



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

Date of Birth: 07/28/2016
Date of Incident: 09/21/2016
Date of Report to ChildLine: 09/21/2016
CWIS Referral ID: [REDACTED]

FAMILY NOT KNOWN TO COUNTY CHILDREN AND YOUTH AGENCY AT TIME OF INCIDENT OR WITHIN THE PRECEDING 16 MONTHS:

Lehigh County Office of Children and Youth Services

REPORT FINALIZED ON:
02/21/2017

Unredacted reports are confidential under the provisions of the Child Protective Services Law and cannot be released to the public.
(23 Pa. C.S. Section 6340)

Unauthorized release is prohibited under penalty of law.
(23 Pa. C.S. Section 6349 (b))

Reason for Review:

Pursuant to the Child Protective Services Law, the Department, through OCYF, must conduct a review and provide a written report of all cases of suspected child abuse that result in a 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.

The Child Protective Services Law also requires that county children and youth agencies convene a review when a report of child abuse involving a fatality or near fatality is substantiated or when a status determination has not been made regarding the report within 30 days of the report to ChildLine.

Lehigh County has convened a review team in accordance with the Child Protective Services Law related to this report. The county review team was convened on 10/20/2016 and on 01/19/2017.

Family Constellation:

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim Child	07/28/2016
[REDACTED]	Mother	[REDACTED] 1967
[REDACTED]	Father	[REDACTED] 1986
[REDACTED]	Sibling	[REDACTED] 2016
[REDACTED]	Sibling	[REDACTED] 2016

*Denotes an individual that is not a household member or did not live in the home at the time of the incident, but is relevant to the report.

Summary of OCYF Child Near Fatality Review Activities:

The Northeast Regional Office of Children Youth and Families (NERO) reviewed records of the Child Protective Services (CPS) investigation. NERO staff participated in the Act 33 Near Fatality meeting on 10/20/2016. Law Enforcement was also present at this meeting and provided information regarding their investigation.

NERO also attended a second meeting on 01/19/2017 as the Act 33 team reconvened to discuss progress and any new developments.

Children and Youth Involvement prior to Incident:

Lehigh County Office of Children and Youth Services had no prior involvement with the family.

Circumstances of Child Near Fatality and Related Case Activity:

On 09/21/2016, Lehigh County Office of Children and Youth Services (LCOCYS) received a referral [REDACTED] that the male

victim child presented with [REDACTED] and no obvious signs of trauma. [REDACTED]

The victim child's mother reported he had a right side facial bruise one week ago and chest bruising at some point. [REDACTED]

The father was at work at the time of the incident. The mother reported the child was acting "weird and like a psycho" over the last three weeks. The victim child was certified to be in serious and critical condition due to child abuse. The victim child was transferred to Children's Hospital of Philadelphia (CHOP) via helicopter.

The victim child was admitted [REDACTED] where he remained until [REDACTED] on 09/27/2016. [REDACTED]

CHOP personnel recommended the victim child's siblings be medically evaluated, as they are part of a sibling group of triplets. Upon examination of the siblings, the male sibling was [REDACTED]

LCOCYS was assigned a CPS investigation on the same date for this injury, as neither parent had an explanation for this "typical" injury in child abuse cases. The female sibling was also admitted to the hospital on this date due to safety reasons. The siblings [REDACTED] on 09/26/2016, [REDACTED]

On 09/26/2016, the mother stated she wanted a police investigation regarding [REDACTED] from the private agency they contracted with [REDACTED] which provides [REDACTED] services. The mother reported [REDACTED] was with the victim child for approximately five hours alone on the day he needed to be taken to the hospital. The mother described [REDACTED] was with the victim child and his siblings daily from 7:30 am to 2:00 pm. On 09/28/2016, law enforcement contacted LCOCYS concerning information obtained. [REDACTED] had reported being concerned about the condition of the family home and threats made by the mother including "she was going to throw the baby out the window and kill herself". [REDACTED] would also prepare bottles for the children prior to leaving for the day "because mother did not appear to be concerned about the children".

LCOCYS has not interviewed the parents as their attorney will not allow the interview. On 11/22/2016, the agency provided [REDACTED] with a "rule out" polygraph examination. This testing determined no significant responses and [REDACTED] was found "truthful" in her negative responses to relevant questions regarding the victim child's injuries. On 12/08/2016, the mother participated in a polygraph examination performed by the Pennsylvania State Police during which deception was indicated. Law enforcement wants to interview the father.

On 10/07/2016, follow up skeletal surveys were completed on all three children. [REDACTED]

[REDACTED] A CPS investigation was assigned to LCOCYS on this date naming both parents as alleged perpetrators.

The victim child had [REDACTED] evaluation was completed which determined his factor levels were normal for his age. A skeletal survey done on 09/26/2016 identified no fractures. [REDACTED]

The victim child was [REDACTED] on 10/03/2016 and placed with his siblings. [REDACTED]

Currently, the victim child continues to see [REDACTED] On 11/13/2016, [REDACTED] intakes were completed for the victim child and his siblings. The victim child receives [REDACTED]

[REDACTED] LCOCYS would like the parents to complete evaluations to determine the most appropriate services; however, due to the ongoing criminal investigation, the agency has not been able to set up the evaluations. [REDACTED]

On 11/17/2016, the CPS investigation reports for the victim child and his male sibling were submitted to ChildLine with outcomes of "Pending Criminal Court". The female child's investigation outcome was not submitted in a timely fashion by LCOCYS; therefore, is Unfounded.

The law enforcement investigation is pending.

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

Strengths in compliance with statutes, regulations and services to children and families:

LCOCYS personnel and law enforcement have worked conjointly throughout the investigation. All three children remained together.

Deficiencies in compliance with statutes, regulations and services to children and families:

LCOCYS failed to submit the outcome of the investigation surrounding the injuries to the female child as required by CPSL 3490, section 6368.

Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse:

No recommendations made.

Recommendations for changes at the state and local levels on monitoring and inspection of county agencies:

No recommendations made.

Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse:

The Act 33 report recommends the following: The agency should provide the foster family with additional supports as they are caring for three infants, two of whom have special medical needs. Mandated reporter education for the [REDACTED] service as there were concerns surrounding the care of the children, the condition of the home, as well as the mother possibly [REDACTED]
[REDACTED]

Department Review of County Internal Report:

The NERO received the Lehigh County Office of Children and Youth Services Near Fatality Team Report on 01/17/2017. The report content and findings are representative of what was discussed during the meetings on 10/20/2016 and 01/19/2017. NERO notified the LCOCYS director on 01/23/2017 of receipt and acceptance of the county report.

Department of Human Services Findings:

County Strengths:

DHS/OCYF/NERO has determined that Lehigh County Office of Children Youth and Families commenced the CPS investigation of the victim child's case in a timely manner. The county has followed all established protocols for referral to law enforcement agencies and collaboration established by statute and DHS regulations. Record review by DHS/OCYF/NERO has validated that there has been extensive collaboration and information sharing on the part of medical personnel, law enforcement, and county child welfare personnel regarding this case.

County Weaknesses:

None identified for this report.

Statutory and Regulatory Areas of Non-Compliance by the County Agency:

LCOCYS failed to submit the investigation outcome of the female child within sixty days as required by the CPSL 3490, section 6368. This was addressed in the annual licensing inspection of the agency. As this does not pertain to this report the LIS will not be included in this report.

Department of Human Services Recommendations:

The county should continue to complete timely CPS investigations and work collaboratively with law enforcement.

The Department concurs with the recommendations made by the Act 33 team and would recommend the following be included in relevant future reports:

Community education to address safe haven for unwanted babies and shaken baby.

Education for parents to help them to feel comfortable asking for help with parenting issues.