. The mother did not seek any medical treatment for the burns until relatives noticed the burns and confronted her 24 hours later. The mother had covered the burns with clothing and sheets and this likely exacerbated the child's burns. The child was hospitalized for two weeks due to the injuries. The child and a sibling are now residing with their father in a different state. This family was not known to the county agency prior to this incident. There is a criminal investigation pending.

Union County:

45. A 1-year-old female child nearly died on Aug. 13, 2012 due to physical injuries she received. Union County Children and Youth Services substantiated the report in September 2012 and named the mother's paramour as the perpetrator. The child was brought to the hospital by emergency responders due to the child being unresponsive. The mother's paramour claimed that he was playing a video game and when checking on the child found her slumped over in a chair. Upon medical examination, it was determined that the child had injuries consistent with abusive head trauma. The child was being cared for by the mother's paramour as the mother was at work. The child had significant injuries which required extensive surgery. The child spent one month in the hospital and has since been transferred to a long-term rehabilitation facility through Children's Hospital of Philadelphia. The child is breathing on her own, but has a surgically implanted feeding tube and has little viable brain tissue left. The child is expected to live until her twenties and not survive after this. The mother and child previously resided in Lycoming County and that county agency had a history with the mother and child. The first referral was received in March 2010 when the mother was pregnant with the child. The concerns were that the mother was oppositional and that her own father was threatening her. The county agency was able to respond to the concerns as the mother was a child herself at that time. The mother went to live with her boyfriend's mother at the time and the case was closed on the intake level. Another referral was made in April 2012 regarding concerns that the mother and the child were homeless and the mother was not providing adequate medical care for the child. The county agency offered services for the mother and child and after seeing that progress was made, closed the family for services in June 2012. The mother's paramour has been charged with aggravated assault, endangering the welfare of children and recklessly endangering another person.

Westmoreland County:

46. A 3-month-old male child nearly died on June 1, 2012 due to physical injuries he received. The Westmoreland County Children's Bureau substantiated the report in July 2012 and named both parents as the perpetrators. The parents brought the child to the hospital due to the child being unresponsive and having injuries to his head. Upon medical examination, it was determined that the child had a fracture to his occipital bone, internal swelling of the head and abrasions to his face. The account from the parents as to what happened varied. However, the one consistency in the accounts was that the father was startled from sleeping, jumped out of bed and accidentally kicked the child, who was lying on the floor, to the head. It was determined through the investigation with supporting medical evidence that these accounts were inconsistent with the child's injuries and that the injuries were somehow inflicted. As the parents were the sole caretakers at the time of the incident, they were both held responsible. The child has since been discharged from the hospital and is residing with a maternal aunt. The child

does not have any siblings. This family was not known to the county agency prior to the incident. There is a criminal investigation pending.

47. A 4-year-old child nearly died on July 10, 2012 due to physical injuries he received as a result of a lack of supervision. The Westmoreland County Children's Bureau substantiated the report in August 2012 and named a paternal aunt, who was acting as a babysitter to the child at the time of the incident, as the perpetrator. The aunt was caring for the child and his 6-year-old sibling at her home. The child and the sibling found a loaded handgun in the basement of the home and the handgun discharged as the child was handling it. A bullet that was fired from the gun struck the child to the head. The child had to have one of his eyes removed, along with brain tissue and part of his temple bone. The child and his sibling remain with their parents. There is a cousin of the child who lives with the aunt; however, he is an adult. There had been concerns made to the county agency in the past regarding possible sexual abuse of the child by this cousin however, these allegations were received as general protective service cases and the allegations were never proven. The gun belonged to the adult cousin and he has been charged with reckless endangerment. The aunt was investigated criminally, but no charges were filed and the criminal case against her was closed.

York County:

48. A 9-month-old female child nearly died on April 26, 2012 due to non-accidental head trauma. York County Children and Youth Services substantiated the report in June 2012 and listed the mother, the father, and an adult roommate as perpetrators for physical abuse. The child was taken to the hospital from her home via ambulance. The child then had to be life-flighted to a second hospital, Hershey Medical Center, where she received surgery for her injuries. The child was diagnosed with two brain bleeds and retinal hemorrhaging. One of the brain bleeds was up to three months old. The child and her parents moved into their friend's home due to the family home not having electricity. The explanations that the family provided were inconsistent with the injuries the child sustained. The child's 18-month-old sibling has been placed in the care of the maternal grandmother and her paramour. The child was discharged from the hospital in early May 2012 and was also placed with the maternal grandmother. The family has been accepted for services which include: family group decision making, drug and alcohol evaluation, mental health evaluation, parenting classes, and random drug screenings. The maternal grandmother has been approved as a kinship parent. The criminal investigation is ongoing.

# Act 33 of 2008

Act 33 of 2008 requires that circumstances surrounding cases of suspected child abuse resulting in child fatalities and near-fatalities be reviewed at both the state and local levels. The reviews conducted assist Pennsylvania's child welfare system to better protect children by identifying causes and contributing factors to the incidence of child fatalities and near-fatalities and providing enhanced interventions to children and their families. Additionally, Act 33 allows for the release of what has always been considered confidential information, and now allows for better protection of children and enhances services to children and their families.

Since the implementation of Act 33, a more detailed and thorough review of cases involving fatalities and near-fatalities has now been established. For example, the state review team is more diverse and provides a more expansive perspective surrounding the circumstances of each case and the responses taken towards each case.

Additionally, the state review team convenes at regular intervals to provide an exhaustive review of the details of each case and develop questions and suggestions for the county agencies and other stakeholders involved in the cases. This information is used in order to ensure that the investigation is conducted at the highest level.

Data collection forms have also been improved and will further inform the reviews by gathering all relevant information regarding the life and circumstances of a case. The forms capture elements important in understanding a family's dynamics and help to identify presenting and underlying circumstances which may have led to the fatality or near-fatality.

Once the review is finished, a final report is written by the state level review team and, along with a local team report, recommendations are made for systemic change. Once all information is captured and summarized in written reports, it is important to note that the work does not end here. An analysis of trends and systemic issues is then conducted to identify whether appropriate services, interventions and prevention strategies need to be developed or, if already in existence, supported for continuance. The recommendations, along with the analysis of trends and systemic issues, will be used to effect systemic change.

Once recommendations and analyses are complete, the state review team will consult with the deputy secretary for the Office of Children, Youth and Families to develop a state level plan to address systemic issues as appropriate. This state level plan is made available to county agencies, providers and the public.

To further support the child welfare system, the Child Abuse and Prevention Treatment Act/Children's Justice Act Task Force was created to help identify administrative and legislative changes to bring Pennsylvania in compliance with federal legislation. The task force assists in formulating solutions to be included in the state level plan. The workgroup will be tasked with addressing the systemic issues, evaluating trends and offering recommendations to DPW and other system partners to reduce the likelihood of future child fatalities and near-fatalities.

As part of the workgroup, Citizen Review Panels have been established throughout the commonwealth and will provide public insight into the state level plan.

To go along with including other child welfare system stakeholders and citizens in the process of bringing about systemic change, Act 33 requires that the final state reports developed for each individual case, along with reports developed on the local level, be available to the general public for review. Providing the general public with access to these reports is necessary and important to provide transparency and accountability along with a more expansive perspective.

By completing detailed reviews of child fatalities and near fatalities and conducting an analysis of related trends, we are better able to ascertain the strengths and challenges of our system and to identify solutions to address the service needs of the children and families we serve. These reviews and subsequent analysis become the foundation for determining the causes and symptoms of severe abuse and neglect and the interventions needed to prevent future occurrences.

# Expenditures for Child Abuse Investigations

Pennsylvania's child welfare system is responsible for a wide range of services to abused, neglected, dependent, and delinquent children. Funding provided by the state and county agencies for all these services exceeds $1.5 billion. More than $46 million of that amount was spent by state and county agencies to investigate reports of suspected child and student abuse and related activities.

The department uses state general fund money to operate ChildLine, a 24-hour hotline for reports of suspected child abuse and the Child Abuse Background Check Unit that provides clearances for persons seeking employment involving the care and treatment of children. In 2012 ChildLine expenditures amounted to $4.62 million. Expenditures for Act 33, the Child Protective Services Law, Act 179, and the Adam Walsh Act units, which process child abuse history clearances, were an additional $1.42 million. Expenditures for policy, fiscal and executive staff in the department's Office of Children Youth and Families' headquarters, totaled $566,000. Regional staff expenditures related to child abuse reporting, investigations and related activities were $ 1.74 million.

Table 11 lists the total expenditures for county agencies to conduct alleged child abuse and student abuse investigations. These numbers do not reflect total expenditures for all services provided by the county agencies. In state fiscal year 2011-2012, county expenditures for suspected abuse investigations were $37.47 million.

* Fiscal Notes:

The $1.5 billion figure reflects no change in state and local funds over the 2011 report. Also, this figure only represents the state and local dollars spent on child welfare services in Pennsylvania. Adding federal dollars to the expenditures the total child welfare budget is $1.8 billion.

The $45.79 million consists of $37.47 million for county child abuse investigations (chart 11 on page 74) plus $5.19 million for all OCYF headquarters, ChildLine and background check salaries, benefits, operating and travel percentages plus $3.1 million for OCYF regional salaries, benefits, operation and travel for child abuse investigative work.

## Table 11 - EXPENDITURES FOR CHILD-ABUSE INVESTIGATIONS, STATE FISCAL YEAR 2011-2012

| County | Total Expenditures | County | Total Expenditures |
|---|---|---|---|
| Adams | 926,712 | Lackawanna | 295,778 |
| Allegheny | 2,126,853 | Lancaster | 739,654 |
| Armstrong | 235,941 | Lawrence | 213,122 |
| Beaver | 1,096,550 | Lebanon | 178,485 |
| Bedford | 44,931 | Lehigh | 2,725,377 |
| Berks | 1,772,831 | Luzerne | 1,062,858 |
| Blair | 282,350 | Lycoming | 112,518 |
| Bradford | 95,620 | McKean | 194,635 |
| Bucks | 3,090,588 | Mercer | 132,846 |
| Butler | 307,305 | Mifflin | 88,054 |
| Cambria | 433,019 | Monroe | 546,578 |
| Cameron | 38,885 | Montgomery | 717,363 |
| Carbon | 139,986 | Montour | 82,592 |
| Centre | 214,722 | Northampton | 1,510,109 |
| Chester | 1,015,372 | Northumberland | 470,415 |
| Clarion | 222,170 | Perry | 152,533 |
| Clearfield | 187,331 | Philadelphia | 3,857,062 |
| Clinton | 51,328 | Pike | 90,119 |
| Columbia | 63,767 | Potter | 74,140 |
| Crawford | 540,111 | Schuylkill | 413,826 |
| Cumberland | 660,508 | Snyder | 99,655 |
| Dauphin | 1,005,214 | Somerset | 255,105 |
| Delaware | 2,285,672 | Sullivan | 30,012 |
| Elk | 80,257 | Susquehanna | 123,309 |
| Erie | 2,240,687 | Tioga | 227,688 |
| Fayette | 149,945 | Union | 31,269 |
| Forest | 28,930 | Venango | 233,267 |
| Franklin | 89,999 | Warren | 149,577 |
| Fulton | 55,701 | Washington | 612,294 |
| Greene | 151,857 | Wayne | 264,362 |
| Huntingdon | 84,691 | Westmoreland | 657,907 |
| Indiana | 400,839 | Wyoming | 50,145 |
| Jefferson | 65,558 | York | 828,212 |
| Juniata | 65,053 | **Total** | **37,472,149** |

# Pennsylvania Citizen Review Panels' 2012 Annual Report

## Collaboration Statement

The Citizen Review Annual Report was produced in collaboration with individual Citizen Review Panels, the Child Abuse Prevention and Treatment Act Steering Committee, along with the Department of Public Welfare's Office of Children, Youth and Families, The Pennsylvania Child Welfare Training Program and the Pennsylvania Children and Youth Administrators Association.

**Mission Statement for the Child Abuse Prevention and Treatment Act Steering Committee**

To advance collaborative policies, best practices, public awareness and engagement to ensure that children are protected from abuse and neglect.

The work group is comprised of consumers and professionals representing areas of health, child welfare, law, human services and education.

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

PCYA

COMMONWEALTH OF PENNSYLVANIA

Dear Citizens:

Thank you for your interest in citizen review panels. The Pennsylvania Citizen Review Panels' 2012 Annual Report contains the activities and recommendations that were generated by the panels' work during the past year. This report celebrates the accomplishments of the child welfare system in Pennsylvania, while also focusing on the challenges and solutions to those challenges.

The panels represent a wide array of citizen volunteers who join together to conduct comprehensive reviews of the policies, procedures and practices in our child welfare system and to collaboratively offer solutions to challenges. The panels then, on a yearly basis, offer recommendations for change. The panels' recommendations are written by the panel members themselves.

This year all three panels worked together to formulate common recommendations for change in the child welfare system, rather than individual panel recommendations. The panels' thought-provoking recommendations and the commonwealth's response to their recommendations are contained within this report. Additionally, for the first time the panels also developed a legislative report, noting recommended areas for improvement that require legislative change.

We sincerely thank the Citizen Review Panels for their diligent work and dedication to system improvement and look forward to our ongoing collaboration. Their continuing review and the insightful perspective of their recommendations serve to enhance the outcomes for children and families in Pennsylvania. We hope that this report will become part of the larger conversation about each of our responsibilities in protecting Pennsylvania's children.

Sincerely

Cathy A. Utz

Acting Deputy Secretary

# Table of Contents

# Pennsylvania Introduction

**Commonwealth of Pennsylvania**

Pennsylvania consists of 67 counties covering 44,817 square miles and is home to approximately 12.2 million residents. The city of Philadelphia is the largest metropolitan area with the five-county Southeast region including Philadelphia, encompassing 31 percent of the total statewide population. Allegheny County is the second largest metropolitan area and encompasses the city of Pittsburgh and its surrounding suburbs. The diversity across PA's urban, suburban and rural areas creates the need for both flexibility and consideration of regional, county, cultural and other differences in the child welfare and juvenile justice systems.

**Structure of Child Welfare**

Pennsylvania's child welfare system is one of 13 states that operates as state supervised, but county-administered. The county administered system means that child welfare and juvenile justice services are organized, managed, and delivered by 67 County Children and Youth Agencies, with staff in these agencies hired as county employees. Each county elects their county commissioners or executives who are the governing authority. Pennsylvania has a rich tradition of hundreds of private agencies delivering the direct services and supports needed by at-risk children, youth and their families through contracts with counties. The array of services delivered by private providers includes prevention, in-home, foster family and kinship care and congregate placement care, permanency services including adoption and a variety of related behavioral health and education programming.

The Department of Public Welfare's Office of Children, Youth and Families is the state agency that plans, directs, and coordinates statewide children's programs including social services provided directly by the county children and youth agencies.

There are some intrinsic differences in operating a state supervised and county-administered system, which impacts statewide outcomes for children and families. Within this structure, Pennsylvania provides the statutory and policy framework for delivery of child welfare services and monitors local implementation. Given the diversity that exists among the 67 counties, this structure allows for the development of county-specific solutions to address the strengths and needs of families and their communities. Each county, through planning efforts, must develop strategies to improve outcomes.

This structure also presents challenges in ensuring consistent application of policy, regulation and program initiatives and has impacted Pennsylvania's performance on the federal outcome measures. These federal measures require county-specific analysis to determine the factors which influence statewide data. Because of the variance in county practice, it is challenging to identify statewide solutions that would have the most impact on improving county outcomes.

# Pennsylvania and the Child Abuse Prevention and Treatment Act – A Little History

In 1974 Congress passed the Child Abuse Prevention and Treatment Act (P. L. 93-247). The purpose of this act was to provide financial assistance to states for a demonstration program for the prevention, identification, and treatment of child abuse and neglect. Read the text of the Act here: http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/capta2010.pdf

Major Provisions of Child Abuse Prevention and Treatment Act included:

- Provided assistance to states to develop child abuse and neglect identification and prevention programs
- Authorized limited government research into child abuse prevention and treatment
- Created the National Center on Child Abuse and Neglect within the federal Department of Health and Human Services to:
  - Administer grant programs
  - Identify issues and areas that require additional focus through new research and special projects.
  - Serve as the focal point for the collection of information, improvement of programs, dissemination of materials, and information on best practices to states and local government.
- Created the National Clearinghouse on Child Abuse and Neglect Information
- Established grants that provide assistance with training personnel and supporting innovative programs aimed at preventing and treating child abuse.

In 1996, Congress amended the Child Abuse Prevention and Treatment Act. One of the items addressed in this amendment was that the funding is contingent on the establishment of Citizen Review Panels. Based on this requirement, along with additional amendments in 2003 related to the review panels, Pennsylvania was no longer compliant with the child abuse Act.

In 2006, the Department of Public Welfare's Office of Children Youth and Families convened a workgroup to assist in the development and implementation of a state plan to come into compliance with the Act. The state plan addressed a vast array of areas relating to child protective services including, but limited to, trainings for Guardian Ad Litems, public disclosure of fatalities and near fatalities, and the development of Citizen Review Panels.

# Pennsylvania Legislation

To support compliance with the Child Abuse Prevention and Treatment Act compliance in PA, House Bill 2670, Printer's Number 4849 was signed into law as Act 146 on

Nov. 9, 2006 by Governor Edward G. Rendell. Act 146 amended Pennsylvania's Child Protective Services Law (Title 23 Pa.C.S., Chapter 63) to address the establishment, function, membership, meetings and reports as they relate to Citizen Review Panels in Pennsylvania. Act 146 required that the department establish a minimum of three Citizen Review Panels and that each panel examine the following:

1. Policies, procedures and practices of state and local agencies and, where appropriate, specific cases to evaluate the extent to which state and local child protective system agencies are effectively discharging their child protection responsibilities under Section 106 (b) of the Child Abuse Prevention and Treatment Act (Public Law 93-247, 42 U.S.C. § 5106a (b)).
2. Other criteria the panel considers important to ensure the protection of children, including:
    i. A review of the extent to which the state and local child protective services system is coordinated with the foster care and adoption programs established under part E of Title IV of the Social Security Act (49 Stat. 620, 42 U.S.C. § 670 et seq.); and
    ii. A review of child fatalities and near fatalities.

    Membership – The panel shall be composed of volunteer members who represent the community, including members who have expertise in the prevention and treatment of child abuse and neglect.

    Meetings – Each citizen review panel shall meet not less than once every three months.

    Reports – The Department of Public Welfare shall issue an annual report summarizing the activities and recommendations of the panels and summarizing the department's response to the recommendations.

In 2007, a Citizens Review subcommittee was formed to address the establishment and support of Citizen Review Panels in Pennsylvania in accordance with the legal mandates set forth in state and federal statutes.

Three panels were established in 2010. These panels are located regionally and cover 36 of Pennsylvania's 67 counties. The counties covered in each region are contained in Appendix A – the Citizen Review Panel Regional Maps.

Dear Citizens,

Thank you for taking the time to read the Pennsylvania Citizen Review Panel's 2012 Annual Report. Before you read this report we, the panel chairs, would like to take a moment to explain the charge that has been given to us and to provide you with an overview of the work that we have done to date. We are volunteers who are authorized by legislation to review any child abuse issue within the counties in our region as well as state wide issues. Our main focus is to have a positive impact on the future of child abuse management in the state of Pennsylvania. Topics for review are set at the beginning of each year by the panel members themselves in a democratic process. At the end of each year, the panel is charged with providing a written report on their work as well as providing any suggestions for improvements to our system in Pennsylvania. The Department of Public Welfare is then charged with evaluating our concerns and responding to our recommendations. The end result is this publication.

This year's report features numerous recommendations developed from extensive outreach completed in 2012 to Pennsylvania's County Children and Youth administrators and their caseworkers and other individuals working to keep Pennsylvania's children safe from harm. All three panels surveyed CYF employees in their respective regions and combined the panels received responses from over 350 workers and supervisors providing input for panel consideration. These types of outreach efforts will continue into the future to allow an increase in understanding of the day to day challenges faced by one of Pennsylvania's key service delivery systems.

For those of you who read last year's report, you may notice some significant changes in the way the report is written. We have outlined two of the major changes below but we would like to acknowledge that these changes were made as a result of our three panels working more closely with each other, the Pennsylvania Department of Public Welfare, County Children and Youth Agencies and other organizations dedicated to ensuring the welfare of Pennsylvania's children and families. We held two all panel meetings in which representatives from all three panels and the Department of Public Welfare interacted. This gave us the opportunity to examine our regional concerns from the statewide perspective. As a result of the increased collaboration, the two significant changes are:

1. **One report for three CRP's.** We have decided to work together to generate one report rather than submitting three separate panel reports. This one report begins on page 82 of this publication and includes all of the current recommendations to Pennsylvania's Department of Public Welfare.
2. **A Legislative Report.** Secondly, you will notice that we have included a report designed specifically for Pennsylvania lawmakers. We have chosen to address legislators separately because many of the changes we feel are needed in Pennsylvania will require changes to our child protective services laws. This stand-alone report begins on page 86 of this publication.

Over the past year, the panels have collected volumes of information not all of which could be presented in this report. It does not make these issues unimportant; just not a high enough priority to make this report. The point is illustrated by referring the reader to page 84 of the Pennsylvania 2012 Child Death Review Annual Report completed by the Department of Health. This report indicates that two counties, Cumberland and Huntingdon, do not currently have Child Death Review teams. We find this unexplainable. At the same time, we applaud the 65 other counties that have instituted and continue to operate this extremely important county based review team.

Again, we would like to thank you for taking the time to read our annual report. And we would like to reiterate that we are a group of volunteers who come together to collaboratively offer solutions to challenges in the child welfare system. Some of us came to the table with knowledge of the child welfare system from our own experiences, while other came to the table with no formal professional or personal connections to the system. However, regardless or our background we all share the belief that every Pennsylvania child should have the opportunity to develop to their full potential living in nurturing, safe, healthy, permanent families.

We also have provided background information about each of our regional panels on pages 109 to 111 of this report so you can learn more about the work of the panels and their goals for 2013. We encourage you to take the time and review this information as we are seeking to increase our membership to ensure representation from each of the counties in our region. If you are interested in becoming a member of a Pennsylvania Citizen Review Panel, or want to learn more about our work, please contact the Pennsylvania Child Welfare Resource Center by phone at (717) 795-9048 or by e-mail pacrp@pitt.edu. You can also learn more about our work by visiting our web-site at www.crp.pitt.edu.

Sincerely,

Steven Guccini
Northeast Chair

Bill Greenawalt,
South Central Chair

Ladona Strouse
Northwest Chair

# Pennsylvania's Citizen Review Panels
## 2012 Annual Report to Pennsylvania's Department of Public Welfare

**This report was written by members of Pennsylvania's Citizen Review Panels. The panels are located in three different regions in the state representing 36 different counties. Although these panels are regional, the recommendations address statewide issues and therefore benefitting Pennsylvania's Department of Public Welfare.**

## Executive Summary

As Pennsylvania's Citizen Review Panels began planning efforts for 2012, our original intent was to continue focusing on many of the concerns identified in our previous reports. However, as the panels reviewed the responses provided by Department of Public Welfare, it became clear many of the previous concerns were also going to be examined by a Joint State Government Commission.

This 11 person commission, The Child Protection Task Force, was established on Dec. 12, 2011 by the general assembly, under House Resolution 522 and Senate Resolution 250). They began meeting in February 2012 and were charged with conducting a thorough review of state laws and procedures governing child protection and the report of child abuse. Based on this information, the panels decided that continuing to focus on some of the previously identified issues and making additional recommendations would be a duplication of work. Instead, the panels decided to postpone some of this work until the Child Protection Taskforce published its report.

At the end of November 2012, the Task Force on Child Protection published their findings. http://www.childprotection.state.pa.us/. During a preliminary review of the document, we recognized that many of the recommendations made by the Task Force on Child Protection were consistent with recommendations made by the Citizen Review Panels in 2010 and 2011. The panels will continue to monitor the implementation of the Task Force recommendations.

As we changed our approach for 2012, our activities focused on gathering feedback from 391 county children and youth caseworkers and supervisors as they are the individuals who have the most day-to-day contact and impact with children and families involved in the child welfare system. Using this information, we have identified some of the challenges workers face when serving children and their families. The recommendations that you will see in the next few pages were generated in an effort to reduce some of these barriers so that services to Pennsylvania's children can be delivered in a more efficient and effective manner. Our recommendations have been condensed into five areas:

1. Reducing the amount of paperwork caseworkers must complete to allow them more time to spend with families.
2. Increasing access to mental health services and improving the delivery of existing services.
3. Finding better ways of reporting and tracking child abuse allegations through the use of technology.
4. Increasing the use of technology by caseworkers to improve services for children and families.
5. Finding ways to recruit and retain qualified children and youth caseworkers.

In this report we were only able to include a small portion of valuable information from children and youth workers. As we continue our efforts in 2013, a separate document will be published which will provide summaries of the data collected. This document will be posted on our website, www.crp@pitt.edu by early summer. If you would like to be notified when the document is released, we encourage you to "like" us on Facebook, Pennsylvania Citizen Review Panels.

### Issue #1 – Reducing the amount of paperwork with caseworkers to allow them more time to spend with families

It did not surprise us to learn that caseworkers and other county agency staff identified that they did not have adequate time to work with families.

Many of us have heard anecdotally about the huge volume of paperwork, the lack of technology, and the large case loads carried by caseworkers which could impact their ability to work directly with families. However, when reviewing nearly 400 survey responses, these three things were mentioned over and over again in various contexts. The overarching theme was that, if concerns relating to each of these areas were addressed, caseworkers would have more time to work with families to address issues related to the safety, permanency, and well-being of their children. As a result of this information and follow-up discussions with county agencies, we are providing recommendations in three different areas.

**Recommendations related to reduction of paperwork**

While the panel members agree that detailed and accurate record keeping is an important aspect of case management and oftentimes needed to ensure the safety of a child, we believe that there are several pieces of required paperwork that are (1) duplicative, and/or (2) do not appear to be needed to ensure a child's safety is being met, and/or (3) burdensome because they require caseworkers to become experts in areas outside the scope of their work.

Below is a list of paperwork responsibilities that we feel should be first evaluated by the Department of Public Welfare to determine if these are needed to ensure the safety of our children. If the paperwork is deemed necessary, we ask that state and counties determine if there are alternate ways of collecting the information rather than having the caseworkers do so.

(Note: As Pennsylvania child welfare system is county administered, we have limited our recommendations paperwork that the state has required or recommended to counties. In some cases, we understand that the state has not dictated that caseworkers are the ones responsible for completing the paperwork. However, we feel that the state has some responsibility in providing support to counties when such mandates are made. Additionally, the items listed are limited to a few specific items. However, we encourage the state and county agencies to evaluate all forms and procedures to reduce the amount of paperwork in order to allow more time for caseworkers to work directly with families.)

- Voter Registration – Currently, caseworkers are asked to provide this to families. In addition to being an additional piece of paperwork way outside the scope of a caseworker's responsibility, we feel that this is inappropriate for a caseworker to be gathering this type of information from a family.
- New Educational Forms – It is our understanding that new education forms are being proposed and the expectation is that the caseworkers are to complete these forms. Education is crucial to a child's healthy development and essential in meeting the well-being needs of the child, but we recommend that any education assessments be completed by qualified professionals in the area of education. We strongly feel this is beyond the scope of knowledge of a caseworker. However, once the assessment is completed by an education professional, it is imperative that the assessment be reviewed with the caseworker to ensure the child's needs are being met through services. We feel a need for the collaborative effort between Department of Public Welfare and Department of Education to improve in this area.
- Developmental Screening Tools – In 2008, the Department of Public Welfare began requiring counties to use the Ages & Stages Questionnaires® as a developmental screening tool. This requirement was to ensure compliance with amendments to the Child Abuse Prevention and Treatment Act (CAPTA) legislation. In 2010, the state expanded these requirements. This new policy goes beyond the CAPTA obligations and includes a larger population of youth who must receive the screening.

In many cases, it has now fallen to the responsibility of the caseworker to conduct these screening tools. Again, we believe this is better done through the primary care providers that are already completing the developmental screenings as required by EPSDT (Early and Periodic Screening Diagnosis and Treatment program), but access to sensitive medical documents due to HIPAA may make this difficult. We urge the state to remove these barriers and facilitating greater collaboration between Systems of Care partners.

In addition to evaluating the need for the paperwork identified above, we are asking that the state and county child welfare agencies look at streamlining and/or combining required paperwork. There are two areas that we are asking the state to look at specifically, these include:

- Risk Assessment/Safety Assessment – From previous reports and discussions with the state, we know efforts are being made to evaluate the need for both of these assessments however, we are asking for an update on the evaluation process as well as any plans to combine (or eliminate) one of the reports.
- Family Service Plans – We are also recommending that the state and counties evaluate the current Family Service Plan documents and find ways to streamline them so that they are easily understood by families.

**Issue #2 – Increasing access to mental health services and improving the delivery of existing services.**

Although we understand that federal, state and local governments have limited financial resources, we are alarmed by reports we have received from biological parents, foster parents and caseworkers regarding how difficult it is to access mental health (and other) services. In lieu of these services, caseworkers report they oftentimes must play the role of a mental health professional. Considering that these services are oftentimes deemed necessary to keep children safe, we feel this is unacceptable. Additionally, when services are available, we also have heard from many individuals that there is little coordination among the various providers when the services are being delivered.

Based on information received from the surveys conducted in 2012 and conversations with families, it is expected that additional conversations will take place with the county agencies to address gaps specific to that county. However, at this time, we are making two recommendations in this area.

Recommendations related to increasing access to mental health services and improving the delivery of existing services.

- Funding – Continually identify and update any funding streams that may be available to the families in order to access services. Ensure caregivers have this information readily available to meet the needs of our children.
- Best Practice - Identify any best practices related to coordinating such services at the local level, communicate the best practices to county agencies and support the development of county specific plans to implement these best practices.

**Issue #3 – Finding better ways of reporting and tracking child abuse allegations through the use of technology.**

In our 2010 and 2011 report, we made several recommendations related to the use of technology at the state level. However, this is an area in which we have continued to follow and would like to highlight in this report. The following recommendations are being made in this area.

Recommendations related to finding better ways of reporting and tracking child abuse allegations through the use of technology.

- ChildLine - Use technology to increase the efficiency of Pennsylvania's Child Abuse Hotline. This recommendation was in previous recommendations and was echoed in the report provided by the Pennsylvania Task Force on Child Protection. Specifically, we are supporting the recommendation made by the task force to permit the electronic transmission of Child and General Protective Services reports to county children and youth agencies. We believe this will be more efficient for the time management of ChildLine employees and allow them to continue to reduce the number of missed calls as was addressed in the 2010 report. We would also request an update as to missed and deflected calls at ChildLine for the calendar year 2012.
- Statewide Database - Create a statewide database containing all reports of child abuse; regardless of whether these reports are categorized as Child Protective Services or General Protective Services. This database should be made available to all county children and youth agencies as well as county and state law enforcement officials. This was also a concern mentioned previously by the panel's as well as the Taskforce on Child Protection Services.

**Issue #4 – Increasing the use of technology by caseworkers to improve services for children and families.**

This is another area in which we highlighted in our 2010 and 2011 reports and one in which we continue to follow. We appreciated the states response in the previous report as well as information we have received since the time of the last report. We understand that additional technology has been provided to caseworkers and that many agencies have reported positive experiences when using the technology. In various forums, it has been reported that this has not only helped to reduce the amount of time needed to complete paperwork but some of the technology has also been used in the homes with families in a variety of positive ways. While we are pleased with the actions that have been taken by some counties, we feel that additional steps should be taken. Our recommendations are as follows:

1. Recommendations related to increasing the use of technology by caseworkers to improve services for children and families
    - Mobile Technology Support to Counties - For the state to provide continued support to counties in regard to the technology that was previously distributed as part of the Mobile Technology Research Project. (This includes tablet computers, mobile printers and voice recognition software.)
    - Mobile Technology Access to Counties – Continue to provide additional support and equipment to counties who do not yet have this technology available to all of their caseworkers. This not only includes tablet computers, mobile printers and voice recognition software but also must include cell phones with GPS devices. Serving the needs of our children must be a high priority but an even higher priority has to be the safety of our caseworkers. Cell phones and GPS detection allows CYF management as well as law enforcement the opportunity to at least track the whereabouts of caseworkers and should increase the capacity to respond if need be for the caseworker's safety.

**Issue #5 – Finding ways to recruit and retain qualified children and youth caseworkers.**

While we did not obtain exact figures from each of our counties related to their staff retention rates, it has often been noted that high turn-over rates occur in county children and youth agencies. This concern was heard repeatedly this year when we did outreach to many (but not all) of our counties. Many workers reported that retention rates were directly related to some of the issues we already outlined (overwhelming paperwork and high demands placed on caseworkers). Some other reasons cited were the relatively low salaries in relationship to the work performed, difficulty in reaching qualified applicants when using the civil services system of hiring, and burn out related to the vicarious trauma. Our recommendations related to this area include:

- Recruitment Efforts
    - Creation of materials to recruit qualified individuals.
    - Development of realistic job preview materials for use at job fairs and institutes of higher education.
    - Funding to support county recruiting efforts.
- Retention Efforts
    - Development of training to address issues related to vicarious trauma.
    - Provision of services to address issues related to vicarious trauma.
    - Training on how to manage stress and burnout and increase resiliency as a social worker in child welfare.

# Pennsylvania's Citizen Review Panels
## Legislative Issues Report

**This report was created by the Pennsylvania Citizen Review Panel Legislative Subcommittee. The report was reviewed and approved by Pennsylvania's Citizen Review Panel Members on the South Central and Northwest Panels.**

## Executive Summary

Pennsylvania's Citizen Review Panels are three groups of volunteers who come together to evaluate the current condition of child abuse in Pennsylvania. Our review over the last several years has included but not been limited to state oversight, reporting procedures, reporting requirements, and how information is disseminated to county CYF and law enforcement.

Below is a summary of our legislative findings. These are classified as legislative findings due to OCYF indicating change would require legislative action as written in previous CRP reports. We believe that if Pennsylvania is to improve its child protection services, legislative action will be required. We also encourage any reader of this document to review our first two year findings found on pages 97-136 in the Pennsylvania Department of Public Welfare 2011 Annual Child Abuse Report. Not all of our findings in that report require legislative activity to enact change; however, legislative support for some our suggested systemic improvements would go a long way to improving the current situation for the abused children of Pennsylvania.

Our legislative recommendations are:

### Legislative Recommendation #1

It is recommended the Legislature support the creation of an ombudsperson position. The purpose of the position would be to:

- Independently and impartially review decisions made by child welfare agencies in Pennsylvania;
- Handle complaints regarding the Pennsylvania child welfare program implementation.

To function appropriately, the ombudsperson's office would need to have subpoena powers and be able to operate independently of the Department of Public Welfare. An ombudsman or ombudsperson is a designated neutral facilitator who provides confidential and impartial assistance in resolving grievances and disputes. An ombudsman investigates complaints, reports findings, and mediates fair settlements between individuals, group of individuals; and institutions or organizations. We believe in the end an ombudsperson in the area of child welfare would assist with improving the public perception of our county CYF offices.

### Legislative Recommendation #2

This issue and recommendation is new to the panel in 2012.

It is our recommendation that, within 72 hours after a ChildLine report is received, the alleged perpetrator must be notified in writing by the county CYF office that they are being investigated be completely deleted. We do acknowledge that there are exceptions to this rule however time and time again we have come to realize these exceptions are unevenly applied and ultimately unnecessary as is this requirement.

After interviewing numerous assistant district attorneys', the York County CYF office, and investigative law enforcement, we have determined that this requirement is one of a kind in Pennsylvania's legal environment. We have confirmed with prosecutors and law enforcement that no other situation requires notification be given to the alleged perpetrator. If this is the case why do we give our alleged child abusers a running head start on law enforcement investigations?

### Legislative Recommendation #3

Evaluate why all reports of child abuse are not included with the child abuse numbers but instead are broken out into two categories – student abuse and child abuse. Why would those that are counted upon to lead, educate, and encourage our youth be excluded in PA's child abuse numbers.

### Legislative Recommendation #4

We must require every individual in the Commonwealth of Pennsylvania to report any and all witnessed child abuse events to an appropriate law enforcement office or ChildLine.

This will eliminate the legal possibility that any individual witnessing child abuse is able to only report that abuse to their chain of command when required by their employee handbook.

We agree with Governor Corbett that there should never be a differentiation between moral and legal responsibility when it comes to reporting child abuse.

### Future Legislative Issues under consideration by the committee:

1) Currently the committee is evaluating the recommendations surrounding the requirement that child youth and families case workers are required to file a final adjudication without the appropriate medical information or facts in existence.
2) Mandated Reporting Requirements
3) Senate Bill 449 was signed into law by Governor Tom Corbett on July 5, 2012. The law was a change to Public School Code of 1949 and requires three hours of training every five years for those subject to the Public School Code. We are evaluating the need to require this type of continuing education for everyone subject to the current Mandated Reporter Law. The current length of the standard mandated reporter training provided by the Family Support Alliance is three to six hours and therefore the panel believes that this type of training every five years seems very reasonable.

The combined Legislative Committee of Pennsylvania's Citizens Review Panel is currently made up by the following individuals. Please feel free to contact them for further information or questions.

Ladona Strouse, Northwest Panel – 814-671-8232
Dana Ward, South Central Panel – 717- 849-2260
Bill Greenawalt, Jr., South Central Panel– 800-632-1884

# Department of Public Welfare's Response To 2012 Citizen Review Panel Recommendations

## **Citizen Review Panel Recommendation: Issue #1 -** Reducing the amount of paperwork with caseworkers to allow them more time to spend with families.

The recommendation indicates "that there are several pieces of required paperwork that are (1) duplicative, and/or (2) do not seem needed to ensure a child's safety is being met, and/or (3) requires them to become experts in areas outside the scope of their work."

### DPW Response:

The citizen review panels recommended that the department and county children and youth agencies evaluate all required forms and procedures to reduce the amount of paperwork for completion by county children and youth agency staff in order to allow them more time to work directly with families. Paperwork requirements come from a variety of sources including county requirements, state requirements, federal requirements, and so forth. The department has oversight of some, but not all, required paperwork. Paperwork is a necessary part of meeting mandates and ensuring that processes are being followed to assure the safety, permanency and well-being of the children being served. We concur that paperwork that is unnecessary or duplicative should be eliminated whenever possible. Two efforts are underway to address these concerns.

**Effort #1 – Paperwork Reduction Committee**

As mentioned in the 2011 report, the department is represented on the Paperwork Reduction Committee, which is sponsored by the Pennsylvania Children and Youth Administrators (PCYA), and is looking at ways to reduce unnecessary paperwork for county children and youth agency staff. Extraneous documents or practices that county agencies may be completing unnecessarily may be eliminated. One of the workgroup's concerns relates to the inconsistency in practices and paperwork from county to county. Department staff has been responding to questions from the workgroup regarding what paperwork is and is not required by the department. Department staff has also updated the workgroup on the department's efforts to make the licensing process for counties consistent from county to county/region to region by developing a standard process. Department staff noted that often times the internal policies of county agencies are much more stringent and demanding than what is required by the department, and some county agencies continue to keep their more stringent internal policies, due to familiarity, "it's what we've always done," or fear of liability.

The Paperwork Reduction Committee had met from September 2011 to April 2012 with the goal of developing a "master list of paperwork requirements", and found that this was not feasible. The committee concluded that there are very few state mandated forms. The majority of the forms that are mandated are a result of counties responding to the issuance of bulletins and/or licensing requirements with more stringent county-specific requirements. The committee decided that the best way to support paperwork reduction was not by developing 67 county-specific lists of documents but rather to assist counties to identify the best way to meet "new" mandates by incorporating the required information into existing paperwork, rather than developing new paperwork each time. The committee also decided that in order to be successful, the committee needed to include a more diverse membership and to connect the committee's work to larger statewide efforts.

In May 2012, the committee instituted a sponsor team co-chaired by a PCYA Board Member and Office of Children, Youth and Families (OCYF) Central Office Staff, and started developing a charter for its work. The committee also instituted a Continuous Improvement Team, which consists of eight county child welfare agency representatives, two OCYF regional program representatives and a representative from OCYF's Information and Data Management Unit. The committee also receives facilitation and

administrative support from the Child Welfare Resource Center (CWRC). The committee will not dictate documentation protocols, but will provide a template of guidelines for OCYF approval, which county children and youth agencies can use when considering new protocols, and reviewing existing protocols. The anticipated impact of this work will be that county children and youth agency staff will have more time to spend with children and families. Additionally, documentation protocols will meet regulatory requirements, and also reflect the quality of engagement with children and families.

The committee plans to make the template available for use by all statewide committees when developing and refining documentation protocols, to assure more consistency across the state. Currently the committee is in the process of developing a Critical Thinking Guide, a template for county children and youth agencies to use when implementing documentation protocols for new regulations/bulletins that will help them assess the specific documentation required by the document (federal and/or state), whether the agency's current documentation protocols meet the requirement, whether the agency's current documentation protocols can meet the requirement with some modifications, and whether additional protocols need to be developed. The committee is currently in the process of reviewing written protocols developed by Allegheny and Cambria Counties, and committee procedures in place in Adams and Snyder Counties to assist in the development of a "critical thinking" guide counties can reference when a new bulletin and/or other set of guidelines requiring specific documentation of information/ data is released. The purpose of the guide will be to assist county children and youth agencies to think critically about the need for documentation before requiring a new piece of paper to be completed and/or created. It is anticipated that this work will be completed by the Paperwork Reduction Committee by June, 2013.

Moving forward, the committee also plans to make a recommendation to OCYF about the release of bulletins, with the goal of improving the efficiency and effectiveness surrounding the release and implementation of new bulletins by requiring that newly issued bulletins include statements of expectations and impact on county children and youth agencies' fiscal, human resources, documentation practices and information/technology protocols. The committee has not yet worked on this goal, but discussed the possibility of recommending the development of an accompanying "executive summary" for each bulletin release, outlining in a very clear, concise manner the mandatory documentation requirements as well as the best practice goals that county children and youth agencies should work to meet. It is anticipated that this work will be completed by the Paperwork Reduction Committee by June, 2013.

To enhance information sharing, the committee also recommended that OCYF create a portal for children and youth agencies, and also allow children and youth agencies to access the OCYF Portal. A web portal is a website that brings information together from diverse sources in a uniform way on a single screen, to improve the access and sharing of information with an audience. A portal also allows for customization, so portal users can specify their own content. The OCYF Portal, for example, includes all OCYF bulletins, links to laws and regulations, links to frequently used federal, state and county websites, and OCYF announcements and initiatives. The committee's goal is to ensure the accessibility of sharing of forms, templates and best practice documents. The committee met with representatives from OCYF, PCYA and CWRC to explore the possibility of integrating websites so that up-to-date information regarding laws, regulations, bulletins, special transmittals and other critical information can be easily accessed. A portal for county children and youth agencies is also being explored so that county children and youth agencies can post and share their best practice documents, forms, documentation practices and other critical information.

**Effort #2 – Increasing caseworkers' access to technology to reduce the time it takes to complete casework**.

In the citizen review panel 2010 and 2011 annual reports, as well as the current report, there are several recommendations related to increasing caseworkers' access to technology that can reduce the time it takes to complete casework. Please note that more information about the state's efforts in this area is located in the section of this report relating to the citizen review panel recommendation about Tracking Abuse Through

Technology, which is found on page 102. OCYF does not have designated funding at this time to provide for additional distribution of tablet computers, mobile printers and voice recognition software, or new requests for cell phones with global positioning system (GPS) devices. However, counties may make a request for funding to support information technology (IT) needs through the annual needs-based plan and budget process.

The state continues to support the use of two types of technology; tablet computers and use of voice recognition software. As noted in last year's response, one of the primary vehicles to support the use of this technology is by having quarterly networking session for county administrators, information technology staff and the caseworkers who are using the equipment. These sessions are facilitated by the CWRC and are designed so that counties can learn from one another and address county specific challenges. CWRC facilitators noted that county children and youth agencies have had fewer concerns related to "technical difficulties" and that there has been a noticeable shift to focus on "practice". County children and youth agencies are also encouraged to share their success stories related to the use of the technology. Feedback from these sessions has been positive and participants have noted that, following the calls, they have shared the success stories with others and, in many cases, are able to implement similar strategies in their own counties. Some of the individual stories that have been shared during these sessions have included:

- Multiple users have commented that using the technology has enabled them to be "caught up" on paperwork for the first time in years. Some of these individuals were using both the tablet computers and the voice recognition software while others were just using one type of technology. Benefits related to each of the two types of technology, as reported by the technology users, are listed below:
  - Individuals using the tablet computers noted that they were able to use the stylus and write case notes in the family's home. These individuals stated that, in addition to the time saved in transcribing notes back at the office (paperwork reduction); this practice has led to more accurate and thorough case notes. These individuals have also stated that they are able to use time spent waiting for court hearings in a more productive manner by catching up on paperwork.
  - Individuals using the voice recognition software users have found the software to be very accurate and helpful, stating that dictation productivity has increased significantly. Several people also commented that it is a great tool for individuals who have carpal tunnel, or who are not skilled typists.
  - One county children and youth agency recently noted that they had a week long power-outage in their building. Typically, this would have delayed the completion of their paperwork. Instead, they were able to use the tablet computers during the day and take them home to charge in the evening.

The feedback provided above was provided by caseworkers of varied years of experience; including one caseworker who has been working in the field for over 20 years and found this to be the first time they have been completely caught up with all of their paperwork.

In Spring of 2012, the CWRC conducted a survey with children and youth administrators. While the survey was largely focused on the need for additional technology, there was an area for caseworkers to provide additional information related to changes in their practice as a result of the use of technology. In order to make the most effective use of the county information system, one agency purchased air cards for protective services caseworkers which allows the caseworkers to enter contact information, update demographic information, send an e-mail with the information flyer for a particular service, work with the family to develop the Family Service Plan, and so forth from the family's home. This has streamlined the process of case documentation and reduced duplication of work where in the past the caseworker would handwrite notes, dictate the contacts at a later date, and submit the tapes to clerical staff for transcribing, resulting in the dictation being inefficiently "completed" three different times. Similarly, after-hours referrals would be typed by the caseworkers but then would need to be partially re-typed by clerical workers when entering the information into the non web-based database. The cost of the air cards is offset by a decrease in overtime for caseworkers who were late with their documentation. Less easily measured offsets

include caseworkers' reduced time spent on paperwork, clerical staff's ability to complete some strictly clerical functions of larger job responsibilities that supervisor/administrators assumed because clerical was overburdened, information being more current and easily accessible which reduces time spent searching, and staff having access to web-based e-mail which allows them to be informed of changes and to communicate non-urgent information more easily and consistently.

OCYF will continue to support the quarterly networking sessions through 2013. At the end of the year, a document highlighting the ways in which counties are using the IT equipment will be created and distributed to all county children and youth agencies and the citizen review panels.

The citizen review panels requested that the department evaluate the paperwork responsibilities relating to voter registration forms, education screening forms, and developmental screening tools, to determine whether these documents are needed to ensure child safety. If the paperwork is deemed necessary, the citizen review panels requested that the state and counties determine if there are alternate ways of collecting the information rather than having caseworkers do so.

**Voter Registration Forms**

This requirement is set in both federal and state law. In response to the decline in voter participation, Congress enacted the National Voters Registration Act of 1993 (NVRA) to make it more convenient for eligible citizens to register to vote. The NVRA can be found at 42 U.S.C. § 1973gg, www.justice.gov/crt/about/vot/42usc/subch_ih.php. The NVRA requires states to make voter registration more convenient and accessible. The NVRA requires state-funded service agencies to offer voter registration opportunities for individuals served by the agencies. The Pennsylvania Voter Registration Act (PVRA) at 25 Pa.C.S §1325 http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/25/00.013..HTM was enacted in 1995 to update Pennsylvania's voter registration system to align with the NVRA and to adopt the NVRA's new registration procedures for state, as well as federal election purposes. The PVRA identified the Secretary of the Commonwealth as responsible for implementation of the new voter registration procedures. The Secretary is the head of the Department of State (DOS), whose Bureau of Commissions, Elections, and Legislation provides guidance to commonwealth agencies responsible for providing these additional services.

Voting is one of the most fundamental rights in a democratic society. In Pennsylvania, as in most other states, you must register before you can vote. In Pennsylvania, you can register to vote in person, by mail and at various government agencies. You can register to vote at a Pennsylvania Department of Transportation photo license center when you obtain or update your driver's license. You can register to vote by mail in two ways. You can obtain a Voter Registration Mail Application form from the state or federal government. The Secretary of the Commonwealth and all county registration commissions supply Voter Registration Mail Applications to all persons and organizations who request them, including candidates, political parties and political bodies and other federal, state and municipal offices. You can also download the Voter Registration Application from www.votespa.com, and then print, complete, sign and deliver your completed application to your County Voter Registration Office by mail or in person.

The NVRA is commonly known as the "motor voter" law, due to its most recognizable requirement that states allow citizens to register to vote when applying for or renewing a driver's license. "Motor voter" is to some extent a misleading name, since the NVRA and PVRA actually require several voter registration procedures that have nothing to do with driver licensing. A review of the NVRA by DOS legal counsel and applicable case law determined that OCYF and county children and youth agencies (CCYAs) are mandated NVRA agencies and must comply with associated mandates, including offering an opportunity to register to vote to each person who is served, and providing supportive services such as mailing voter registration application forms, assisting applicants in completing voter registration forms, accepting completed forms, and transmitting forms to appropriate election officials. On June 25, 2010 DOS Executive Deputy Secretary Thomas Weaver and Lindsay Hock, Chief, Division of Voter Registration, met with CCYA staff at the Pennsylvania Children and Youth Administrators (PCYA) meeting and discussed the issue of DOS objectives, requirements and mandates for full compliance. A follow-up letter was sent from the

DOS Division of Voter Registration to each CCYA administrator on July 6, 2010 with applicable forms and guidance.

Collaboration is critical to improving outcomes due to the many cross-systems partners involved in the delivery of services for our children, youth and families and the provisions of educational and health related services. Key components of successful collaboration between team members include clear communication, and working together toward common goals.

**Education Screening Forms**

The provision of expedient and appropriate educational services is also an issue for children and youth entering the child welfare system. Children and youth transferring to different school districts because of placement changes often lose credits, thus falling behind in their education. Obtaining school records after a transfer can often be difficult. OCYF continues to work towards promoting and supporting children and youth remaining in the same school when in their best interest and whenever possible; and facilitating a seamless education transition for children and youth who enter care or move between placements.

In 2010, DPW and the Pennsylvania Department of Education partnered to assure that all children served by the child welfare system have their educational needs assessed and are provided appropriate educational services. The education of all children receiving children and youth services is one of the well-being factors considered by the United States Department of Health and Human Services (HHS) during the Federal Child and Family Services Review (CFSR) process. The 2008 CFSR revealed that while Pennsylvania did well in assessing children's educational needs, an area that needed improvement was assuring that appropriate services were provided or arranged.

One of the ways that this CFSR finding was addressed was through the issuance of the Office of Children, Youth and Families (OCYF) Bulletin 3130-10-04 entitled "Educational Stability and Continuity of Children Receiving Services from the County Children and Youth Agency (CCYA) Including the Use of an Education Screen". The intent of this bulletin was to place a greater emphasis on assessing the educational needs of all children served by the child welfare system and assuring follow-through with needed services to order to improve educational outcomes.

Additionally, two federal laws, the McKinney-Vento Homeless Assistance Act and Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections), an amendment to Title IV-E of the Social Security Act, require both county children welfare agencies and local education agencies to collaborate to ensure that school changes are minimized and that children in placement who change schools are promptly enrolled. Enacted in October 2008, Fostering Connections requires child welfare agencies to create "a plan for ensuring the education stability of the child while in foster care." Fostering Connections emphasizes the importance of school stability as well as the need for collaboration between child welfare and education agencies.

Research and practice clearly demonstrate that a successful, uninterrupted educational placement promotes more successful child welfare placements, greater permanency and better life outcomes. This necessitates continuing collaboration among local partners, county children and youth agencies and local education agencies to join together to ensure that all school-aged children receiving services through the local county children and youth agency have their educational needs met and when coordinated efforts are needed, they are provided.

Each county children and youth agency has an educational liaison designated within their agency who trains their respective county agency staff on the educational screening tool and process and also serve as the a point technical assistance person for questions and issues that arise within their county. The education screen is completed by child welfare professionals when a family with school-aged children has been accepted for services by the county children and youth agency, in conjunction with the initial development of the family service plan, and annually thereafter. The education screen is also to be completed on as needed basis, when there are concerns about a child's educational needs not being met. The education screen is also to be completed prior to a child being placed in out of home care, or in conjunction with the development of the family service plan, and every six months thereafter while the child remains in out of home care. The screen is also to be completed before any subsequent placement and move to a new school district. The screen is completed following a review of the child's/youth's education records, as well as discussions

with the child/youth, his/her caregivers and his/her educators. The screen also includes an Action Steps Tool to assist child welfare professionals in what steps to take to address identified areas of concern. Positive family interactions are also promoted by the child welfare professional by empowering caregivers to take these steps directly on behalf of their child/youth whenever possible.

County child welfare and education agencies, as well as the courts and other community partners, need to devote time, attention, and resources to the ongoing education of the children they serve. Child welfare agencies have taken the lead by establishing internal expertise and a single point of contact around education issues at the local level. The formation of community-school partnerships also serves to increase the early identification of educational needs and interventions. Educators and child welfare staff work together to determine the issues that need to be changed or clarified to improve the local system to benefit the children served. They may, for example, provide joint education on how the child welfare system works, the challenges faced by children/youth in foster care, juvenile court jurisdiction, the organizational structure and responsibilities of the local school districts and school boards and the state laws and policies regarding residency, enrollment, special education. The obligation to collaborate to ensure school stability and continuity under Fostering Connections is an important incentive for local child welfare agencies to partner with the local education system and other community partners to build successful collaborations to benefit the children they jointly serve.

**Educational Screens**

Extensive feedback was received regarding the requirements surrounding the use of the education screen, as well as on the screen itself including that it was not strength-based and needed to be streamlined. As such, implementation of the education screen was delayed and a workgroup was convened to look at these issues. The education screen was edited to incorporate the feedback and suggestions of key stakeholders. The revised education screen was then presented to the Education Success and Truancy Prevention Workgroup which was convened several years ago by the State Roundtable. Additional edits were recommended by this workgroup which were then vetted through the Education Screen Workgroup for consideration. The final edits are being made to the education screen accompanying guide for use by caseworkers. Once all edits are made, the Education Screen Workgroup will be reconvened to finalize the screen and guide. Discussions continue to occur regarding the population and circumstances under which the education screen would be required to be used, but a timeframe for re-issuance and implementation has not yet been decided.

The most recent collaboration between child welfare and education occurred on February 2013 when DPW and the Pennsylvania Department of Education issued a joint statement regarding the recently enacted Uninterrupted Scholars Act (P.L. 112-278). This Act makes key revisions to the Family Educational Rights and Privacy Act (FERPA) that will make it easier for child welfare agencies to access education records. This amendment creates a new exception under FERPA that authorizes an agency caseworker or other representative of a state or local child welfare agency, or tribal organization to have access to the student's educational records without having to obtain parental consent or a court order. This exception applies to children for whom the public child welfare agency has legal responsibility for their care and protection, specifically those children in the legal custody of the agency who are placed in out-of-home care. This would include children placed under a voluntary placement agreement and shared case responsibility youth who have been adjudicated dependent. It is the position of both Ddepartments that the individuals who can obtain education records under this exception, specifically those who have the right to access the child's case plan, include the child's caseworker from the public children and youth agency; the child's caseworker from a private children and youth agency with whom the public agency contracts; and the supervisors or managers of such agencies. In order to obtain the student's records, proof of this relationship with the child must be provided. This proof can be in the form of a court order or written notification on agency letterhead indicating that the agency has legal custody or is otherwise responsible for providing care to the child.

**Developmental Screening Tools**

Research has shown the positive effects of early intervention in the lives of young children at risk

for developmental delays due to environmental factors such as poverty, abuse, and neglect. In 2003, amendments made to the federal Child Abuse Prevention and Treatment Act (CAPTA) included provisions to enhance linkages between child protective service agencies and public health, mental health, and intellectual disabilities agencies. In September 2008 the Pennsylvania Department of Public Welfare, Office of Children, Youth & Families issued Bulletin 3490-08-01 which established a policy that all children under age 3 who are subjects of a substantiated report of maltreatment be screened using the Ages & Stages (ASQ) and Ages and Stages – Social and Emotional (ASQ-SE) Questionnaires® (ASQ™;Squires et al., 1999). These sets of age-appropriate questionnaires are designed to identify children who need further developmental evaluation. The primary objective of this screening initiative is to identify children with concerns in the areas of communication, gross and fine motor skills, problem-solving and personal-social skills and refer them to early intervention for further evaluation. In 2010, this bulletin was replaced and rescinded by Bulletin # 3490-10-01 which expands the populations of children receiving services from county children and youth agencies which must be referred or screened for possible early intervention (EI) services under the Individuals with Disabilities Education Act (IDEA), and clarifies the responsibilities of public and private agencies relative to these populations. This new policy goes beyond the CAPTA obligations and now requires children under three who are homeless or living in residential treatment facilities to be referred or screened. The bulletin establishes the following guidelines for screening children involved with county children and youth services:

- All children under the age of 3 who are subjects of a substantiated report of maltreatment are screened until they turn age 5. The Department recommends that follow-up screenings be conducted on all open cases until the children turn age 5.
- If initial or follow-up screening results indicate a qualifying score, then a referral to the early intervention program is required.
- All children under the age of 3 who are placed by a County Children and Youth Agency in a residential treatment facility which specializes in serving children with developmental delays, disabilities, or other serious health conditions must be screened.
- All children under the age of 3 who are homeless and whose family is receiving county children and youth services must be screened.
- Additional screening procedures are also outlined for substantiated cases of child abuse where the initial screening did not mandate a referral for early intervention services.

The policy requires completion of the ASQ questionnaire by the trained county children and youth caseworker or by a private agency worker at the request of the county children and youth agency, with the parent's or caregiver's assistance, or by the parent or caretaker with on-site guidance by the trained public or private agency worker.

The citizen review panels recommended that developmental screens should be completed by the child's primary care provider when they complete a developmental screen through the Early and Periodic Screening Diagnosis and Treatment program (EPSDT). The EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. Some, but not all, of the children required to be screened under the ASQ policy receive Medicaid. While we concur with not duplicating efforts, currently primary care providers (PCPs) who conduct the developmental screening required for EPSDT (under Medicaid) are not obligated to use the ASQ screen. In addition, the primary care provider conducting the developmental screen under the EPSDT program would not be conducting the developmental screening on as many intervals as required under our current Ages and Stages policy, so the child welfare agency would still have the responsibility for ensuring the ASQ screens are administered during the periods not covered under the EPSDT intervals.

OCYF will explore with the Office of Medical Assistance Programs, the CRP recommendation related to requiring PCPs who conduct the developmental screening for EPSDT (under Medicaid) to use the ASQ screen.

County children and youth agencies that already use Early Intervention or another provider to conduct the screening and evaluation of this population may continue to do so, provided they use the ASQ questionnaire or complete a full evaluation. Children with developmental delays and disabilities benefit from the Pennsylvania

Early Intervention program, a state supported network of parents, service practitioners, and others which builds upon the natural learning opportunities that occur within the daily routines of a child and their family. Early Intervention supports and services are designed to meet the developmental needs of children with a disability as well as the needs of the family related to enhancing the child's development in one or more of the following areas:

- Physical development, including vision and hearing
- Cognitive development
- Communication development
- Social or emotional development
- Adaptive development

In June 2009, the University of Pittsburgh, School of Social Work, Child Welfare Education and Research Programs began examining Pennsylvania's implementation of developmental and social-emotional screening across the commonwealth. This three year study involves interviews with child welfare workers and early intervention agencies across the state, a random sample of caregivers, and the creation of a web-based database for counties to store and analyze their child-level screening data. Initially research showed that in 67 percent of the counties, child welfare staff were completing the screening, while in 33 percent of the counties, early intervention staff were completing the screens. The research shows that in 2011, child welfare caseworkers conducted 74 percent of the ASQ screenings. Some child welfare agencies opted to assign screening tasks to specific caseworkers. There has been a shift in screening practices from slightly more counties screening just the CAPTA children (children under age 3 with substantiated abuse) to slightly more counties screening all children with open cases under the age of 5, which the state recommends as best practice. The University of Pittsburgh researchers also recommended the development of regional screening teams in the child welfare workforce to help pool resources in rural areas.

Caseworkers have seen other advantages to the screening process such as using the screening as an engagement tool with families and to further educate both themselves and parents about child development (Child Welfare Education and Research Programs, 2009b). Results from the caregiver interviews show that caseworkers have been using the screening tool as an engagement technique, with 84percent of caregivers reporting that their caseworkers shared with them things that their child was doing well (Child Welfare Education and Research Programs, 2011c). Even with the advantages and importance of the screening, caseworkers reported a need for further training (Cahalane, Fusco, & Winters, 2011), which prompted Pennsylvania's Child Welfare Resource Center to create a day-long training session and video on how to properly administer the screening.

Caregivers have also found the screening to be very useful, with 95 percent rating their experience as somewhat or very positive (Cahalane, Fusco, & Winters, 2012; Child Welfare Education and Research Programs 2011b). Of the small percentage of caregivers that experienced some anxiety about the screening, 57.9 percent said if they received more information or reassurance about the screening they would have been less worried (Child Welfare Education and Research Programs, 2011c). This information and the positive responses from caregivers contained in this research can lead to an additional point of intervention for families that may be wary about the intentions of the screening.

Results from the caregiver interviews reflect positive experiences with their caseworkers. On two standardized measures (Strengths-Based Practice Inventory and Client Engagement in Child Protective Services Measure), caregivers acknowledged that their caseworkers were competent at their jobs, helped them build on their strengths, showed mutual respect, empathy, and shared goal setting (Child Welfare Education and Research Programs, 2011d). In fact, the majority of caregivers rated their child welfare experience as somewhat or very positive and were satisfied or very satisfied with the amount of contact their current caseworker had with them (Cahalane, Fusco, & Winters, 2012). Considering all the families' needs and adding a positive relationship with local child welfare agencies, Pennsylvania is well on its way to improving the well-being of the children and families the child welfare agencies serve.

The citizen review panels also requested that the state and county children and youth agencies look at streamlining and/or combining paperwork that is needed. The citizen review panels requested that the state look at streamlining and/or combining paperwork relating to risk assessment/safety assessment and family service plans in particular.

**Safety Assessment and Risk Assessment**

Historically, safety assessment and risk assessment have been tied together in casework practice. As with most processes, safety and risk are intertwined and dependent upon each other. To minimize one, the value and importance of both are diminished. Both are key elements in protecting children from harm. Safety assessment and management and risk assessment are processes that often ask the same questions to make different decisions. Both are continuous, ongoing processes that a child welfare professional must undertake. The information gathered and the conclusions drawn from both processes become the basis for the development of the Family Service Plan. During the initial investigation stage of the casework process, the primary focus needs to be on child safety. Once the initial investigation is completed and the monitoring of ongoing safety occurs, safety and risk become a parallel process.

A Safety Assessment includes gathering necessary information to identify the presence of present and impending Danger Threats and Protective Capacities. In addition, an analysis of the information gathered becomes the basis for deciding whether present or impending danger exists and if a safety plan is needed. When safety threats are identified, the child welfare professional must first determine if protective capacities exist within the family to control the threats. If so, the child is safe and no plan is needed. If protective capacities do not exist or are not sufficient to control the threats then a safety plan is needed. The child welfare professional must engage the caregiver(s) in developing a safety plan that will address the threats by identifying and mobilizing or supplementing the caregiver's protective capacities with external safety actions. Present danger exists when a threat is clearly observable and occurring now. An immediate preliminary safety plan must be developed to control the threats of harm. The determination of impending danger is concerned with specific, but less obvious, threatening family conditions, behaviors, attitudes, intent, motivation, and/or capacity. Impending danger implies that a circumstance within the family can be reasonably anticipated to occur over the next hours, days, or weeks if protective measures are not taken.

A Risk Assessment is the process by which the caseworker assesses the current level of risk to a child to determine the likelihood of future harm, abuse, or neglect as prescribed by the Pennsylvania Risk Assessment Model. Risk assessment evaluates future threats of harm to a child by analyzing what is happening generally in a family. Based upon the presence of risk influences, a determination is made that maltreatment is likely to occur or reoccur. It helps identify the factors that must be addressed to reduce future risk levels, the individuals who need to be served and how they will be served. The concept of risk is concerned with treating family conditions that are associated with and can lead to a child being maltreated. Risk assessment is concerned with the potential for future maltreatment, but the future is unspecified and can be the long-term future.

The Safety Assessment and Management Process is the on-going method of assuring the immediate safety of the child. There are four phases to this process: Safety Assessment, Safety Analysis, Safety Decision, and Safety Plan Management. This process can be applied to children who are in their own home, a substitute placement setting, and a congregate care setting. A safety assessment is the continuous process of collecting information related to child safety in six domains to identify threats to safety and protective capacities. These domains include the extent of maltreatment, circumstances surrounding the maltreatment, child functioning, adult functioning, parenting, and discipline. Safety threats are the conditions or actions within the child's current living situation that represent the likelihood of imminent serious harm to the child. Protective capacities are the specific qualities that can be observed and understood to be part of the way a caregiver thinks (cognitive), feels (emotional), and acts (behavioral) that makes him or her protective.

The Office of Children, Youth and Families requested that the University of Pittsburgh's School of Social Work evaluate the In-Home Safety Assessment and Management Process (SAMP) and Pennsylvania's Risk Assessment (RA) model. The specific focus of the evaluation was to answer, how well the Safety Assessment (SA) and Risk Assessment tools are working, how the safety assessment process is changing practice, and how the safety assessment practice is impacting decision-making. The evaluation, so far, has focused on two specific questions:

**Part I**. How well are the SAMP and RA working and how are they related?

**Part II**. How is the SAMP changing and/or impacting practice?

**Part I** - Twenty-two counties participated in the project, representing all the regions in Pennsylvania. "Case carrying" or in-home workers partnered with "shadow workers" from other counties in order to visit the family, review records and then independently assign risk and safety ratings to cases. In order to answer Part I, reliability and validity analyses were conducted.

- Reliability: Do trained individuals similarly rate the safety and risk of a family when presented with the same information?
  - Risk Assessment: NO;
  - Safety Assessment: YES
- Validity: Are the safety and risk measures measuring what they are supposed to measure?
  - Risk Assessment: NO - Construct validity is poor
  - Safety Assessment: YES - Construct and predictive validity are good.
- Relationship between Safety and Risk: Little statistical relationship between risk and safety

**Part II** - Over 55 staff members from county children and youth agencies participated in focus groups. Separate groups were held for caseworkers and supervisors in each region of Pennsylvania. Focus groups were facilitated by regional staff from the CWRC. Groups were held throughout the late spring of 2011 until late summer 2011.

All participants were volunteers. Separate, but similar, sets of questions were developed for caseworkers and supervisors. Focus group findings included the continued, open dialogue with counties and the department, which is beneficial and has helped to strengthen implementation. Although this is still a work in progress and time is needed, the participants have viewed this change positively and would like to have a process that streamlines safety and risk. Participants are not recommending one over the other.

The qualitative and quantitative data gathered provided invaluable information as to how our current safety and risk tools are (and are not) working. A Safety and Risk Review Workgroup convened in June 2012 is undertaking additional efforts to evaluate validity of the safety assessment measure as well as examine how to redefine PA's process by developing one tool that assesses the continuum from safety to risk. These efforts will include examining the safety assessment and risk assessment processes used by other states as well as piloting techniques to improve the In-Home Safety Assessment.

Workgroup members, using information gathered from the data evaluation, have focused their efforts on examining safety threats 4, 6, 9, 10 & 11 in the current SAMP in order to develop strategies to strengthen implementation in the field. Additional efforts are focusing on assessing protective capacities as well as incorporating lessons learned from other states.

The workgroup requested technical assistance from the National Resource Center focusing on combining the assessment of safety and risk into one tool and these efforts began in March 2013. It is expected that this work related to safety and risk will conclude in the summer of 2014.

OCYF will provide the citizen review panels with a written update on this workgroup at the CRP All Panel Meeting scheduled for Fall of 2013 so that the panels can consider any further recommendations for the workgroup to consider as the workgroup finalizes plans to develop a single tool; rather than separate tools.

**Family Service Plans**

The family service plan process ensures that each family served by the child welfare system is provided with individualized services to meet the family's unique needs and to increase the family's ability to protect their children. A family service plan is developed with the family and provides a road map for safety, permanency and well-being for a child and family. Effective case assessment and planning is the foundation of casework intervention. Safety is the paramount focus that drives the plan. The plan sets forth the services needed to address diminished or absent protective capacities, moderate or high risks, and any pertinent findings from screenings or assessments. The plan also documents family strengths, as well as whether a family group decision making conference was held to support development of the family's plan. By enhancing the parent's/caregiver's protective capacity through individualized services to meet the family's unique needs, safety threats are mitigated.

Engagement with the family is essential to the development of a case plan, and is an ongoing

process that occurs during each and every contact with the family. Family-centered case planning ensures the involvement and participation of family members in all aspects of case planning, so services are tailored to best address the family's needs and strengths. It includes the family members' recommendations regarding the types of services that will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child and family. Parents, guardians, custodians and children have the right to participate in the development of the plan. Family service plans are also required to be updated at least every 6 months to reflect the caseworker and family's assessment of progress toward goals, as well as any additional goals and service needs identified.

The Office of Children, Youth and Families issued guidance regarding the required core components of a family service plan and issued a family service plan template for use by county children and youth agencies. County children and youth agencies are permitted to develop a county-specific family service plan as long as it contains the required core components. Efforts have been previously made to work with county children and youth agencies to develop a single statewide family service plan; however, many county children and youth agencies continue to prefer to approach this differently by using a county-specific family service plan that often includes additional information. Some counties have a single case plan that addresses all services provided by all systems. The Critical Thinking Guide being developed by the Paperwork Reduction Committee may assist county agencies in identifying elements in their county-specific family service plan that are not required by OCYF policy and could be eliminated. Additionally, the department will explore the possibility of developing a statewide template with required core components for a single case plan, by researching the pros and cons of the single case plans developed by Pennsylvania counties and in other states, and convening a work group.

During a call with the CRP chairpersons on March 25, 2013, it was recommended that given the length of some family service plans, county children and youth agencies should consider giving families a very succinct reminder of the action steps the family agreed to take to meet the objectives of the family service plan. The family could place this reminder in a convenient place in their home so they can refer to it as needed. This was viewed as a family-friendly approach, and was not intended to create additional paperwork. It was suggested that the reminder could be printed from the county agency's IT system, if available.

It is anticipated that the Critical Thinking Guide will be completed by the Paperwork Reduction Committee by June of 2013. The CRP recommendation regarding development of a succinct reminder for families regarding the action steps in the family service plan will be relayed to the Paperwork Reduction Committee for their consideration. OCYF will provide a formal update during the Fall CRP All Panel Meeting.

## Citizen Review Panel Recommendation: Issue #2 - Increasing access to mental health services and improving the delivery of existing services.

The citizen review panels recommended continually identifying and updating any funding steams that may be available to families to access mental health services, and to make this information readily available to caregivers; and identifying any best practices relating to local coordination of services and supporting the development of local plans to implement these best practices.

### DPW Response:

Pennsylvania per capita spending on mental health services consistently ranks within the top 5 states for spending. Currently Pennsylvania spends close to $390 million for mental health services.

DPW allocates state and federal funds to counties as direct grants to pay for community mental health programs. The amount allocated to each county is based on prior year funding, with adjustments to maintain current levels of service and to implement or expand programs. The county Mental Health/Mental Retardation (MH/MR) offices administer community mental health programs. The county offices determine a person's eligibility for service funding, assess the need for treatment or other services, and make referrals to appropriate programs. Most actual services are delivered by local mental health providers under contract with the county.

The report from the Task Force on Child Protection found that the availability and delivery of community services becomes a crucial factor, though such services vary from community to community. The task force noted that increased access, additional training for service providers and better coordination are required. The task force noted that child protective services must join with others to identify the needs and gaps in services so that families may access them in a timely manner and community service providers must be sensitive to the need to address possible safety risks for family members. Therefore, greater coordination is necessary between child protective services and community service providers.

The following targeted efforts are underway to address increased access and availability of mental health services:

#### Human Services Block Grant

This year all 67 counties in Pennsylvania are given the opportunity to test local innovative approaches to human service delivery, using a human services block grant (HSBG). Counties know the needs of their localities and this block grant allows them to move funds where they see fit. Flexibility in funding offers freedom to serve individuals in a holistic fashion. Block grant funding gives counties the freedom to spend funds where they need it most, without being restricted to narrowly defined categorical silos that previously left unmet needs in one area and extra money in other areas. The funding vehicle will not affect county's programming and service delivery. OCYF intends to increase the number of children receiving services through the Human Services Block Grants which are based on research and proven outcomes. OCYF anticipates it will continue the partnership with the CWRC, Pennsylvania Commission on Crime and Delinquency, the Office of Mental Health and Substance Abuse Services (OMHSAS), the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices, and the CCYA to coordinate the implementation of these services and measures of progress. OCYF will continue to support the expansion of evidence-based practices.

#### Evidence-Based Practices

OCYF is reexamining county implementation of evidence-based programs funded as special grants in the County Needs Based Planning and Budget Bulletin (NBPB). On March 21, 2013, OCYF met with members of Pennsylvania Children and Youth Administrators (PCYA) to hold a brief presentation about evidence-based programming followed by facilitated dialogs with counties grouped by county class size (four groups total). The presentation recognized current programming efforts and provided new information about how counties can identify county needs for services and addressing this need with proven programs that achieve positive outcomes for the identified need and target population. Members were also provided with internet resources that summarize program

information, research results, and relevance to child welfare populations. Facilitators led participants through discussion points to provide OCYF with information about how Special Grant funds and the NBPB evidence-based programming can be further utilized by counties to improve outcomes for children and families.

The California Evidence-Based Clearinghouse for Child Welfare http://www.cebc4cw.org/ defines evidence-based practice as including best research evidence, best clinical experience and consistent with family/client values.

The Task Force on Child Protection also recommended the use of evidence-based prevention programs, stating that their use should be encouraged and financially supported where feasible. The task torce noted that there are numerous models of successful prevention programs throughout the commonwealth and nationwide, and these should be more fully considered to determine whether they are adaptable to diverse communities throughout the commonwealth.

A portion of the Human Services Block Grant consists of a broad variety of programs and models, including the following Evidence-Based Programs (EBP):

- Multi-Systemic Therapy (MST);
- Functional Family Therapy (FFT);
- Multi-Dimensional Treatment Foster Care (MTFC);
- Family Group Decisionmaking (FGDM),
- Family Developmental Credentialing (FDC); and
- High Fidelity Wrap Around (HFWA).

MST is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. This approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extra familial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. FFT is an empirically grounded, well-documented and highly successful family intervention applied to a wide range of at-risk youth aged 11-18 and their families, including youth with conduct disorder, violent acting-out, and substance abuse. MTFC creates opportunities for youth to live successfully in families rather than in group or institutional settings and to simultaneously prepare their parents, relatives or other aftercare resources to provide youth with effective parenting so that the positive changes made with the youth while placed in MTFC can be sustained over the long run. FDC Is a professional development course and credentialing program for caseworkers to learn and practice skills of strength-based family support with families. FDC trainees work with families across the life span including families with young children, teen parents, individuals with disabilities and many other groups. Staff must complete 90 hours of interactive classroom instruction and portfolio advisement; prepare a Skills Portfolio with support of a portfolio advisor; and pass a state credentialing exam to become credentialed. HFWA is a process to improve the lives of children with complex behavioral health needs and their families. The process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan is developed by a youth and family centered team, is individualized based on the strengths and culture of the child and their family, and is driven by strengths and needs, rather than services. Natural supports are a central aspect of the plan for the child and family.

**The Health Care Workgroup**

The Office of Children, Youth and Families (OCYF) is developing a Health Care Workgroup to explore cross-systems strategies and best practice for ensuring that children and youth in out of home care have access to comprehensive, quality health care. Behavioral health services will be an important part of the workgroup's efforts. Oversight for the Health Care Workgroup will be provided by a Sponsor Team to provide overall direction and authority for governance and implementation. The Sponsor Team consists of persons with expertise related to an area of children's health, who demonstrate interest in and advocate for children's issues, who represent the various stakeholder constituency and who have the authority to make decisions. The Sponsor Team is comprised of various system partners and experts in the field of child welfare, including Kim Bowman, Department of Drug and Alcohol Programs; Dr. Cindi Christian (co-chair), Medical Director for the Philadelphia Department

of Human Services; Dr. David Kelley (co-chair), Office of Medical Assistance Programs; Kathleen Noonan, Children's Hospital of Philadelphia Policy Lab; Scott Talley, Office of Mental Health and Substance Abuse Services (OMHSAS) Children's Bureau; Cathy Utz, OCYF and Margaret Zukoski, Pennsylvania Council of Children, Youth and Family Services. The first Sponsor Team meeting was convened on March 18, 2013, to begin discussion of the workgroup's vision and mission, assessment of current practices and gaps, and identification of other stakeholders who will be invited to participate in the Health Care Workgroup's efforts.

**Pennsylvania Parent-Child Interaction Therapy Implementation Project**

Pennsylvania was recently awarded a five year research grant through the National Institute of Mental Health. The research project funded through the grant will involve the recruitment of 72 licensed psychiatric clinics across Pennsylvania whose clinical staff will be trained in administering Parent-Child Interaction Therapy (PCIT). Through this project, outreach will be done in every county to train clinicians and to help equip provider agencies to provide PCIT in the local community. The grant will cover the majority of the costs required for clinics to implement PCIT, thus freeing them from some of financial burden generally associated with PCIT implementation. The progress of parents and children receiving PCIT through the project will be monitored to better understand the impact of using different training models with clinicians on key client outcomes. With the goal of conducting PCIT training in every county, the project aims to not only contribute to the existing research on PCIT implementation, but also to help lay the groundwork for building a sustainable network of PCIT providers in Pennsylvania. As evidence shows PCIT to be an effective treatment for disruptive behaviors in children and a recommended treatment for parents who are physically abusive, it is expected that the project will also help families and children involved in the child welfare system by increasing the availability of PCIT.

**Systems of Care**

The PA System of Care (SOC) Partnership is funded through a cooperative agreement between the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Commonwealth of Pennsylvania. Through this agreement, PA works to implement System of Care values, principles and practices within PA counties. Working at both the state and county levels, a System of Care works in partnership with youth and families to integrate the child-serving systems including the Child Welfare, Mental Health, Drug & Alcohol, Juvenile Justice and Education systems to be more cost-effective in providing services and supports that are evidenced based with proven outcomes. The SOC philosophy builds on the benefits of systems integration and the strengths of youth and families. It makes youth and families equal partners at the table in every meeting at every level. The System of Care philosophy requires that parents and youth comprise over 50% of the SOC. As youth and families say, "nothing about us without us". The SOC philosophy fosters youth and family empowerment and values natural supports in the community, increasing self-sufficiency and decreasing dependency.

SOC has been proven to effectively serve youth with complex mental health challenges and involvement in multiple systems. There are improved outcomes in mental health symptomology and school performance, positive family functioning, and reduced involvement in the child welfare and juvenile justice systems. The PA SOC Partnership recently announced the latest selection of SOC Partner Counties who have demonstrated the commitment and readiness to begin implementing Systems of Care. The new SOC Partner counties are Crawford, Greene, Northampton, Northumberland and Venango, all of which will begin this strengths-based community work in 2013. In addition, several more counties will begin the process of building the foundation for an effective System of Care as SOC Learning Communities. The Learning Communities counties are Clarion, Fayette, Franklin, Indiana, Lackawanna, Lawrence and Westmoreland. Each SOC Partner County will build a System of Care that includes High Fidelity Wraparound (HFWA), a process to improve the lives of children with complex behavioral health needs and their families. The HFWA process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the HFWA process are that the plan is developed by a youth and family centered team, is individualized based on the strengths

and culture of the child and their family, and is driven by strengths and needs, rather than services. Annually, at least 25 youth and their families from each county will participate in the HFWA process. Natural supports are a central aspect of the plan for the child and family. The population of focus is youth ages 8-18 and their families, who have complex behavioral health challenges along with involvement in the child welfare and/or juvenile justice system(s) and are in or at risk of out-of-home placement.

**Collaborative Relationships with System Partners**

OCYF also works closely with system partners related to the provision of quality behavioral health services. OCYF and OMHSAS meet regularly, and OCYF is represented on several work groups, including the OMHSAS Early Childhood Social Emotional workgroup, which looks at ways to support quality services (including behavioral health services) that promote healthy social and emotional well-being in children ages 8 and younger, the OMHSAS Mental Health Planning Council and the Children's Advisory Committee where cross-systems stakeholders come together with parents and youth to discuss issues related to children's behavioral health.

The Department will share and discuss the CRP recommendations relating to increasing access to mental health services and improving the delivery of existing services with OMHSAS, the Health Care Workgroup, and the SOC Partnership. The Department will provide an update on related activities at the fall 2013 CRP meeting.

## Citizen Review Panel Recommendation: Issue #3 - Finding better ways of reporting and tracking child abuse allegations through the use of technology.

The citizen review panels recommended the use of technology to increase the efficiency of Pennsylvania's child abuse hotline, and to permit the electronic transmission of Child Protective Services (CPS) and General Protective Services (GPS) referrals to county children and youth agencies. Additionally, the citizen review panels recommended the creation of a statewide database containing all CPS and GPS reports, which should be made available to all county children and youth agencies as well as county and state law enforcement officials. The citizen review panels also requested an update on missed and deflected calls at ChildLine for calendar year 2012.

### DPW Response:

The Task Force on Child Protection noted in its proposed recommendations that technological communication improvements including electronic transmittal and dissemination of information will be central to more effective reporting of child abuse and quicker sharing of these reports once received either by ChildLine, Child Protective Services in the county or law enforcement.

**The Use of Technology**

OCYF will be implementing a statewide child welfare technology solution over the next several years. The project will be implemented using a phased approach with planning activities for Phase I, referrals and screening, scheduled to begin in March 2013. The project will modernize state level applications, including the application used by ChildLine and will support the exchange of information between the County Children and Youth Agencies (CCYAs) and the Department of Public Welfare (DPW). Phase I will address many of the concerns of the Citizen Review Panel and is outlined below.

**Phase I - Referrals and Screening**

Phase I involves a redesign of the IT application used by DPW for reporting and tracking child abuse reports and processing child abuse clearances. The functions of the new application will focus on streamlining the processes for mandated reporters and the public to report child abuse and will allow for the electronic exchange of reports (CPS and GPS) between the DPW and county children and youth agencies. In the new system, DPW will track all CPS and GPS reports and will expand the volume of data it collects to include information on the outcome of GPS reports and whether a family has been accepted for services. A secure central statewide database will be created that provides immediate access by appropriate individuals to determine if prior reports exist. Mandated reporters will be able to report suspected child abuse electronically to ChildLine and individuals seeking clearances will be able to register, pay and submit a clearance on-line.

In addition, design of the system will incorporate any changes in the Child Protective Services Law (CPSL) as a result of the task force recommendations as well as add any functions that were missing from the current application. Use of technology to transmit information electronically will allow hotline caseworkers to perform their work more efficiently and will eliminate the need to re-enter data into multiple applications. Newer technology will also allow DPW to gain efficiencies for future maintenance or changes to the application.

In this phase, the following key features will be available:

- Collect and record CPS and GPS cases at state level
- Electronically transfer the CPS and GPS cases to the appropriate county for investigation
- View investigation status and outcome at state level
- Self service module for mandated reporters to submit CPS and GPS cases online
- Self service module for child abuse clearances
- Single access point for counties
- Enhanced reporting and visibility to Child Welfare data including canned reports, dashboard, and ad-hoc reporting capabilities.

### Electronic Transfer of Cases

We are currently working with the Bureau of Information Systems to develop a process to provide the county children and youth agencies and OCYF regional office with a copy of the report that ChildLine received on the hotline by uploading the report to a system called Docushare. This will allow the counties to see in "real-time" the actual report received at ChildLine, thus alleviating the need for the county and regional staff to have to transcribe the report while ChildLine gives them the report orally over the phone. This will also decrease the amount of time ChildLine spends reading reports out to counties and regional offices, thus giving each hotline worker more time to answer calls from callers reporting suspected child abuse/neglect. ChildLine is currently piloting this system/process with the regional offices over the next several months. The next part of the plan is to implement the electronic sharing of the reports in all 67 counties over the next 6 months, beginning the implementation regionally until all 67 counties are onboard with using the Docushare system to retrieve their reports. ChildLine will still call each county and regional office to give them the report since the CPSL requires that the report be given orally. However, instead of reading the entire report, ChildLine will only verify with the county/regional office that they have received the electronic copy of the report in Docushare and then confirm a few demographics about that report to ensure that it is the correct report.

### 2012 Update on Abandoned and Deflected Calls at ChildLine

The Department maintains statistics on abandoned telephone calls (where the caller terminates the call before a ChildLine caseworker answers) and deflected telephone calls (where all the available caseworkers are on the telephone with other callers and all open slots are filled with other callers waiting for their calls to be answered). Efforts to decrease abandoned and deflected telephone calls have included the electronic transmission of (1) child abuse reports to the regional offices of the department's Office of Children, Youth and Families and (2) incidents and complaints to the Bureau of Human Licensing Services or the Office of Child Development and Early Learning.

| 2012: Calls Answered Compared to Deflected & Abandoned Calls | | | | | | | | | | | | | | Comparison |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | TOTAL | Year to Date |
| **Total Calls Answered** | 12222 | 11581 | 12389 | 11305 | 12584 | 10147 | 10757 | 11347 | 11376 | 12591 | 11679 | 10563 | 138,541 | 138541 |
| **Total Calls Abandoned** | 459 | 423 | 586 | 485 | 569 | 388 | 492 | 412 | 432 | 419 | 480 | 392 | 5,537 | 5537 |
| **Total Calls Deflected** | 175 | 130 | 196 | 215 | 186 | 47 | 62 | 33 | 105 | 215 | 196 | 156 | 1,716 | 1716 |
| **Percent Deflected & Abandoned** | 4.93% | 4.56% | 5.94% | 5.83% | 5.66% | 4.11% | 4.90% | 3.77% | 4.51% | 4.79% | 5.47% | 4.93% | 4.95% | 4.95% |
| **Total Calls Received** | 12856 | 12134 | 13171 | 12005 | 13339 | 10582 | 11311 | 11792 | 11913 | 13225 | 12355 | 11111 | 145794 | 145794 |

## Citizen Review Panel Recommendation: Issue #4 - Increasing the use of technology by caseworkers to improve services for children and families.

The citizen review panels recommended that the state provide continued support to counties in regard to the technology that was previously distributed as part of the Mobile Technology Project, including tablet computers, mobile printers and voice recognition software. They also recommended that the state continue to provide additional support and equipment to counties who do not yet have this technology available to all of their caseworkers, and that the equipment include not only tablet computers, mobile printers and voice recognition software, but also cell phones with global positioning system (GPS) devices.

### DPW Response:

2012 Activities:

As this was a recommendation from previous reports, we are providing an update of the follow-up that has occurred in this area.

In 2012, the following strategies were performed to ensure the successful distribution and user support of the technology through the Mobile Technology Project:

- Quarterly Networking Support Sessions: Provided updates regarding the mobile technology project, gathering successes and lessons learned from technology users, Administrators, and IT staff.
- Facilitating the quarterly mobile technology networking sessions;
- Monitoring the quality visitation e-mail account (cwvisit@pitt.edu);
- Maintaining and providing information on the Mobile Technology Discussion Forum;
- Ongoing marketing of the online trainings that have been developed previously pertaining to mobile technology;
- Providing ongoing technical assistance support and serve as a liaison to counties, as well as the technology distributors
- Conducted a survey of Children and Youth administrators regarding their technology needs and areas in which they could use additional support.

All Counties were eligible to respond to the technology request to receive distribution. Based upon the requests for equipment received, the following technology was distributed in the fall of 2012:

- 379 Fujistu Tablets were distributed to 51 out of 67 counties;
- 150 Mobile Printers were distributed to 35 out of 67 counties;
- 100 Dragon Naturally Speaking licenses were distributed to 23 out of 67 counties;
- 550 Voice Recognition Headsets were distributed to 54 out of 67 counties.

State Action - Summary of Project: (Three rounds of equipment distribution.)

- 1023 Fujistu Tablets were distributed to 63 out of 67 counties;
- 208 Mobile Printers were distributed to 48 out of 67 counties;
- 200 Dragon Naturally Speaking licenses were distributed to 36 out of 67 counties;
- 816 Voice Recognition Headsets were distributed to 59 out of 67 counties.

Based upon the technology that has been distributed with the past 3 rounds of distribution, on average:

- 42 percent of caseworkers in each agency received Fujitsu tablets, with 32 percent of all caseworkers in Pennsylvania receiving Fujistu tablets.
- An average of 7 percent of caseworkers in each agency has access to their own mobile printer, while most agencies are choosing to share the mobile printers so that all staff has access to a mobile printer.
- With the distribution of voice recognition software, 34 percent of children and youth caseworkers have voice recognition software. However, the 816 voice recognition headsets were also distributed to counties who had voice recognition software built into their computers and who just needed the headsets to use this feature.

County Actions

**PCYA Technology Workgroup**

Over the past year, PCYA quarterly meetings infused a technology workgroup that meets to discuss such topics as how counties maximize the use of technology, best practices, and the like. The group is comprised of County, PCYA, and PA Child Welfare Resource Center staff. The idea behind this group is to provide an open forum for counties to learn from other counties and organizations regarding maximizing the use of technology, mobile and otherwise. One product of this workgroup was a Technology Vendor Day, which occurred at the Spring PCYA Quarterly in 2012. Multiple vendors and organizations displayed their wares and offered demonstrations involving everything from mobile technology to cloud computing.

In addition, this group added a technology panel to the PCYA Quarterly agenda in January 2013. The panel consisted of state, county, and other IT experts in their respective fields. Prior to the panel discussion, counties were asked to compile questions they had surrounding the use of technology and best practices. These questions were then asked of the panel, which resulted in rich topic-specific discussion. The technology workgroup continues to meet at PCYA quarterlies with the goal of further advancing technology at the county level.

OCYF will continue the support mechanisms put in place in 2012 for 2013, which include the following:

- Facilitation of the Quarterly Networking Support Sessions: Provided updates regarding the mobile technology project, gathering successes and lessons learned from technology users, Administrators, and IT staff.
- Facilitating the quarterly mobile technology networking sessions;
- Monitoring the quality visitation e-mail account (cwvisit@pitt.edu);
- Maintaining and providing information on the Mobile Technology Discussion Forum;
- Ongoing marketing of the online trainings that have been developed previously pertaining to mobile technology; and
- Providing ongoing technical assistance support and serve as a liaison to counties, as well as the technology distributors.

OCYF does not have designated funding at this time to provide for additional distribution of tablet computers, mobile printers and voice recognition software, or new requests for cell phones with global positioning system (GPS) devices. However, counties may make a request for funding to support IT needs through the annual needs-based plan and budget process.

## Citizen Review Panel Recommendation: Issue #5 - Finding ways to recruit and retain qualified children and youth caseworkers.

The citizen review panels recommended that recruitment efforts be made, including creating materials to recruit qualified individuals, developing realistic job preview materials for use at job fairs and institutes of higher learning, and providing funding to support county recruiting efforts. The citizen review panels also recommended that retention efforts be made, including development of training to address issues related to vicarious trauma, provision of services to address issues related to vicarious trauma, and training on how to manage stress and burnout and increase resiliency as a social worker in child welfare.

### DPW Response:

Some of the CRP recommendations mirror some of the recommendations of the Task Force on Child Protection. The task force recommended that the minimum experience and training requirements for children and youth caseworkers be increased to adequately reflect the skills that are necessary to perform the functions and duties of the position, given that caseworkers need to be able to engage families to identify their needs and assist in providing the appropriate services to meet those needs. The task force noted that caseworkers often go into hostile, chaotic environments where they need to ameliorate the emergent circumstances before they can focus on the root cause of the problem. The task force also recommended that county agencies be given greater flexibility to test a prospective caseworker's ability to assess needs and work

with families. The task force also noted in that regard, that civil service requirements should also be reviewed, revised and updated to enable county agencies to recruit qualified applicants and applicants with appropriate degrees commensurate with the position that they are seeking. The task force also recommended that efforts be made to decrease high staff turnover rates and retain qualified caseworkers, that training should be improved for supervisors of children and youth caseworkers, and that the structure and characteristics of a county agency should be analyzed, with consideration given to demographics and caseload.

The ability of child welfare agencies to meet the complex needs of the children and families they serve is reliant upon the quality and stability of their casework staff. Unfortunately, agencies in the United States, in both the public and private sectors, have long faced high rates of turnover and have struggled to attract prospective employees with the knowledge, skills, and ability needed for optimal performance. Ensuring the safety and well-being of children who have been mistreated is based in part on securing and retaining an experienced and well-trained workforce. According to the Child Welfare Information Gateway, annual turnover of child welfare caseworkers nationally is between 30 and 40 percent, with the average duration of employment less than two years, resulting in uncovered caseloads, discontinuity of service to families, increased administrative costs, and low morale of existing staff. Further, research that has analyzed exit survey data indicates that much turnover may be preventable as many departing staff give job conditions rather than personal or family circumstances as their reason for leaving (Cyphers, et al., 2005; Barak, Nissly, & Levin, 2001; Graef & Hill, 2000). As a result, it is critical to identify strategies that promote recruitment and retention.

**Recruitment**

The lack of availability of a competent talent pool is a frequent complaint regarding recruitment. According to the Child Welfare Information Gateway, the most common reasons for staff turnover include low pay, risk of violence, staff shortages, high caseloads, administrative burdens and inadequate supervision. Some promising strategies for recruitment include media outreach, advertising on the Internet and cable television, including employment-specific information on the agency's website, presenting at colleges and employment fairs, and showing realistic videos about the job. Partnering with a social work educational institution is also seen as beneficial, as child welfare agencies that hire staff with social work degrees typically have lower staff turnover rates.

One recruitment strategy that some counties have used is to withdraw from the State Civil Service system, and to use another form of a merit system for hiring staff. One recruitment strategy that OCYF is exploring is the development of a "realistic job preview video" of what it means to work as a Child Protective Services Caseworker in one of our County Children and Youth Agencies in Pennsylvania. This video will be placed on the Pennsylvania State Civil Service website, county websites and other websites as part of our recruitment efforts. This video will replace the current video being used that appears to be very scripted and does not provide a realistic job preview. A workgroup was convened to plan the development of the video, and the video will be developed and ready for use by Fall 2013. Additionally, reviewing the current effectiveness of the Civil Service exam, which is also used for hiring by programs that serve individuals with mental health challenges and individuals with intellectual disabilities as well as by the Housing Authorities, and reviewing the minimum experience and training requirements (METs) for child welfare staff is under consideration.

Recruitment and retention initiatives that county children and youth agencies currently use include the Child Welfare Education for Baccalaureates (CWEB) and Child Welfare Education for Leadership (CWEL) programs, which provide an education and career ladder for employees of public child welfare agencies. Administered by the University of Pittsburgh School of Social Work, the CWEB and CWEL programs represent a cooperative effort among the federal Administration for Children and Families, the Pennsylvania Department of Public Welfare, the Pennsylvania Children & Youth Administrators, and 16 accredited schools of social work in Pennsylvania. The program also offers a Children Youth and Families Certificate Program (CYFCP) designed to prepare graduates of the MSW

program to provide services to at-risk children and families through a wide range of public and private agencies.

The CWEB program is a cooperative effort among the United States Administration for Children and Families, the Pennsylvania Department of Public Welfare, and 14 undergraduate social work degree programs in Pennsylvania accredited by the Council on Social Work Education. Its goal is to strengthen public child welfare services in Pennsylvania by providing educational opportunities for undergraduate social work majors preparing for employment in one of Pennsylvania's 67 public child welfare agencies. Qualified persons who are enrolled as social work majors in any of the approved schools on either a full-time or part-time basis may receive substantial financial support in return for a contractual obligation to accept employment in a Pennsylvania public child welfare agency following their studies.

The CWEL program is a cooperative effort among the United States Administration for Children and Families, the Pennsylvania Department of Public Welfare, the Pennsylvania Child and Youth Administrators and eleven accredited schools of social work in Pennsylvania. Its goal is to strengthen public child welfare services in Pennsylvania by providing educational opportunities at the graduate level for public child welfare personnel. Qualified persons who are admitted to any of the approved schools on either a full- or part-time basis may receive substantial financial support in return for a contractual obligation to continue employment with the sponsoring agency following their studies.

Any employee of a Pennsylvania county child welfare agency may apply provided the applicant has the prerequisite academic degree from an accredited institution of higher education; has been employed by the same agency for a minimum of two years; has at least satisfactory performance evaluations; and (if applying for full-time study) is granted an educational leave by the employing agency for the purpose of enrolling in the CWEL program. Those who have already started a graduate Social Work program in a CWEL school may also apply, so long as they are in good academic standing and they do not have any outstanding debts to school in which they are enrolled. Persons in default of federal educational loans are ineligible. Caseworkers, supervisors, and administrative personnel are all eligible to participate.

The citizen review panels also recommended the development of training to address issues related to vicarious trauma, provision of services to address issues related to vicarious trauma, and training on how to manage stress and burnout and increase resiliency as a social worker in child welfare.

According to the Child Welfare Information Gateway, staff who regularly directly work with or have exposure to individuals who have experienced trauma may also experience traumatic stress symptoms. The severity and longevity of the symptoms are individualized. Because caseworkers are exposed to trauma on a daily basis, they may suffer secondary trauma, also known as vicarious trauma, which can appear as social withdrawal, an increased or decreased sensitivity to violence, decreased energy, and a sense of no time for oneself.

To combat burnout and the effects of secondary trauma, the Child Welfare Information Gateway recommends allowing caseworkers to share their thoughts and feelings, implementing crisis debriefings as a means of support and validation, instituting a trauma support group, initiating supportive activities such as help with paperwork or time away from field work, and providing religious or spiritual counseling.

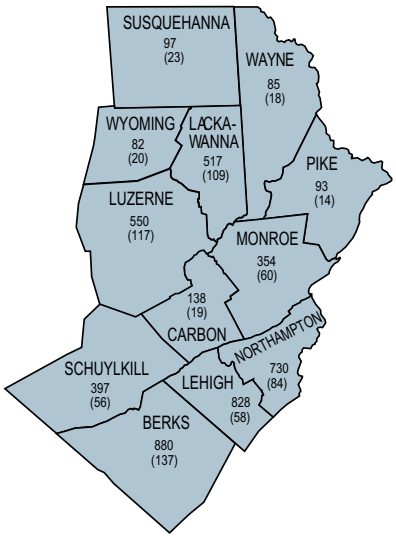
The CWRC incorporates secondary traumatic related information in the final module of its core foundational curriculum, Charting the Course Towards Permanency (CTC). Module 10:  Making Permanent Connections: Outcomes for Professional Development. This curriculum includes a learning objective that the participants will identify how trauma-informed care can be used in self-care. Activities include the participants developing a personal safety plan where they reflect on their own safety and create a plan to ensure they remain safe. They also identify preventive and ongoing self-care strategies to minimize the impact of secondary trauma. This module will be augmented by the end of fiscal year 2012/2013 with the film, Caregivers, which offers several compelling testimonials from professionals from a variety of human service fields regarding their personal experience with secondary trauma.

The CWRC's recently revised Supervisor Training Series covers secondary traumatic stress. Module 3: The Middle Work Phase provides an overview of reflective supervision as an element of clinical supervision that serves to prevent and/or manage secondary traumatic stress. Module 5: Endings and Transitions: Managing Staff Retention, Satisfaction and Separation provides supervisors with an overview of burnout and traumatic stress, identifies strategies for assessing them, and discusses ways to support their staff's emotional safety as well as their own. In addition, the CWRC is developing a new 12 hour curriculum on trauma. The development of this curriculum is being guided by a quality assurance committee (QUAC) composed of trauma related content experts.

The CWRC also has consistently offered secondary trauma related training curriculum since 1998. Most recently 521: Quarterly Practice Session: When Trauma or Death Occurs in Child Welfare-Ways of Supporting Staff & Promoting Learning, a three hour curriculum, which was geared towards a supervisor audience, was delivered throughout 2011 and 2012. In response to the success of that curriculum 400: When Trauma or Death Occurs in Child Welfare: Ways of Supporting Staff and Clients and Promoting Learning, a six hour version directed to staff at all levels was developed. The CWRC offers an online curriculum in its 9000: Child Advocacy Studies (CAST) series in Module 13: Secondary Traumatic Stress, Burnout, and Self-Care in Work with Child Maltreatment Cases. Finally CAST II, which is currently in development, will include trauma related content as a reoccurring theme in all 15 of its three hour modules.

OCYF will explore the existence of current agency practices related to the provision of services to address issues related to vicarious trauma for child welfare staff, and the availability of such services. No new designated funding is currently available to support county recruiting efforts; however, counties can submit a request for funding through the annual needs-based plan and budget process. OCYF will report on any additional actions taken related to staff recruitment and retention and the provision of services to address vicarious trauma in next year's CRP report.

# Northeast Citizen Review Panel




## Summary of Survey Response

In order to better understand some of the issues that impact child welfare on a daily basis the panel created a survey which allowed them to gather feedback from 159 case workers and 42 supervisors as they are the individuals who have the most day-to-day contact and impact with children and families involved in the child welfare system. Using this information, they identified some of the challenges workers face when serving children and their families. Based on the surveys, the panel narrowed the numerous responses down to three. They focused on paperwork reduction, lack of mental health and other services, and staff/retention and turnover. These focus areas made it into the final report. In addition to the survey the panel made personal visits to a majority of the counties in their region after the survey was done. They are going to try to reach out to the four counties (Monroe, Carbon, Wyoming, and Luzerne), which they were unable to visit in 2012.

## Plans for 2013

The Northeast panel would like to continue to reach out to the counties and continue to monitor the progress that is being made to improve in the areas identified by the survey. Based on their past visits and visits in the near future they will determine the focus areas for 2013.

## Recruitment Needs

There are twelve counties in the region and five of the counties are represented on the panel so it would be beneficial to recruit some members from the counties that are underrepresented or counties that would benefit with members on the panel. While the panel is actively seeking representation from Susquehanna, Wayne, Wyoming, Luzerne, Carbon, Schuylkill, Lackawanna, however the panel would be interested in getting additional members from any county in the region.

The Northeast panel meets every other month, typically on the second Tuesday of the month in North Hampton County and the meetings last three hours.

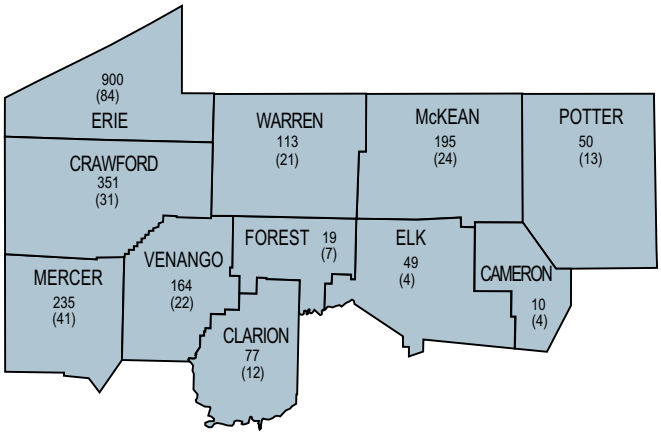
If you would like to join the Northeast Panel please email pacrp@pitt.edu or call (717) 795-9048 for an application packet.

## Current Members

Steven R. Guccini - Pike
Mark J. Braun – Berks
Jason Raines – Lehigh

Steven R. Guccini - Pike
Mark J. Braun – Berks
Jason Raines – Lehigh

# Northwest Citizen Review Panel




## Summary of Survey Response

In 2012, the panel lost members due to various reasons such as retirement and resignation. Therefore, they have not been meeting individually as a panel, but have been attending the "ALL" panel meetings. This has allowed them to remain active participants as a citizen review panel. In addition to the "All" panel meetings, they have been participating in the Legislative Committee. Even though they did not meet individually as a panel they still initiated a survey limited to 19 case workers and 9 supervisors as they are the individuals who have the most day-to-day contact and impact with children and families involved in the child welfare system. Using this information, they identified some of the challenges workers face when serving children and their families.

This allowed the panel to discuss the results at the "All" panel meetings and contribute the recommendations in the 2012 annual report. The panel did not look in depth at the survey results due to not meeting as an individual panel, but are hoping to recruit new members so that they can continue their work getting additional survey information responses and continue meeting with county children and youth workers.

## Plans for 2013

They would like to focus more on the survey results and what the next steps would be to address some of the issues. However, the definitive direction will depend on the future members of the panel.

## Recruitment Needs

Due to being reduced to only two members, it is important to implement a recruiting strategy that will be effective and retain members long-term. This can possibly be achieved by reaching out to the Administrators for recommendations of potential panel members.

The Northwest meeting dates and locations will be determined once recruitment needs are met. In the past, the Northwest panel has rotated the meeting locations based on the county of each member.

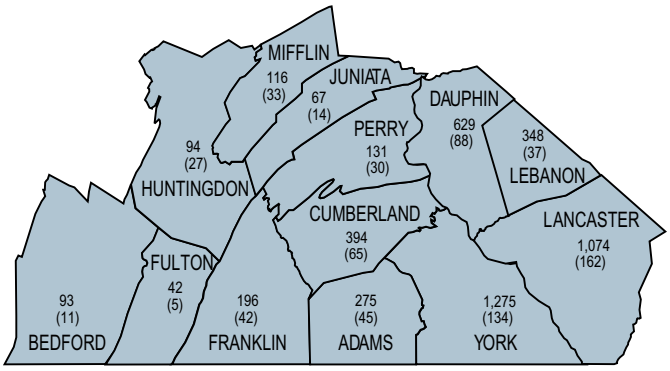
If you would like to join the Northwest Panel please email pacrp@pitt.edu or call (717) 795-9048 for an application packet.

## Current Members

Ladona Strouse - Venango

Linda Delaney - Erie

# South Central Citizen Review Panel




## Summary of Survey Response

In order to better understand some of the issues that impact child welfare on a daily basis the panel created a survey which allowed them to gather feedback from 133 case workers and 39 supervisors as they are the individuals who have the most day-to-day contact and impact with children and families involved in the child welfare system. Using this information, they identified some of the challenges workers face when serving children and their families. The panel narrowed it down to these areas of focus for the 2012 annual report which were paperwork, understaffed, high case loads, turnover, time to spend with families, and better use of technology including quality cameras, cell phones with voice activation, GPS, and tablets.

## Plans for 2013

In 2013 South Central panel decided at their January 2013 meeting the three focus areas will be families with multiple children being overwhelmed with the volume of providers versus organizing providers that are coordinated with the family, improving collaboration with outside agencies and CYS in delivering family services, and lack of quality foster homes and inadequate training and support of foster parents regarding reunification.

## Recruitment Needs

This panel has thirteen counties in its region. There are four counties represented on the panel, so there is a need to add members from the other nine counties to get a better idea of the issues throughout the region. The panel is actively seeking membership from the following counties: Miffin, Juniata, Perry, Lebanon, Huntington, Franklin, Adams, Fulton, and Bedford.

The South Central panel meets every other month at the University of Pittsburgh Child Welfare Resource Center, and the meetings last four hours.

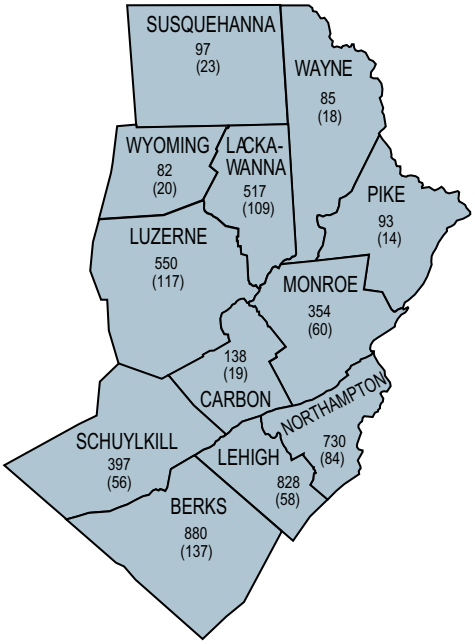
If you would like to join the South Central Panel please email pacrp@pitt.edu or call (717) 795-9048 for an application packet.

## Current Members

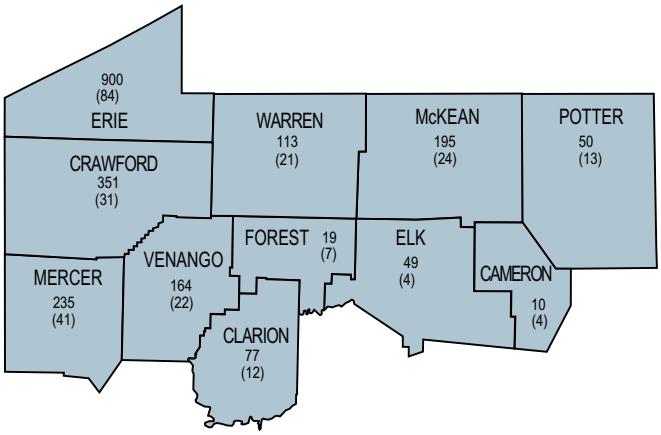
William E. Greenawalt, Jr. - York
John Burdis – York
Phyllis Dew – Dauphin
Melanie Ferree-Wurster – York
Rosemary Lowas – Adams
Martha Martin – York
Dana Ward - York
Rosemarie Mann - Lancaster

# Appendix A
# Pennsylvania Citizen Review Panel Map

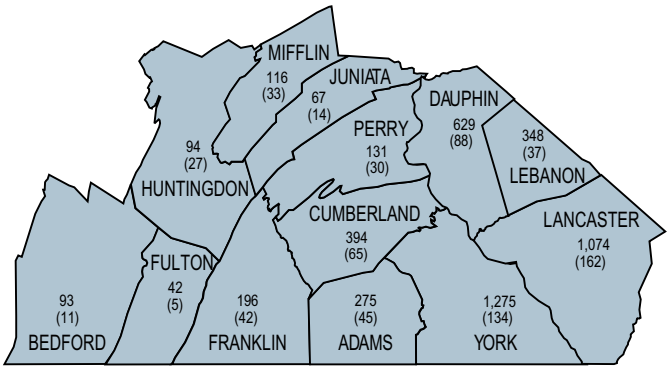
## Northeast Citizen Review Panel




## Northwest Citizen Review Panel




## South Central Citizen Review Panel



# Join Pennsylvania's Citizen Review Panels


## Pennsylvania's Citizen Review Panels

### Citizen Review Panels provide opportunities for members of the community to take an active role in protecting children from abuse and neglect.

The mission is to facilitate citizen participation and provide opportunities for citizens to evaluate state and local child protection systems to ensure that these systems:

- Provide the best possible services
- Prevent and protect children from abuse and neglect
- Meet the permanency needs of children

The vision is that, as a result, Pennsylvania children will have the opportunity to develop to their full potential living in nurturing, safe, healthy, permanent families.

### Expectations of Citizen Review Panel members:

- Complete training.
- Attend and participate in regionally located quarterly meetings.
- Gather and analyze information related to the child protection system.
- Recommend and advocate for needed changes.
- Promote cooperation of community members and child protection service agencies.
- Increase public awareness of the child protection system.
- Make recommendations to improve outcomes for children and families.

**For further information please contact:**
**The Pennsylvania Child Welfare Resource Center**
**Telephone: 717-795-9048**
**CRP Coordinator**
**Email: PACRP@pitt.edu**
**Website: www.pacwrc.pitt.edu**

# Directory of Services

**DEPARTMENT OF PUBLIC WELFARE**
**OFFICE OF CHILDREN, YOUTH AND FAMILIES**

## HEADQUARTERS

Office of Children, Youth and Families
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675
(717) 787-4756
www.dpw.state.pa.us

ChildLine and Abuse Registry
Office of Children, Youth and Families
5 Magnolia Drive
Hillcrest, 2nd Floor • P.O. Box 2675
Harrisburg, PA 17105-2675
Administrative Offices (717) 783-8744 or (717) 783-1964
Child Abuse Hotline (Toll-free nationwide) 1-800-932-0313
TDD: 1-866-872-1677

## REGIONAL OFFICES

**SOUTHEAST REGION**
Office of Children, Youth and Families
801 Market Street
Suite 6112
Philadelphia, PA 19107
(215) 560-2249 • (215) 560-2823

**WESTERN REGION**
Office of Children, Youth and Families
11 Stanwix Street
Rm 260
Pittsburgh, PA 15222
(412) 565-2339

**NORTHEAST REGION**
Office of Children, Youth and Families
Scranton State Office Building
100 Lackawanna Avenue, Room 301, 3rd Floor
Scranton, PA 18503
(570) 963-4376

**CENTRAL REGION**
Office of Children, Youth and Families
Hilltop Building, 2nd Floor
3 Ginko Dr.
Harrisburg, PA 17110
(717) 772-7702

## COUNTY CHILDREN AND YOUTH AGENCIES

**ADAMS COUNTY**
Adams County Children and Youth Services
Adams County Courthouse
117 Baltimore Street, Room 201-B
Gettysburg, PA 17325
(717) 337-0110

**ALLEGHENY COUNTY**
Department of Human Services
Office of Children, Youth and Family Services
400 N. Lexington St., Suite 104
Pittsburgh, PA 15208
24-hour (412) 473-2000

**ARMSTRONG COUNTY**
Armstrong County Children, Youth and Family Services
310 South Jefferson Street
Kittanning, PA 16201
(724) 548-3466

**BEAVER COUNTY**
Beaver County Children and Youth Services
Beaver County Human Services Building
1080 Eighth Avenue, 3rd Floor
Beaver Falls, PA 15010
(724) 891-5800 • 1-800-615-7743

**BEDFORD COUNTY**
Bedford County Children and Youth Services
200 South Juliana Street
Bedford, PA 15522
(814) 623-4804

**BERKS COUNTY**
Berks County Children and Youth Services
Berks County Services Center
633 Court Street, 11th Floor
Reading, PA 19601
(610) 478-6700

**BLAIR COUNTY**
Blair County Children, Youth and Families
Blair County Courthouse
423 Allegheny Street, Suite 132
Hollidaysburg, PA 16648
(814) 693-3130

**BRADFORD COUNTY**
Bradford County Children and Youth Services
220 Main Street, Unit 1
Towanda, PA 18848-1822
(570) 265-2154 • 1-800-326-8432

**BUCKS COUNTY**
Bucks County Children and Youth Social Services Agency
4259 West Swamp Road, Suite 200
Doylestown, PA 18902-1042
(215) 348-6900

**BUTLER COUNTY**
Butler County Children and Youth Services
Butler County Government Center
124 W. Diamond St.
P.O. Box 1208
Butler, PA 16003-1208
(724) 284-5156

**CAMBRIA COUNTY**
Cambria County Children and Youth Services
Central Park Complex
110 Franklin Street, Suite 400
Johnstown, PA 15901
(814) 539-7454 • 1-877-268-9463

**CAMERON COUNTY**
Cameron County Children and Youth Services
Court House, 20 East Fifth Street, Suite 102
Emporium, PA 15834
(814) 486-3265 ext. 5 (automated)
(814) 486-9351 (direct to CYS)

**CARBON COUNTY**
Carbon County Office of Children and Youth Services
76 Susquehanna Street, Second Floor
Jim Thorpe, PA 18229
(570) 325-3644

**CENTRE COUNTY**
Centre County Children and Youth Services
Willowbank Office Building
420 Holmes Street
Bellefonte, PA 16823
(814) 355-6755

**CHESTER COUNTY**
Chester County Department of Children, Youth and Families
Chester County Government Services Center
601 Westtown Road, Suite 310, P.O. Box 2747
West Chester, PA 19380-0990
(610) 344-5800

**CLARION COUNTY**
Clarion County Children and Youth Services
214 South Seventh Avenue, Suite B
Clarion, PA 16214-2053
(814) 226-9280 • 1-800-577-9280

**CLEARFIELD COUNTY**
Clearfield County Children, Youth and Family Services
212 E.Locust St., suite 203
Clearfield, PA 16830
(814) 765-1541 • 1-800-326-9079

**CLINTON COUNTY**
Clinton County Children and Youth Social Services
P.O. Box 787, Garden Building
232 East Main Street
Lock Haven, PA 17745
(570) 893-4100 • 1-800-454-5722

**COLUMBIA COUNTY**
Columbia County Children and Youth Services
11 West Main Street
P.O. Box 380
Bloomsburg, PA 17815
(570) 389-5700

**CRAWFORD COUNTY**
Crawford County Human Services
18282 Technology Drive, Suite 101
Meadville, PA 16335
(814) 724-8380 • 1-877-334-8793

**CUMBERLAND COUNTY**
Cumberland County Children and Youth Services
Human Services Building, Suite 200
16 West High Street
Carlisle, PA 17013-2961
(717) 240-6120

**DAUPHIN COUNTY**
Dauphin County Social Services for Children and Youth
1001 N. 6th Street
Harrisburg, PA 17102
(717) 780-7200

**DELAWARE COUNTY**
Delaware County Children and Youth Services
20 South 69th Street, 3rd Floor
Upper Darby, PA 19082
(610) 713-2000

**ELK COUNTY**
Elk County Children and Youth Services
300 Center Street
P.O. Box 448
Ridgway, PA 15853
(814) 776-1553

**ERIE COUNTY**
Erie County Office of Children and Youth
154 West 9th Street
Erie, PA 16501-1303
(814) 451-6600

**FAYETTE COUNTY**
Fayette County Children and Youth Services
130 Old New Salem Road
Uniontown, PA 15401
(724) 430-1283

**FOREST COUNTY**
Forest County Children and Youth Services
623 Elm Street • P.O. Box 523
Tionesta, PA 16353
(814) 755-3622

**FRANKLIN COUNTY**
Franklin County Children and Youth Services
Franklin County Human Services Building
425 Franklin Farm Lane
Chambersburg, PA 17202
(717) 263-1900

**FULTON COUNTY**
Fulton County Services for Children
219 North Second Street, Suite 201
McConnellsburg, PA 17233
(717) 485-3553

**GREENE COUNTY**
Greene County Children and Youth Services
201 Fort Jackson County Building
19 South Washington Street
Waynesburg, PA 15370
(724) 852-5217

**HUNTINGDON COUNTY**
Huntingdon County Children and Youth Services
Court House Annex II, 430 Penn Street
Huntingdon, PA 16652
(814) 643-3270

**INDIANA COUNTY**
Indiana County Office of Children's Services
350 North 4th Street
Indiana, PA 15701
(724) 465-3895 • 1-888-559-6355

**JEFFERSON COUNTY**
Jefferson County Children and Youth Services
155 Main Street, Jefferson Place
Brookville, PA 15825
(814) 849-3696 • 1-800-523-5041

**JUNIATA COUNTY**
Juniata County Children and Youth Social Services Agency
14 Industrial Circle, Box 8
Mifflintown, PA 17059
(717) 436-7707

**LACKAWANNA COUNTY**
Lackawanna County Office of Youth & Family Services
Lackawanna County Office Building
200 Adams Avenue
Scranton, PA 18503
(570) 963-6781

**LANCASTER COUNTY**
Lancaster County Children and Youth Social Services Agency
900 East King Street
Lancaster, PA 17602
(717) 299-7925 • 1-800-675-2060

**LAWRENCE COUNTY**
Lawrence County Children and Youth Services
1001 East Washington Street
New Castle, PA 16101
(724) 658-2558

**LEBANON COUNTY**
Lebanon County Children and Youth Services
Room 401 Municipal Building
400 South Eighth Street
Lebanon, PA 17042
(717) 274-2801 ext. 2304

**LEHIGH COUNTY**
Lehigh County Office of Children and Youth Services
17 South 7th Street
Allentown, PA 18101
(610) 782-3064

**LUZERNE COUNTY**
Luzerne County Children and Youth Services
111 North Pennsylvania Avenue, Suite 110
Wilkes-Barre, PA 18701-3506
(570) 826-8710 • Hazleton area: (570) 454-9740

**LYCOMING COUNTY**
Lycoming Children and Youth Services
Sharwell Building, 200 East Street
Williamsport, PA 17701-6613
(570) 326-7895 • 1-800-525-7938

**McKEAN COUNTY**
McKean County Department of Human Services
17155 Route 6
Smethport, PA 16749
(814) 887-3350

**MERCER COUNTY**
Mercer County Children and Youth Services
8425 Sharon-Mercer Road
Mercer, PA 16137-1207
(724) 662-3800 ext. 2703 • (724) 662-2703

**MIFFLIN COUNTY**
Mifflin County Children and Youth Social Services
144 East Market Street
Lewistown, PA 17044
(717) 248-3994

**MONROE COUNTY**
Monroe County Children and Youth Services
730 Phillips Street
Stroudsburg, PA 18360-2224
(570) 420-3590

**MONTGOMERY COUNTY**
Montgomery County Office of Children and Youth
Montgomery County Human Services Center
1430 DeKalb Street • P.O. Box 311
Norristown, PA 19404-0311
(610) 278-5800

**MONTOUR COUNTY**
Montour County Children and Youth Services
114 Woodbine Lane, Suite 201
Danville, PA 17821
(570) 271-3050

**NORTHAMPTON COUNTY**
Northampton County Department of Human Services
Children, Youth and Families Division
Governor Wolf Building
45 North Second Street
Easton, PA 18042-3637
(610) 559-3290

**NORTHUMBERLAND COUNTY**
Northumberland County Children and Youth Services
322 North 2nd Street
Sunbury, PA 17801
Main: (570) 495-2101;
Or: (570) 988-4237

**PERRY COUNTY**
Perry County Children and Youth Services
112 Centre Drive
P.O. Box 123
New Bloomfield, PA 17068
(717) 582-2076

**PHILADELPHIA COUNTY**
Philadelphia Department of Human Services
Children and Youth Division
1 Parkway Building, 8th Floor
1515 Arch Street
Philadelphia, PA 19102
(215) 683-6100

**PIKE COUNTY**
Pike County Children and Youth Services
506 Broad Street
Milford, PA 18337
(570) 296-3446

**POTTER COUNTY**
Potter County Human Services
62 North Street • P.O. Box 241
Roulette, PA 16746-0241
(814) 544-7315 • 1-800-800-2560

**SCHUYLKILL COUNTY**
Schuylkill County Children and Youth Services
410 North Centre Street
Pottsville, PA 17901
(570) 628-1050 • 1-800-722-8341

**SNYDER COUNTY**
Snyder County Children and Youth Services
713 Bridge Street, Suite 15
Selinsgrove, PA 17870
(570) 374-4570

**SOMERSET COUNTY**
Somerset County Children and Youth Services
300 North Center Avenue, Suite 220
Somerset, PA 15501
(814) 445-1500

**SULLIVAN COUNTY**
Sullivan County Children and Youth Services
Sullivan County Court House
245 Muncy Street
P.O. Box 157
Laporte, PA 18626-0157
(570) 946-4250

**SUSQUEHANNA COUNTY**
Susquehanna County Services for Children and Youth
75 Public Avenue
Montrose, PA 18801
(570) 278-4600 ext. 300

**TIOGA COUNTY**
Tioga County Department of Human Services
1873 Shumway Hill Road
Wellsboro, PA 16901
(570) 724-5766 • 1-800-242-5766

**UNION COUNTY**
Union County Children and Youth Services
1610 Industrial Boulevard, Suite 200
Lewisburg, PA 17837
(570) 522-1330

**VENANGO COUNTY**
Venango County Children and Youth Services
#1 Dale Avenue
Franklin, PA 16323
(814) 432-9743

**WARREN COUNTY**
Forest-Warren County Human Services
285 Hospital Drive
Warren, PA 16365
(814) 726-2100

**WASHINGTON COUNTY**
Washington County Children and Youth Services
100 West Beau Street, Suite 502
Washington, PA 15301
(724) 228-6884 • 1-888-619-9906

**WAYNE COUNTY**
Wayne County Children and Youth Services
648 Park Street, Suite C
Honesdale, PA 18431
(570) 253-5102
(570) 253-3109 (after hours)

**WESTMORELAND COUNTY**
Westmoreland County Children's Bureau
40 North Pennsylvania Avenue, Suite 310
Greensburg, PA 15601
1-800-442-6926 ext.3301
(724) 830-3300
(724) 830-3301 (direct to CYS)

**WYOMING COUNTY**
Wyoming County Human Services
P.O. Box 29
Tunkhannock, PA 18657
(570) 836-3131

**YORK COUNTY**
York County Children, Youth and Families
100 West Market Street, 4th Floor, Suite 402
York, PA 17401
(717) 846-8496

# Directory of Services

## TOLL-FREE NUMBERS AND WEBSITES PENNSYLVANIA

**Children's Health Insurance Program (CHIP)**
1-800-986-5437 • www.chipcoverspakids.com
www.helpinpa.state.pa.us • www.compass.state.pa.us
Health insurance information for children.

**Healthy Baby Line**
1-800-986-BABY (2229)
www.helpinpa.state.pa.us
Prenatal health care information for pregnant women.

**Healthy Kids Line**
1-800-986-KIDS (5437)
www.helpinpa.state.pa.us
Health care services information for families.

**Pennsylvania Adoption Exchange**
1-800-585-SWAN (7926)
www.adoptpakids.org

Waiting Child Registry – a database of children in the Pennsylvania foster care system with a goal of adoption.

Resource Family Registry – a database of families approved to foster or adopt in Pennsylvania.

Adoption Medical History Registry – collects medical information voluntarily submitted by birth parents for release to adoptees upon their request.

Also provides a matching and referral service that matches specific characteristics of waiting children with the interests of registered, approved adoptive families, publishes a photo listing book and operates a Web site that features a photo album of waiting children and information on adoption.

**Pennsylvania Coalition Against Domestic Violence**
1-800-932-4632
www.pcadv.org

Referrals to local domestic violence agencies. Information and resources on policy development and technical assistance to enhance community response to and prevention of domestic violence.

**Pennsylvania Coalition Against Rape**
1-888-772-7227
www.pcar.org

Referrals to local rape crisis agencies through a statewide network of rape crisis centers, working in concert to administer comprehensive services in meeting the diverse needs of victims/survivors and to further provide prevention education to reduce the prevalence of sexual violence within their communities.

**Pennsylvania Family Support Alliance**
1-800-448-4906
www.pa-fsa.org

Support groups for parents who are feeling overwhelmed and want to find a better way of parenting.

**Office of Child Development and Early Learning**
Regional Child Care Licensing Offices
www.dpw.state.pa.us

Information on state-licensed child care homes and centers.
North Central:
Harrisburg – 1-800-222-2117
Scranton – 1-800-222-2108

Southeast – 1-800-346-2929
Western – 1-800-222-2149

**Special Kids Network**
1-800-986-4550
www.helpinpa.state.pa.us

Information about services for children with special health care needs.

**Statewide Adoption and Permanency Network (SWAN)**
1-800-585-SWAN (7926)
www.diakon-swan.org • www.adoptpakids.org

Information about the adoption of Pennsylvania's children who are currently waiting in foster care.

# Directory of Services

## NATIONAL

**Administration for Children and Families**
U.S. Department of Health and Human Services
www.acf.hhs.gov

**Child Abuse Prevention Network**
http://child-abuse.com

**Child Welfare League of America**
www.cwla.org

**Children's Defense Fund**
1-800-233-1200
www.childrensdefense.org

**National Center for Missing & Exploited Children**
1-800-843-5678
www.missingkids.com

Information and assistance to parents of missing/abducted/runaway children. Handles calls concerning child pornography, child prostitution and children enticed by perpetrators on the Internet. Takes information on sightings of missing children.

**National Child Abuse Hotline**
1-800-422-4453
www.childhelp.org

24-hour crisis hotline offering support, information, literature and referrals.

**Prevent Child Abuse America**
www.preventchildabuse.org

1-800-CHILDREN (1-800-244-5373)

**TeenLine**
1-800-852-8336
http://teenlineonline.org

Specially trained counselors to help teens and those who care about them.

**Child Welfare Information Gateway**
www.childwelfare.gov

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