



REPORT ON THE NEAR FATALITY OF:



Date of Birth: 08/22/09

Date of Near Death Incident: 09/13/12

Date of Oral Report: 09/13/12

FAMILY NOT KNOWN TO: Philadelphia DHS

REPORT FINALIZED ON:

12/29/2013

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. 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 on 10/05/12.

1. Family Constellation:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
Household Members of VC:		
[REDACTED]	Victim Child	08/22/09
[REDACTED]	Biological Mother	[REDACTED]/92
[REDACTED]	Maternal Grandmother	[REDACTED]63

Household Members of Perpetrator:

[REDACTED]	Biological Father	[REDACTED]/92
[REDACTED]	Paternal Grandmother	[REDACTED]/62
[REDACTED]	Non biological son/Raised by [REDACTED]	[REDACTED]/85
[REDACTED]	Eldest son-[REDACTED] ex-girlfriend	[REDACTED]/83
[REDACTED]	[REDACTED] Paramour	[REDACTED]/87
[REDACTED]	[REDACTED] second oldest daughter	13 years old

Notification of Near Fatality:

On 09/13/12 Philadelphia County received a call from [REDACTED] concerning [REDACTED] (dob: 08/22/09) who was brought into the CHOP emergency room unresponsive and cold with many severe injuries. [REDACTED] was in the care of her father, [REDACTED]. He initially reported that he had lightly spanked [REDACTED] that afternoon and then put her to bed. Father reported that he then went to the store. Father reported that when he returned from the store he found [REDACTED] unresponsive.

He reported that he believes that [REDACTED] fell from the bed and hit her head on a radiator. CHOP reports that child's injuries are not consistent with father's account of the incident. Father then reported that he hit her with a belt but that she had no injuries when he put her to bed before going out to the store; this account is still not consistent with her injuries as viewed by those medical experts treating the victim child.

The victim child's injuries were consistent with blunt force trauma with a possibility of being punched or kicked. She had no head injuries. [REDACTED] had multiple bruises [REDACTED]. She has [REDACTED] and [REDACTED] lacerations which are the most serious level of lacerations.

2. Documents Reviewed and Individuals Interviewed:

The Southeast Region Office of Children, Youth and Families obtained and reviewed all current case records pertaining to the [REDACTED] Near Fatality case as developed and documented from the onset of the investigation through the period when this family case was accepted for service on 10/09/12; and forward to the time when DHS implemented the initial Family Service Plan on 11/23/12 which included the action to refer the family for Medical IHPS services which were implemented on 11/01/12 prior to the victim child's [REDACTED] on 11/07/12.

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The family case record review included the medical records from the Children's Hospital of Pennsylvania, the DHS assessment and investigation records, ongoing DHS structured progress and supervisory notes, along with the periodic safety, risk assessments and subsequent plans completed as well as the supervisory and structured case notes involving the Medical IHPS services through [REDACTED]

SERO initiated and maintained contact with the MD/IT, [REDACTED] and his supervisor, [REDACTED], throughout the completion of the CPS investigation; and continued to monitor the victim child's progress after his case was transferred to the Ongoing Services Unit with social worker, [REDACTED] and her supervisor, [REDACTED].

Several follow up interviews were conducted at different critical points throughout the CPS investigation and during the initial stages when the family was receiving ongoing services to ascertain the victim child's course of recovery through the CHOP social worker and DHS social worker involved.

The regional office also participated in the DHS Act 33 Review Team meeting at the Medical Examiner's Office on 10/05/12 where copies of the medical examiners reports were presented and reviewed with the Team which led into a discussion of the current medical health status of the VC.

Follow up interviews were conducted with the arresting officer from the Philadelphia Police Department's Special Victims Unit, Officer [REDACTED] to ascertain the status of the alleged perpetrator's criminal charges and whether he remained incarcerated at the [REDACTED] Prison; as well as the 1st Assistant District Attorney, [REDACTED], regarding a actual charges that were being filed against [REDACTED]

Summary of Services to Family:

No prior services provided to this biological family.

Previous CY involvement:

Neither biological parent had prior involvement with Philadelphia DHS.

The mother's biological family was active for extensive juvenile delinquency services involving her older sister.

The father's biological family had one substantiated GPS supervision case

Circumstances of Child's Near Fatality:

On 09/13/12 Philadelphia received a [REDACTED] report alleging that three (3) year old, [REDACTED] was admitted to CHOP at approximately 2:30 pm after being brought to the hospital ER by her biological mother and father in an unresponsive and cold state. The victim child had multiple bruises on her lower abdomen and upper thigh area; [REDACTED] and [REDACTED] lacerations which are potentially critical and was [REDACTED]

The CHOP s/w, [REDACTED], reported that the attending physician, Dr. [REDACTED], stated that the injuries were suggestive of blunt force trauma from possibly being punched and/or kicked.

The CHOP s/w stated that it was reported that the victim child had been in the care of her biological father who initially indicated that his daughter may have fallen out of bed and hit her head on the radiator; but that he had not witnessed the event with the hospital reporting no head injury at this time. The CHOP s/w further indicated that the father continued to point out that he spanked his daughter lightly earlier that day before putting her to bed prior to leaving for the grocery store. It was later ascertained that the father had texted the mother telling her that he had physically disciplined [REDACTED] for "pooping" her pants.

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Both parents along with the other extended family members at the hospital were escorted to the Philadelphia Police Department/Special Victims Unit by the investigating Officer who was called immediately following the child's admission before the DHS MDTI arrived at the hospital to initiate their [REDACTED] investigation. Following questioning by Officer [REDACTED] at the SVU the father was arrested and charged with attempted murder, aggravated assault, endangering the welfare of a child, simple assault and recklessly endangering another person and incarcerated; while the mother was released with no charges filed. Corporal [REDACTED], SUV, conveyed the outcome and status of their decisions involving the criminal investigation directly to DHS MDTI [REDACTED] on 09/14/12.

Once DHS SWSM [REDACTED] and [REDACTED] responded to the [REDACTED] report received at approximately 7pm on 09/13/12 and arrived at the hospital to meet with the CHOP s/w, they were informed that the victim child had [REDACTED]

Tentative safety arrangements were made through the CHOP social worker to restrict any contact of victim child by any person until DHS was able to ascertain the status and disposition of the current criminal investigation.

On 09/14/12 DHS MDTI, [REDACTED] consulted with Dr. [REDACTED], CHOP attending physician, who explained that the hospital's primary focus has been to stabilize the child's ongoing life threatening medical health conditions [REDACTED]

Dr. [REDACTED] went on to point out that the victim child has had [REDACTED]

Dr. [REDACTED] reported that the victim child's injuries were probably non-accidental sustained from a severe blunt force, such as a kick, punch or being hit by some object, so hard that it [REDACTED].

The biological mother, [REDACTED] and the maternal grandmother, [REDACTED] who reside together with the victim child, were both interviewed together at CHOP, by the MTDI, [REDACTED] on 09/14/12 resulting in the mother reporting the following:

- The father of [REDACTED], the alleged perpetrator, had just recently been attempting to reconcile their relationship; and that other than [REDACTED] attending [REDACTED] birthday party 09/08/12, he had no other contact with her daughter alone except for the day of the abuse since 09/05/12.
- It wasn't until after [REDACTED] turned 1 year old that she determined [REDACTED] was the biological father following a paternity test; after which he began to see her and have unsupervised visits.
- The father usually watches [REDACTED] at his house on Tuesdays and Thursdays while the mother attends college at [REDACTED]; which has a lot of other family members living there who help care for [REDACTED] and reach out to [REDACTED] when she is acting out.
- [REDACTED] was left off at her father's house about 10:30am on 09/13/12 and she was fine with no problems.
- Father later texted her that he beat her with a belt for "pooping" in her pants and then texted a picture of the poop in her underwear and said that he wasn't lying; and then texted that he put her to bed and went on to the store and came back to find [REDACTED] very weak and asking for her mother; and he began to call the child's name with no response so he called out for his sister, [REDACTED], who called 911.
- Although he had a temper problem and smoked "weed" there was never any domestic violence.
- She observed [REDACTED] on different occasions "popping" her on the butt if she did something bad.
- She stated that she noticed over time that on two (2) different occasions when [REDACTED] returned home after being alone with her father that her legs would be red and swollen; and told him after the second incident not to hit her but to talk to her if she was misbehaving.

- She went on to point out that her daughter told her that her father beat her for peeing in her pants and that she did not want her dad; and that she noticed her daughter starting to act different when her father was around her and would say that she didn't want to go to her dad's house.

An updated medical status review was obtained during a consult with the victim child's [REDACTED] and reported further stabilization but that that child was still in critical condition.

Following the completion of the Safety Assessment on 09/14/12 by DHS MDTI, [REDACTED], which supported the determination that the biological mother had the protective capacities to ensure her daughter's safety while hospitalized through the support of a Safe Plan; a DHS safety status review transpired involving [REDACTED]/DHS Medical Director, CHOP s/w, DHS MDTs, [REDACTED] and the MDTI resulting in recommendations that a 30 Day Safety Plan be developed identifying the biological mother as the person responsible to ensure that the biological father had no contact with the victim child while in the hospital; and that only the maternal grandmother, grandfather and aunt were initially allowed to visit with the child while in the hospital.

On 09/17/12, an updated medical consultation and discussion occurred between the CHOP nurse and DHS MDTI and DHS RN [REDACTED] which resulted in the following:

- Dr. [REDACTED] stated that this child's medical health concerns are as a result of being severely beaten.
- At admission child was unconscious with [REDACTED] lacerations and right [REDACTED] injury.
- Continued [REDACTED]
- [REDACTED] Victim Child most likely suffered [REDACTED]
- [REDACTED]

MDTI, [REDACTED] completed a telephone interview of the paternal grandmother, [REDACTED], on 09/17/12 and 09/19/12 resulting in the following:

- [REDACTED] had stopped working and was attending [REDACTED].
- No knowledge of drug use but did drink alcohol on occasion.
- Never met [REDACTED], mother of [REDACTED], or involved in her granddaughter's life until she was 8 ½ months old because her son did not think he was the father until a paternity test proved otherwise.
- Reported that she last saw her granddaughter on 09/08/12 when [REDACTED] and her daughter returned to her mother's home after having stayed with her and her son, [REDACTED], awhile due to having an argument with her mother, [REDACTED].
- Stated that there were no consistent days that her son watched his daughter, [REDACTED]; and her son's means of discipline depended on [REDACTED]'s behavior which included spanking her at times.
- Stated that she was aware that [REDACTED] had spanked her on 09/13/12 but was not home at the time.
- Stated that all other household members (as listed above in the Household Members of Perpetrators AP) were at the house when the incident occurred
- Indicated that she has not seen or spoken to her son since his incarceration.

MDTI, [REDACTED] attempted a face-to-face interview of [REDACTED] at the AP's household on 09/19/12 unsuccessfully for the person would not allow MDTI entrance into the house and was uncooperative, irate, hostile, angry and verbally aggressive.

On 10/09/12 a case conference was conducted between MDTI, [REDACTED] and MDTS, [REDACTED] to update status [REDACTED] investigation and medical health condition of the victim child, resulting in the following:

[REDACTED] reports that child is stable, [REDACTED]

- Referral for parenting capacity evaluation on biological mother completed per recommendation of the Act 33 Committee meeting conducted on 10/05/12.
- Updated Safety Plan completed on 10/04/12 placing responsibility of child's safety with the biological mother and maternal grandmother while child remains hospitalized with allowances for visitation by any maternal family member.
- Initial Risk Assessment completed on 10/09/12 indicating overall severity as High due to victim child sustaining life threatening non-accidental injuries caused by her biological father who remains incarcerated; and the overall risk as Low due to victim child presently hospitalized with the plan to be discharged to the care of her mother.
- Updated Safety Assessment continues to identify safety threat #1 as a result of the biological father's intent to cause harm to the victim child; and supports the need to implement an in-home safety plan to assist the biological mother in the eventual care of [REDACTED] once discharged.
- [REDACTED], alleged perpetrator and biological father of [REDACTED], remains incarcerated at the [REDACTED] Prison on charges of attempted murder, aggravated assault, endangering the welfare of a child, simple assault and recklessly endangering another person with his bail set at \$1M.

The CY48 was filed on 10/09/12 with a case status determination of Indicated based on the results of: (1) the CPS investigation which found that the biological father and caretaker at the time of the abuse admitted to abusing his daughter during the interrogation interview conducted by the Special Victims Unit of the Philadelphia Police Department; and (2) the medical evidence that indicated that the victim child sustained a life threatening, non-accidental serious physical injury requiring hospitalization, caused by some type of blunt force trauma such as a kick, punch or being hit by some type of object by the perpetrator, [REDACTED].

Current / most recent status of case:

The case was accepted for services on 10/09/12 with a referral to [REDACTED] in anticipation of the eventual [REDACTED] to her mother's care; with shared care and responsibility of [REDACTED] safety supported by the maternal grandmother, [REDACTED], who resides in the same household. A simultaneous referral was made to the [REDACTED] to complete a parenting capacity evaluation in support of eventual service planning.

[REDACTED] services were initiated on 11/01/12 that focused on preparing the mother and maternal grandmother to understand how to support the ongoing [REDACTED] needs of [REDACTED] which occurred on 11/07/12.

Coordinated service planning continued from the point of discharge between CHOP, Philadelphia DHS and [REDACTED] to ensure continued medical care for [REDACTED] needs as outlined in her aftercare plan which included [REDACTED]

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

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 on 10/05/12 in accordance with Act 33 of 2008 related to this report.

- Strengths:
 - The Act 33 Team felt that the MDT SWSM did an excellent job investigating the case.
 - The Act 33 Team felt the MDT SWSM did an excellent job communicating and sharing information with the Special Victims Unit and with the MDT SWSM that investigated the General report.
 - The Act 33 Team noted that the SWSM's documentation was excellent, citing all of the interactions with the supervisor, the nurses, the doctors and for documenting every point of the investigation that was still in progress.
- Deficiencies: None noted
- Recommendations for Change at the Local Level: None noted
- Recommendations for Change at the State Level: None noted

Department Review of County Internal Report:

The Southeast Regional Office of Children, Youth and Families received the Philadelphia Department of Human Services Act 33 Team Near-Fatality Review Report regarding [REDACTED] on 12/13/12; and agrees and concurs with the content and accuracy of this report.

Department of Public Welfare Findings:

- County Strengths:
 - Philadelphia DHS initiated and conducted a comprehensive and exhaustive CPS investigation in supported of its status determination; and in anticipation of meeting the eventual safety and permanency needs of the victim child by clarifying the appropriateness of the biological mother as the caretaker.
 - The DHS MDT SWSM staff provided timely feedback and responses to the Southeast Regional Office as requested.
- County Weaknesses: None noted.
- Statutory and Regulatory Areas of Non-Compliance: None noted.

Department of Public Welfare Recommendations:

1. DHS insured that the Southeast Regional Office was kept updated with the changing disposition of this case throughout their investigation and into the period of providing services to the family.
2. The Southeast Regional Office received timely documentation of their CPS Investigation Report and related case notes; and safety and risk assessments that supported their implementation of the different safety plans as the case evolved
3. All relevant parties involved with this case were interviewed in a timely manner which enabled Philadelphia DHS to establish and implement safety plans that allowed the Victim Child access to those family members that were instrumental in his successful recovery.