



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE FATALITY OF

Alexandrea Moskal

BORN: 07/09/2005

DIED: 04/17/2010

FAMILY KNOWN TO:

The Family Was Not known to Lancaster County Children and Youth
Agency

November 10, 2010

Reason for Review

Senate Bill No. 1147, now known as Act 33 was signed into law by Governor Rendell on July 3, 2008 and went into effect 180 days from that date December 30, 2008. This Act amends the Child Protective Services Law (CPSL) and sets standards for reviewing and reporting child fatality and child near-fatality as a result of suspected child abuse. DPW must conduct child fatality and near fatality review and provide a written report on any child fatality or near fatality where child abuse is suspected.

Family Constellation:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
Moskal, Alexandra	Victim Child	07/09/2005
[REDACTED]	Mother	[REDACTED] 1981
[REDACTED]	Father	[REDACTED] 1980
[REDACTED]	Maternal Uncle	[REDACTED] 1984
[REDACTED]	Girlfriend to Maternal Uncle, [REDACTED]	[REDACTED] 1984
[REDACTED]	Maternal Grandfather	[REDACTED] 1965
[REDACTED]	Maternal Grandmother	[REDACTED] 1960
[REDACTED]	Maternal Great-Grandmother	[REDACTED] 1925

Notification of Fatality/Near Fatality

The four year old victim child was rushed to the Ephrata Community Hospital at 9:30 am on 4/17/10 in cardiac arrest. The victim child had been found unresponsive by her mother. An uncle performed CPR while the mother called 911. EMS arrived and took over CPR before placing the child in an ambulance. The victim child registered a blood sugar level of 773. Believing the cardiac arrest to be from complications due to juvenile diabetes, the attending doctor did not believe the death to be suspicious. The victim child was pronounced dead at 11:00 am on 4/17/10. In an autopsy report dated 5/10/10, blood toxicology revealed fatally toxic levels of methadone and alprazolam (Xanax) present in the victim child.

Documents Reviewed and Individuals Interviewed:

- Complete Lancaster County Children and Youth Agency (LCCYA) case record of [REDACTED]
- [REDACTED]
- East Cocalico Township Police report – 05/18/2010
- Autopsy Report – 04/19/2010
- Interview with [REDACTED] Supervisor and other Lancaster County Children and Youth Agency staff

Case Chronology:

Previous CYS involvement:

None

Circumstances of child’s near fatality:

The Lancaster County Children and Youth Agency (LCCYA) [REDACTED] Supervisor read a newspaper article in the afternoon of May 19, 2010 stating that a local man was being charged with the death of his four year old daughter. The report stated that the Victim Child died unexpectedly at home on April 17, 2010. An autopsy and toxicology tests were done following the Victim Child’s death and found “fatally toxic” levels of methadone and alprazolam. LCCYA contacted the East Cocalico Police Department. [REDACTED] was assigned to the case and would not be in until the

following day. LCCYA requested that [REDACTED] call immediately. [REDACTED] contacted LCCYA to confirm the report. [REDACTED] reported that the police were to notify the agency as soon as the coroner's report had been received. [REDACTED] would be handling the concern internally to determine why this had not happened. [REDACTED] confirmed that the Victim Child had died in the Emergency Room and it was initially assumed to be juvenile diabetes. [REDACTED] reported that there were no other children in the household. [REDACTED]. On May 20, 2010, [REDACTED] was contacted to request information. [REDACTED] forwarded all interviews with the parents. [REDACTED] also stated that the Father was arrested but went into cardiac arrest on May 19, was now on life-support, and was not expected to survive. The police report received on May 20 indicated that the Father was charged with Criminal Homicide, Drug Delivery Resulting in Death, four counts of Drug Delivery, and Endangering Welfare of Children.

According to the report from the East Cocalico Police Department, officers were called out to the Victim Child's home on Saturday, April 17, 2010 with a report that a four year old was in cardiac arrest. When officers arrived at the home, emergency medical services were in the process of trying to resuscitate the Victim Child. She was placed in an ambulance and transported to the Ephrata Community Hospital. The officer followed the family to the hospital to interview them. All family members living in the home were present. All family members were very upset with the exception of the Father who seemed distracted and talked of losing his glasses. The emergency room doctor reported that the Victim Child was completely cold and there was no central body warming felt to the touch. Her white blood count was 37,000 (normal is 10,000) which would indicate an infection. The Victim Child's blood glucose level was 773 and her potassium level was 9.6% (normal is 3.5-5.5%). 9.6% is a fatal level. No visible or skeletal injuries were noted. The Victim Child was pronounced dead at 11 am on April 17, 2010. An autopsy and toxicology reports were scheduled.

At the hospital, the Mother reported that the Victim Child had been cranky the night before and kept saying she was itchy. At that point, the Mother had suspected that the Victim Child had found a prescription medication and taken it. The Mother performed an in-home urine test with negative results. She stated that at 3 am, the Victim Child fell asleep and started snoring, which was normal for her. When the Mother woke up at 9:30 am, she found the Victim Child lying on her back next to some vomit, and with foam on her mouth. She was cold and not breathing. She called 911 while an Uncle began CPR, with EMS taking over when they arrived. In a police interview on May 13th, the Mother reported that the Victim Child talked about her Father giving her a "smartie". She started acting strange after this occurred.

An autopsy was performed by the Lancaster County Coroner's Office on April 19, 2010. Results were published on May 10, 2010. The autopsy revealed no abnormalities or signs of physical or sexual abuse. Blood toxicology levels of 22 ng/mL of alprazolam and 180 ng/mL of methadone were found in the Victim Child. The coroner determined that cause of death was Homicide by Multiple Drug Toxicity.

In a police interview with the Father on May 13, 2010, a written statement was provided, signed by the Father, stating that he had given the Victim Child methadone and alprazolam on two occasions during the night of April 16, 2010. These medications were both prescribed to the Father. [REDACTED]

[REDACTED] He reported that he was alone with the child when he provided the medications. He crushed them and placed them in a jelly bean. He reported that he thought the medications would calm her and help her to sleep soundly.

The Mother was interviewed on May 13, 2010 as well. She stated that the evening had been normal in the home. The Father gave the Victim Child a shower and had been alone in the bedroom with her. The Mother found them watching TV there. Later, when the Victim Child was cranky, the Mother asked her about this and stated that she had eaten a "smartie". The Mother searched the home and found no indication of wrappers or other candy. She was concerned that she had taken medication because she was having uncontrollable crankiness. She did confirm that there were jelly beans in a mug in the bedroom. It was normal for the Victim Child to eat them. The Mother reported that she did not believe that her husband would give the Victim Child a lethal dose of medication, but she did not have any other explanation.

The Father was placed in Lancaster County Prison May 18, 2010. Shortly after incarceration, the Father suffered a massive heart attack and was placed on life support. The Father passed away on May 20, 2010. The law enforcement investigation was closed due to the confession and subsequent death of the Father.

[REDACTED] The investigation was concluded on June 7, 2010 [REDACTED]

Current/most recent status of case:

Upon the completion of the [REDACTED] investigation, LCCYA closed the case with the family as there were no other children in the household. [REDACTED] was seeking support from her friends and family. The county caseworker provided [REDACTED] with information on [REDACTED] services available to her in the Lancaster County area.

There has been no further contact with the family.

Services to children and family:

Information provided to [REDACTED] regarding [REDACTED] services in her area. The case was closed with the agency following the investigation. There has been no further contact with [REDACTED].

County strengths and deficiencies as identified by the County's fatality report:

A Fatality Team Meeting was held on June 16, 2010. The meeting of local professionals and community members discussed the case. No deficiencies were noted as the family was not known to the agency. The team suggested that family doctors be better educated on family situations when prescribing medications.

County recommendations for changes at the local (County or State) levels as identified in County's fatality report:

None.

Central Region findings:

Strengths:

- County response to information received was urgent and thorough.
- The [REDACTED] investigation was completed in a timely manner and included full collaboration with local police.
- MDT participants were supportive of the county's response, and praised the workers for their collaboration with all involved.

Statutory and Regulatory Compliance Issues:

All regulations regarding [REDACTED] investigation and subsequent county services were followed.