COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

## OFFICE OF CHILDREN, YOUTH AND FAMILIES

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**REPORT ON THE Near Fatality OF:**

**BORN: 5/13/2009**
**Date of Near Fatality Incident: 11/18/2010**

**FAMILY NOT KNOWN TO:**
***Philadelphia Department of Human Services***

**REPORT FINALIZED ON:**

August 25, 2011:

This report is confidential under the provisions of the Child Protective Services Law and cannot be released.
(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 [redacted] 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 has 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 | 5/13 2009 |
| | Mother | 19 years old |
| | Father | 22 years old |
| | -- | |

**Notification of Child Near Fatality:**
On 11/18/2010, the Philadelphia Department of Human Services (DHS) received a call from ChildLine concerning 18 month old [redacted]. The father was caring for the child. On this date [redacted] was brought to Einstein Hospital with a seizure. [redacted] found white residue around [redacted] mouth [redacted] needed to be [redacted]. Dr. [redacted] from Einstein Hospital certified child to be in critical condition; hospital staff stated that the child's condition was a direct result of lack of supervision. Later in the day, [redacted] was transferred to St. Christopher's Hospital and is expected to survive.

**Summary of DPW Child Near Fatality Review Activities:**

The Southeast Regional Office of Children, Youth and Families obtained and reviewed all current case records pertaining to the [redacted] family. Follow up interviews were conducted with the [redacted]. The regional office also participated in the Act 33 Review meeting on 12/19/2010.

**Summary of Services to Family:**

**Children and Youth Involvement prior to Incident:**
No prior involvement

**Circumstances of Child Near Fatality and Related Case Activity:**

On 11/18/2010, St. Christopher's Hospital had concerns about the child's safety. Due to the incident occurring while [redacted] was under the father's supervision, the hospital staff implemented their own safety plan. Their plan was that the father was not to be allowed access to the child while at the hospital and throughout the [redacted] Philadelphia SVU was at the hospital interviewing the parents on 11/18/2010. DHS completed a Safety Assessment and Safety Plan on 11/19/2010 which indicated that the hospital would not discharge [redacted] without authorization from DHS. [redacted] was completed of [redacted] at admission; this test was negative.

*Father's account:*
He had not noticed any concerning behavior until after picking up the mother at work. [redacted] had appeared "jittery" in the car. He described his eyes as wide open. When they returned home, the father stated that the mother noticed that [redacted] was "wobbly". They decided to take him to the hospital about 8:20 pm. The father stated that he drove very quickly to the hospital; [redacted] began seizing in the car. When asked to describe the seizures, he stated that the victim child began shaking, his eyes were rolling around, and that the child might also have been vomiting or drooling. Once at the hospital, [redacted] was taken to an examining room. After the [redacted], the parents were told that [redacted] was intubated and that he tested positive for cocaine. The father reported that while they were waiting for [redacted] to be transferred to St. Christopher's Hospital, he went back to his home to see if he could find anything in the home that [redacted] might have found. The father said that the child was not in anyone else's care since he picked him up from day care, and that [redacted] was left alone for only a few minutes while the father used the bathroom. The father was questioned about his bloodshot eyes while at the hospital. He initially denied using drugs, but later admitted to using marijuana right before he went to the day care to get [redacted]. The father stated that the mother knows he uses marijuana and that she does not use marijuana.

*Mother's account:*
The mother was picked up at her work by the father and showed the social worker a signed time sheet showing that she had left at 8:23 pm. The mother stated that [redacted] appeared okay, except that he was quiet. When they got home, she carried [redacted] inside. He stumbled when she put him down. She thought he was playing, but realized that something was wrong. The parents got him to the hospital within 10 minutes. The mother was in the back seat with [redacted] during the drive to the hospital. She reported that he began seizing; meaning that he was shaking and his eyes were rolling back. The mother was asked how [redacted] could have found cocaine in the home. She said that after the [redacted] had left the home, they had found the "stuff" in the kitchen. The mother had found pink bags- half filled with powder, half filled with bread crumbs. She reported searching the whole house after this, and could not find anything else. She reported that [redacted] had not been in the house during this time, and that the uncle has been gone for more than a year. The mother had a discussion about marijuana; initially not recognizing that marijuana is considered a drug. She insisted that the father never smoked around [redacted] and he would never put [redacted] in danger. The mother does not

have many family supports. She is from Haiti. She had lived with an uncle but he put her out after a disagreement between her and his paramour. She describes the father as being very supportive of her and [redacted].

On 11/19/2010, DHS lifted the safety plan that prevented the father's access to his child. They determined that the father's access would be limited while [redacted] was hospitalized. [redacted] was [redacted] on this date.

On 11/22/2010, the social worker discussed with the mother the fact that [redacted] was prepared to be discharged from the hospital, but that he could not return to their home where the cocaine had been. The mother was able to identify a resource where she and [redacted] could live; however, after the worker spoke with her supervisor, it was determined that this plan would not be approved. An Order of Protective Custody was obtained on 11/23/2011. [redacted] was placed in a kinship foster home with his paternal grandmother through Northern Home Services.

On12/2/2010, an Adjudicatory hearing was held. [redacted] was Adjudicated Dependent with a Commit to DHS. The parents were court ordered to complete [redacted] and to [redacted], if recommended. The parents were also referred to the [redacted]

On 12/20/2010, this case was [redacted] for Lack of Supervision Resulting in a Physical Condition, with Pending Criminal Court Action.

**Current Case Status:**

- The mother was referred to the [redacted] for services. The permanency goal is reunification with the mother.
- [redacted] is residing with his paternal grandmother and doing well. The family is receiving kinship care services through Northern Home.
- The father was arrested but not incarcerated for causing the injuries to [redacted] On 5/19/2011, he was found guilty of Endangering Welfare of Children, Recklessly Endangering Another Person, and Parent/Guardian/Other Commits Offense. Sentencing will be 7/12/2011. The father is out of jail pending the sentencing hearing.
- The parent's visitation with [redacted] is supervised and occurs at the agency.
- The parenting capacity evaluations have been completed on both parents; no concerns were identified.
- The county agency still does not know how [redacted] found the drugs that he ingested. Neither parent has admitted to having any knowledge of how the child had access to the drugs. Because of this, the county agency is hesitant to discharge [redacted] from care.
- The father is participating in [redacted]. The mother's [redacted] determined that she was not in need of [redacted]

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

Act 33 of 2008 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 in accordance with Act 33 of 2008 on 12/19/2010.

- Strengths:
  - Thorough [redacted]
  - Consultation with DHS nurse
  - Timely, thorough safety assessment

- 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 Department has reviewed the county review and is in agreement with the findings.

**Department of Public Welfare Findings:**

- County Strengths
  - [redacted] was timely and thorough.
  - The [redacted] worker communicated well with the medical team.
  - Since the [redacted] could not identify how the child obtained the cocaine, the agency made the decision to place the child in the custody of the county and in a kinship home.

- County Weaknesses:
  - None identified

- Statutory and Regulatory Areas of Non-Compliance:
  None identified.

**Department of Public Welfare Recommendations:**

Securing the child's safety in the family home must be in the forefront of all child welfare planning. The Department encourages counties to work closely with law enforcement in circumstances such as these when it is unclear how the child obtained the drugs.