pennsylvania
DEPARTMENT OF PUBLIC WELFARE

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 08/07/13
Date of Incident: 11/1/13 – 11/29/13
Date of Oral Report: 11/30/13

FAMILY NOT KNOWN TO:

Lancaster County Children and Youth Services

REPORT FINALIZED ON:

October 3, 2014

Department of Public Welfare/Office of Children, Youth and Families, Central Region
3 Ginko Dr., Hilltop Bldg, 2nd Flr., PO Box 2675 | Harrisburg, PA 17110 | 717.772.7702 | F 717.772-7071
PO Box 319, Hollidaysburg Community Service Center | Hollidaysburg, PA 16648 | 814.696.6174 | F 814.696-6180
www.dpw.state.pa.us

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. On December 11, 2013, Lancaster County Children and Youth Services convened a review team in accordance with Act 33 of 2008 related to this report.

Family Constellation:

Name:	Relationship:	Date of Birth:
[redacted]	victim child	08/07/13
[redacted]	mother	[redacted]92
[redacted]	father	[redacted]85

Notification of Child Near Fatality:

On November 30, 2013, Lancaster County Children and Youth Services received a Child Protective Service (CPS) report regarding the victim child. The victim child was brought to Hershey Medical Center (HMC) on November 29, 2013. The child's mother reported the child had been ill or not herself since early November. According to the child's mother, the child had symptoms of [redacted] weight loss, lethargic, as well as fussy from November 5th through admission to HMC. A further timeline and medical referrals for treatment by the victim child's mother will be explored in the circumstances of near fatality section of this report. The child was taken to HMC due to the child's prolonged [redacted] and appearance of dehydration. Upon admission to HMC, the child presented to be alert but minimally responsive to pain or stimulation. The child, while receiving care, developed [redacted] The child had seizure activity on the morning of November 30, 2013 and became unresponsive. [redacted] discovered the child had a significant [redacted] and received whiplash to the neck; such trauma correlates with non-accidental injury. [redacted] registered the incident with ChildLine on the same day. Law enforcement and Lancaster County Children and Youth Services responded to the report received and went to HMC on the same date to assess the situation.

Summary of DPW Child Near Fatality Review Activities:

The Central Region Office of Children, Youth and Families obtained and reviewed all current case records pertaining to this family. Follow up interviews were conducted with the county agency caseworker, [redacted]; supervisor, [redacted]; intake director, [redacted] and agency administrator, [redacted] on November 30, 2013, December 4, 11, and 13, 2013, January 28, 2014, February 3, 2014 and June 23, 2014. The Regional Office participated in the County Internal Fatality Review Team meeting held on December 11, 2013.

Children and Youth Involvement prior to Incident:

The family had no prior history with Lancaster County Children and Youth Services.

Circumstances of Child Near Fatality and Related Case Activity:

The victim child's mother noticed a change in her child on November 5, 2013. The child had two back to back episodes of [redacted]. According to the child's mother, this was not something that would have usually occurred. The victim child's mother continued to be concerned as the next day the child did not appear to be normal and was extremely fussy. On November 7, 2013, the child was taken to her primary care physician for treatment. The child's mother was told that the child had a [redacted]. The child's mother continued to have concern as the symptoms did not improve. The child was taken to Heart of Lancaster [redacted] by mother on November 9, 2013. The child's condition was not improving and she was now showing [redacted] as noticed during diaper change. The medical staff diagnosed the child to have a [redacted]. The child had a [redacted] and was provided [redacted] On November 10, 2013 the mother took the child to Heart of Lancaster [redacted] as the child was still having issues of [redacted] stopped. The case record referenced that the child was provided an [redacted] and sent home. The next day, the child was seen for a follow up appointment with her primary care physician. The child's physician did not believe the child had a [redacted] and informed the child's mother to call back the following day as the [redacted] should be available. The mother did call the next day November 11, 2013 and the [redacted] was negative. The child was [redacted].

The child appeared to be doing better for approximately a week. The mother reported that the child would still have episodes of [redacted] and, at times, present to be either fussy or lethargic; however, not as bad as previously. The child was taken back to her primary care physician on November 21, 2013 because the child was still symptomatic. The physician determined the child had a virus and provided [redacted] to help assist the child. The mother was instructed to [redacted] and provide to the child during normal feeding. On November 25, 2013 the child was taken back to the primary care physician as the child was not getting better. The physician was concerned that the child presented to be dehydrated and the child [redacted] to Lancaster General Hospital for treatment. The child [redacted] on November 26, 2013. The child was provided fluids and appeared to be doing better. The hospital thought the child had [redacted]. The mother reported that her child was still having issues with [redacted] but the child was acting more like herself. The mother reported that on November 28,

2014, the child was still having episodes of [redacted] and now was presenting to be lethargic. On November 29, 2013, the child's mother was unable to take off work again and the child was seen by her babysitter. The babysitter would see the child approximately twice a week depending on mother's work schedule. The child's father decided not to take off work and he was not present for the majority of the prior medical appointments. When the child's mother returned home from work, the mother took the child to her primary care physician. The child [redacted] on the evening of November 29, 2013 to HMC for further evaluation as the child's primary care physican was concerned with the child being dehydrated. After her [redacted] to HMC, the child had an episode of [redacted], which was followed by [redacted] on November 30, 2013. The child became unresponsive. [redacted] The child had a [redacted] completed. The results found the child to have [redacted] to the child's [redacted]. The child was immediately [redacted] after the child's condition [redacted]. In addition, the child had a [redacted]. On November 30, 2013, the [redacted] would register the report with Child Line. The child's condition met the criteria for a near fatality. Lancaster County Children and Youth Services received a CPS report on the same day.

The county children and youth agency [redacted] were present at the hospital on November 30, 2013. The parents were made aware of concerns of the child's condition and that the injuries were suspicious for non-accidental trauma. The identity of the alleged perpetrator was unknown. The mother has been cooperative with the investigation and informed investigators of background information and family dynamics. The case notes reference that there are times when the child's father would be home alone with the child as the child's mother would be at work during the day. She thought it was possible he might have done something to the child but was uncertain. The mother would describe the relationship between her and father as not great since the child's birth. They sleep separately and appear to argue a lot over the care of the child. She discussed ending their relationship on several occasions; however, such an event did not occur. The mother would recall coming home from work as she would be on her lunch break and find the father playing video games or asleep while the child would be crying in another room. On occasion when she would come home during break, she found that the child's diaper was not changed and that father had not fed the child. She questioned the father's care but did not ever observe the father physically hurting the child nor did she believe at the time he would. The mother stated that she never witnessed any injuries on the child and, since the child had been sick, the father had shown more involvement with the child. Through the investigation process, it was determined that the mother provided appropriate care for her child. The mother agreed to take a polygraph. The mother was determined to not be a person of interest.

Multiple people were questioned by law enforcement and/or children and youth services.. Another individual questioned who fit the caretaker role would be a babysitter who cared for the child approximately 6 or 7 times due to the mother's work schedule. She offered to watch the victim child to help out mother and father. She was a stay at home mother who had children, all of which were boys and she reported always wanting a girl. She offered to watch the child and not charge the family much; approximately $25 per day. She recalled the baby being a perfect

child prior to getting sick. She reported that the father would drop off the child at times without proper clothing, jacket, hat, and socks. The caretaker kept a log of feeding times. When the child started to present to be sick in November, she would also document or chart the times the child got sick. The caretaker mentioned that she never left the child alone with anyone and offered to take a polygraph. The father reported that he was fired from his prior employment and that he was working part time at a local convenience store. The father reported he was unsure what was going to happen with him and the child's mother and their relationship as they have been constantly arguing. The child's illness placed greater strain on the relationship. The father also reported that one time he was carrying the child into the home's entrance and the screen door hit the back of the child's head. The father became angered and agitated during the interview and walked out of the room. Law enforcement attempted additional interviews with the father; however, his cooperation with the investigation has been limited and he obtained an attorney. An interview was conducted with [redacted] who reported that they would overhear the parents arguing. Even more interesting, [redacted] reported that the father would be home with the child, the child could be heard crying and the father would continue to ignore the child and not attend to her care. [redacted] reported observing the father smoking marijuana from a pipe from a porch area of the home and, while he was partaking in the smoking of the pipe, the child could be heard crying in the home. [redacted] reported that the father was a little odd and had a short temper.

The victim child remained at HMC until [redacted] December 16, 2013. The medical staff were not able to pinpoint the exact date of the injury [redacted]. The child [redacted] to the care of her mother. The mother moved out of the home as she separated from the child's father. The child's mother moved into the maternal grandmother's home. The county children and youth agency assessed the safety of the child [redacted] and determined the child would be safe in the care of the mother. The mother had additional support from the child's maternal grandmother. The county filed the CPS investigation pending criminal court action on January 29, 2014. [redacted] Police Department is currently still investigating the case.

Current Case Status:

Lancaster County Children and Youth Service Agency did not open the family for services upon completion of their investigation. Currently, law enforcement still has an open investigation regarding this case. [redacted]

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

Strengths:

The county report identified the following strengths: The county requested and was able to obtain medical records from various medical providers [redacted] prior to the incident at HMC which was registered as a near fatality. The victim child's

mother moved out of her existing residence once she was made aware that her child received non accidental trauma. The county children and youth agency informed DPW, OCYF Regional office of the report timely.

Deficiencies:

The county report indicated that hospital staff at Lancaster General Hospital and Lancaster Regional Hospital could have completed more medical testing on the child when brought in [redacted] on prior occasions in the month of November. The report also indicated that the primary care physician could explore enhancing their practice to include bonding assessments of children and provide a domestic violence questionnaire for the parent / guardian.

Recommendations for Change at the Local Level:

The county report suggests areas for change that can overlap between local and state. The report suggests that hospitals should explore their current policies and practices on how information is shared with other treating physicians and other hospitals. The report references that the treating hospital may want to explore whether or not a fax etc... could notify the child's primary care physician that the child was seen and cared for at the treating facility. Medical providers should attend yearly mandated reporter trainings with focus on changes to the Child Protective Service Law.

Recommendations for Change at the State Level:

The county identified that this may be a case to present to the medical board to see if they can help assist in encouraging hospitals to change policies and practices regarding how information is shared and reported between entities.

Department Review of County Internal Report:

The Department reviewed the Act 33 county report submitted by Lancaster County Children and Youth on June 17, 2014 regarding this case. The regional office concurs with the report. The county was provided verbal feedback on June 23, 2014 regarding receipt and review of the content of the report.

Department of Public Welfare Findings:

County Strengths:

The county children and youth agency and local law enforcement responded immediately once the report was received; both agencies had good collaboration conducting the investigation. The county agency was able to request and obtain prior medical history and treatment history on the previous care sought for the victim child initiated by the child's mother. The county agency was willing to assist the child's mother [redacted] for the child.

County Weaknesses:

The review of the case materials associated with this particular case did not identify any major weaknesses associated with the county children and youth agency practice.

Statutory and Regulatory Areas of Non-Compliance:

The review of the county case file notes and other pertinent records did not identify any areas of noncompliance.

Department of Public Welfare Recommendations:

The county implemented safety team may wish to explore if additional outreach would be beneficial to various hospitals and medical providers in the community regarding the sharing of information with one another as long as it does not violate patient confidentiality. In addition, exploration in the area of mandated reporting to the members of the community health providers may be of value as new legislation have changed the child protective service law.