



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

REPORT ON THE NEAR FATALITY OF:



Date of Birth: September 7, 2010
Date of Incident: December 27, 2013
Date of Oral Report: December 28, 2013

**FAMILY NOT KNOWN TO ANY PUBLIC OR PRIVATE CHILD WELFARE
AGENCY**

REPORT FINALIZED ON:

May 5, 2014

Unredacted reports are confidential under the provisions of the Child Protective Services Law and cannot be released to the public.
(23 Pa. C.S. Section 6340)

Unauthorized release is prohibited under penalty of law.
(23 Pa. C.S. 6349 (b))

Reason for Review:

Senate Bill 1147, Printer's Number 2159 was signed into law on July 3, 2008. The bill became effective on December 30, 2008 and is known as Act 33 of 2008. As part of Act 33 of 2008, DPW must conduct a review and provide a written report of all cases of suspected child abuse that result in a child fatality or near fatality. This written report must be completed as soon as possible but no later than six months after the date the report was registered with ChildLine for investigation.

Act 33 of 2008 also requires that county children and youth agencies convene a review when a report of child abuse involving a child fatality or near fatality is indicated or when a status determination has not been made regarding the report within 30 days of the oral report to ChildLine. Philadelphia County convened a review team on 1/17/2014.

Family Constellation:

<u>Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim child	9/7/2010
[REDACTED]	Half-Sibling	[REDACTED]/2012
[REDACTED]	Half-Sibling	[REDACTED]/2013
[REDACTED]	Mother	[REDACTED]/1986
[REDACTED]	Father of [REDACTED]	[REDACTED]/1991

Other family members not in household:

[REDACTED]	Father of victim child	Adult
[REDACTED]	Father of [REDACTED]	Adult

Notification of Child Near Fatality:

The child came into the hospital on December 27, 2013 with mother around midnight. The child was in shock. His blood pressure was 77/50. The child was in obvious distress, crying, had cold extremities, mild respiratory distress, and rigid abdomen and bruising over his body in multiple areas. The child received multiple [REDACTED] as well as multiple [REDACTED] x-rays. In one view, the x-ray showed [REDACTED], which was concerning for abuse or some kind of trauma. The child was admitted to St. Christopher's Hospital. The child had been vomiting since 3:00 am on December 27, 2013; [REDACTED]. The child's condition was deemed a near fatality by [REDACTED]. The mother was working during the day on December 27, 2013 and the child was in the care of his stepfather. The child went to the [REDACTED] which revealed a [REDACTED]. Mother and father report that the child did not leave the home on December 27, 2013. This was reported to the Philadelphia Department of Human Services (DHS) on December 28, 2013.

Summary of DPW Child Near Fatality Review Activities:

The Southeast Regional Office of Children, Youth and Families obtained and reviewed all case records pertaining to the [REDACTED] family. Follow up interviews were conducted with the Caseworker, [REDACTED]. The Regional Office also participated in the Act 33 meeting on January 17, 2014.

Children and Youth Involvement prior to Incident:

There was no prior involvement with this family with any child welfare agency.

Circumstances of Child Near Fatality and Related Case Activity:

DHS received a call [REDACTED] on December 28, 2013 concerning the 3 year old victim child. The victim child came to the hospital in distress. He was crying, had cold extremities, was in shock, had mild respiratory distress, and had bruising over his body in multiple areas. The child had been vomiting since 3:00 am on December 27, 2013; [REDACTED]. The child was admitted to St. Christopher's Hospital. The victim child needed [REDACTED]. This was certified as a near fatality [REDACTED] at St. Christopher's Hospital.

Both siblings were examined at St. Christopher's Hospital to assess possible injuries. Skeletal surveys were negative. [REDACTED]

The mother reported that she had observed her paramour hit the children on their hands and buttocks, but she did not believe that he intended to hurt them. She denied incidents of domestic violence, but reported that he had pushed her on occasion.

During the interviews, the perpetrator provided inconsistent accounts of how the victim child was injured. The mother reported being at work at the time the injuries would have occurred. She was able to provide notarized time sheets to confirm her work hours on the date of the injury. The mother has secured a Protection from Abuse order against the victim child's stepfather. The mother has verbally made a commitment to never see him again.

The victim child's biological father was interviewed by DHS. He reported not seeing his son since March or April of 2013. He also reported that he had previously argued with the perpetrator about discipline of the children. He reported that he had received threats via texts from the perpetrator.

On January 31, 2014, the investigation was given [REDACTED]. The mother [REDACTED] had no prior knowledge of any abusive behavior by the perpetrator towards the children.

On January 5, 2014, the stepfather (perpetrator) was arrested. He is currently incarcerated; awaiting trial on charges of Aggravated Assault, Child Endangerment, Simple Assault and Harassment –Subject Other to Physical Contact. He had confessed to causing the injuries. His statement to the police was that he had witnessed the victim child picking up his youngest half-sibling by his feet then dropping him on his head. When the stepfather confronted the victim child about this, the stepfather punched him in the stomach several times. (Upon learning this information, the DHS worker requested that the foster mother take the youngest sibling to his pediatrician for evaluation; no injuries were identified.)

The DHS worker described the family home as well-fortified, with multiple fences and locked doors before access could be made. It was not clear from the mother or the stepfather why they chose to live in a home so fortified.

Current Case Status:

On December 28, 2014, the victim child's two half-siblings were placed in foster care through [REDACTED]. On January 13, 2014, [REDACTED]. The victim child was [REDACTED] on January 14, 2014 and was placed in the same foster home as his siblings.

The victim child has no medical needs as a result of his injuries, but he does have follow up [REDACTED]. It was reported that he occasionally suffers from [REDACTED]. The three children are all doing well in the foster home.

The three boys have been referred to [REDACTED] for evaluation. The victim child will be referred for assessment to the [REDACTED] for the need for potential [REDACTED].

The mother has supervised visits regularly and has been very cooperative with DHS. She is being referred for a parenting capacity evaluation.

A maternal aunt in Chester County is being explored as a kinship resource. The mother has reported considering moving back to Chester County where her extended family resides. The victim child's father participated in a family meeting at the foster care agency but has not taken an active role since that time. He has had minimal contact with the DHS worker.

The middle child's father had not ever seen his son prior to this investigation. Since then, he has been traveling from [REDACTED], New York every two weeks for supervised visits.

The youngest child's father is incarcerated and has not shown an interest in participating or planning for his son.

The stepfather (perpetrator) continues to be incarcerated.

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

Philadelphia DHS conducted an Act 33 review on January 17, 2014.

Strengths:

- DHS social worker used supervision throughout the investigation, which assisted in evaluating the contradictory statements by family members.
- The DHS social worker documented all interactions with collateral contacts; including supervision.

Deficiencies:

- None identified.

Recommendations for Change at the Local Level:

- None identified

Recommendations for Change at the State Level:

- None identified

Department Review of County Internal Report:

The county internal report was received at the Regional Office on April 15, 2014. The Regional Office has reviewed their findings and is in support of their recommendations.

Department of Public Welfare Findings:

County Strengths:

- Thorough documentation of DHS investigation.
- DHS worker confirmed the mother's work hours on the date of the incident.

County Weaknesses:

- None identified.

Statutory and Regulatory Areas of Non-Compliance:

- None identified.

Department of Public Welfare Recommendations:

Many of these investigations involve young women who have involved themselves in relationships with men who are aggressive with the mothers and their children. As a society, we should be helping young women develop strong self-esteem that would enable them to foster positive relationships to ensure their safety and the safety of their children.