



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

Date of Birth: 07/29/2016
Date of Incident: 11/29/2016
Date of Report to ChildLine: 11/30/2016
CWIS Referral ID: [REDACTED]

FAMILY 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:
05/11/2017

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 12/15/2016.

Family Constellation:

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth</u>
[REDACTED]	Mother	[REDACTED] 1980
[REDACTED]	Father	[REDACTED] 1958
[REDACTED]	Victim Child	07/29/2016
[REDACTED]	Sibling	[REDACTED] 2013
[REDACTED]	Half-Sibling	[REDACTED] 2014
[REDACTED]	Half-Sibling	[REDACTED] 2005
[REDACTED]	Half-Sibling	[REDACTED] 2006

Summary of OCYF Child Near Fatality Review Activities:

The Northeast Regional Office of Children Youth and Families (NERO) received and reviewed records of the Child Protective Services (CPS) Investigation. NERO staff participated in the Act 33 meeting on 12/15/2016. The meeting included review of the agency file, medical records and a discussion related to the incident including medical overview and reports from law enforcement. NERO staff also participated in a second meeting on 01/19/2017. The meeting included an update on the status of the child and the investigation.

Summary of circumstances prior to Incident:

The Lehigh County Office of Children and Youth Services (LCOCYS) has been involved with the family since 2009. The mother was involved regarding her two older children due to concerns surrounding substance abuse, lack of housing, general care, and parenting of the children. The children have been in the sole custody of their father since 2011.

Upon the birth of the victim child's sibling on 01/29/2013, LCOCYS became involved with the family once again. LCOCYS has remained active with the family since this time. The concerns continued to be substance abuse by the mother, lack of income, and [REDACTED] concerns for the victim's sibling. The victim child's sibling [REDACTED] that might have stemmed from the mother's drug and alcohol abuse during her pregnancy. The mother reported not knowing she was pregnant until August 2012. The mother self-reported abuse of crack and cocaine on weekends and daily alcohol use. [REDACTED]

[REDACTED] The agency opened the case at that time for ongoing services and monitoring. The victim child's sibling was [REDACTED]

[REDACTED] After the birth of the victim child's half-sibling, [REDACTED]

The victim child was born at 34 weeks gestation and tested positive for cocaine and alcohol [REDACTED]

Circumstances of Child Near Fatality and Related Case Activity:

On 11/29/2016, the victim child was brought to [REDACTED] St. Luke's Hospital in [REDACTED] where he had been referred [REDACTED] for respiratory distress. [REDACTED]

[REDACTED] At approximately 12:00 AM, a nurse entered the room and found the mother to be unresponsive with the victim child face down on her lap. The victim child was limp and not breathing. The victim child was immediately taken off of his mother's lap and placed in a crib. [REDACTED]

[REDACTED] The victim child started to improve and was transferred to [REDACTED] Lehigh Valley [REDACTED]

[REDACTED] This incident was concerning for life threatening neglect as the victim child was blue in [REDACTED] There were no signs of trauma found on the child.

A 40 ounce beer was found with the mother who admitted to drinking while at the hospital with the victim child. Although she was awakened once by hospital staff, who warned her not to fall asleep with the baby, the mother fell asleep again. The mother remembers waking up to the victim child being taken from her with many nurses and doctors around her. The mother [REDACTED] who had a few sips of beer while sitting and rocking the victim child [REDACTED]

[REDACTED] on the night of 11/29/2016. The father, [REDACTED] was not at the hospital with the mother and the victim child.

Upon hearing of this report the father asked the mother to leave his home and the children due to her continued substance abuse. The mother left and the father began caring for the children on his own.

[REDACTED]

[REDACTED]

The investigation outcome was submitted on 01/04/2017. The investigation yielded an unfounded status concluding that the mother did not cause a reasonable likelihood of bodily injury through recent act/failure to act.

The law enforcement investigation is closed.

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

Information in this section is copied directly from the county report.

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

[REDACTED]

- The victim child was able to be kept with kin.
- [REDACTED] Agency had the services [REDACTED] to support the father's care of the victim child [REDACTED]

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

- No recommendations were made

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 were made.

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

- No recommendations were made.

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

LCOCYS was encouraged to explore what could be done in future cases to prevent a [REDACTED] as the agency had been involved with the family and this is the second child [REDACTED]

Department Review of County Internal Report:

Lehigh County Office of Children and Youth Services submitted the County Review Team Report to NERO on 04/06/2017. NERO determined that the county internal report accurately reflected background case history and the status of the Child Protective Services investigation.

Department of Human Services Findings:

County Strengths:

- LCOCYS conducted a timely and thorough Child Protective Services investigation. Case record review and meetings with agency personnel evidenced an investigation that drew upon all available medical data and information from service providers. LCOCYS followed all established protocols for referral to law enforcement. Also, LCOCYS was able to keep the child with kin and siblings.

County Weaknesses:

- None noted

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

- There were no areas of statutory regulatory non-compliance identified.

Department of Human Services Recommendations:

The Department recommends that healthcare providers are diligent in providing education to expectant mother's regarding the effects that prenatal drug and alcohol exposure can have on children, especially in cases where the mother has a history of prenatal drug or alcohol use.