



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR FATALITY OF



Date of Birth: 04/10/10

Date of Near Fatality Incident: 05/15/10

Report Dated: 01/24/11

**The family was not known to Cumberland County Children and Youth
Services**

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 No. 1147, now known as Act 33 was signed 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 near child fatalities that were suspected to have occurred due to child abuse. DPW must conduct child fatality and near fatality reviews 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>
[REDACTED]	Victim Child	04/10/10
[REDACTED]	Mother	[REDACTED]/92
[REDACTED]	Father	[REDACTED]/89
[REDACTED]	Maternal Grandmother	unknown
[REDACTED]	Maternal Great Grandmother	unknown

Notification of Fatality:

The father was home alone with the victim child on 5/15/10. He reported that he was giving the victim child a bath. The victim child was in an infant bathtub placed in the bathroom sink. The father reported he drained the water in the tub where he had cleaned the child and decided to fill the tub with fresh clean water to rinse the child. While the tub filled; the sink nozzle, which was in the shape of a goose neck and able to rotate was turned away from the victim child. The father reported that he went to the bathtub to rinse off his hands which were soapy, when he returned to the sink the nozzle had moved and the water was directly running on the left side of the victim child. The water was spraying scalding hot water. The father immediately took the child out of the tub and drove the child in his car to the Hershey Medical Center (HMC). Due to the severity of the burns, the victim child was flown to Lehigh Valley Hospital Burn Center for treatment. The victim child had severe burns on the left side of the body from head, arm, chest, leg to the knee. [REDACTED]

[REDACTED]. The victim child had swelling to his head which seemed suspicious to staff so a CT scan was performed to rule out if a head injury occurred. The results of the scan were negative and there was no concern that child had received a head injury. [REDACTED]

[REDACTED] on call burn doctor, indicated that it takes 48 hours to get a final report on this type of burn. The Dr. indicated that the burns were caused by hot liquid, and the burns are not a typical pattern of an intentional burn but due to

the child's age, [REDACTED] could not determine if the burns were intentional or accidental. Due to the child's age and severity of the burns, it was initially thought the child may not survive, as there is a high mortality rate for this type of injury. Lehigh Valley Children and Youth Services conducted a 24 hour assessment of the child for Cumberland County Children and Youth Services and implemented an initial safety plan for the victim child. The safety plan indicated there was to be no unsupervised contact with mother and father; hospital staff was aware of the safety plan and the child was located in a room adjacent to the nurse's station for additional supervision. The parents did visit with the child while in the hospital and there was no issue with compliance of the safety plan.

[REDACTED] had concerns with father's judgment, not understanding the severity of the burns the child received and his decision to drive the child to the hospital rather than calling an ambulance. The Doctor at HMC [REDACTED], who observed the victim child, was not able to tell if the injuries were accidental but stated that they were suspicious. [REDACTED]

Cumberland County CYC was given the report the same day.

Documents Reviewed and Individuals Interviewed:

For this review the Central Region Office of Children, Youth and Families reviewed the Cumberland County Children and Youth Services case file including medical records from Lehigh Valley Burn Center, medical records from Hershey Medical Center. DPW staff attended the county's internal / Fatality review on 6/09/10.

Previous CY involvement:

The family did not have involvement with Cumberland County Children and Youth Services nor was the family known to the agency.

Circumstances of Child's Fatality:

The father was home alone with the victim child on 5/15/10. He reported that he was giving the victim child a bath. The victim child was in an infant bathtub placed in the bathroom sink. The father reported he drained the water in the tub he had cleaned the child in and decided to fill the tub with fresh clean water to rinse the child. While the tub filled; the sink nozzle was turned away from the victim child. The father reported that he went to the bathtub to rinse of his hands which were soapy, when he returned to the sink the nozzle had moved and the water was directly running on the left side of the victim child. The water was spraying scalding hot water. The hot water system in the house is not tied into a conventional hot water heater; rather the system was tied into the home's boiler. This system can cause the water to get hot instantly. The household members were aware of the potential safety concerns however due to the cost to replace the system; the homeowner did not have necessary funding to update to a more modern conventional system. The father immediately took the child out of the tub and drove the child in his car to the Hershey Medical Center (HMC). The father

choose HMC because that was the area hospital he was most familiar with and decision to drive was thought to be in the moment of panic decision rather than to call emergency dispatch for an ambulance.

Due to the severity of the burns, the victim child was flown to Lehigh Valley Burn Center for treatment. The victim child had severe burns on the left side of the body from head, arm, chest, leg to the knee. Upon arrival to Lehigh Valley Burn Center on 5/15/10 the victim child needed to be resuscitated. [REDACTED]

Through further medical evaluation and examination of the test results the Lehigh Valley Burn Center medical staff determined the burns the child received were accidental. [REDACTED]

The child did not need a visiting nurse or medical professional to come to the home to provide further medical treatment. [REDACTED]

[REDACTED] The mother and grandmother took the child to the necessary follow up appointments. The child is back to normal functioning however there is a potential for scarring to the body where the skin grafting was done as the child's skin can outgrow the grafting. If this should happen the child would need to have a medical procedure called scar release performed.

After the incident, the father moved out of the home. According to the parents, this was not due to the incident but rather other personal issues between the two contributed to the mutual split. Prior to the incident the father was only alone with the child on one other occasion. The father was watching the child as both the mother and grandmother went to the airport to pick up the great grandmother. All family members when questioned by the county agency and law enforcement reported that the father was always appropriate around the child and there was no concern for him caring for his son as he would help in daily baby parenting tasks. The father was able to have contact with the child however; there was a safety plan in place that he was to be supervised with the child. A detective from the Lower Allen Police Department went to the home on the day of the incident 5/15/10 to inspect the home and reenact the incident with the father. While in the home the detective measured the temperature of the hot water in the sink within 5 seconds the temperature reached 164 degrees. The father was also interviewed at the police department. Law enforcement determined that the incident was an accident there were no charges against the father regarding this incident.

Current / most recent status of case:

On 7/9/10 Cumberland County Children and Youth Services completed their investigation on this case. [REDACTED]

[REDACTED] The incident was determined by the hospital to be accidental. The burns were not indicative of intentional burns, but rather accidental. The county district attorney's office did not file charges against the father regarding the incident.

The county children and youth agency provided services to the family, until the mother and the child moved to York County on 7/14/10. The child's mother decided to move to her father's home, rather than continue to reside with her mother. Cumberland County made a referral to York County Children and Youth Services. York County Children and Youth Services opened the family for services on 7/28/10. The county agency referred both parents to complete a parenting evaluation to see if they would be appropriate for a program provided within the county, Training to Improve Parenting Skills (TIPS).

Services to children and families:

[REDACTED]

[REDACTED]

Cumberland County Children opened the family for services from 5/15/10 to 7/28/10.

The county agency provided safe bathing techniques to the mother and they developed a plan for bathing the child since the home had issues with water potentially becoming very hot.

The county agency referred both parents to [REDACTED] for a [REDACTED]. The mother completed [REDACTED] on 7/8/10. The case record indicated that the child's father did not follow through with the [REDACTED] having to reschedule several times.

York County Children and Youth Services provided services to the mother after her move to York County to monitor and follow through with recommendations from [REDACTED].

County Strengths and Deficiencies as identified by the County's Near Fatality Report:

Cumberland County convened their fatality review team on June 9, 2010. The county's report did not note any strengths or deficiencies identified from the fatality review meeting.

County Recommendations for changes at the Local Levels as identified by Fatality Report:

None indicated in the report.

Recommendations for changes at the State Level:

None indicated in the report.

CERO Findings:

Medical providers, Hershey Medical Center and Lehigh Valley Hospital Burn Center worked together to provide the level of care the patient needed. The county children and youth agency assessed the family's needs after the incident and provided adequate services to the family moving forward.

Statutory and Regulatory Compliance issues:

None