pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE FATALITY OF:

Mason Brown

Date of Birth: 07/04/2015
Date of Death: 06/07/2017
Date of Report to Child Line: 06/07/2017
CWIS Referral ID: [redacted]

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

REPORT FINALIZED ON:
01/11/2018

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))

Southeast Regional Office of Children, Youth, and Families,
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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.

Philadelphia Department of Human Services (DHS) convened a review team in accordance with the Child Protective Services Law related to this report. The county review team was convened on 07/07/2017.

Family Constellation:

First and Last Name	Relationship	Date of Birth
[redacted]	Biological Mother	[redacted]1994
	Biological Father	Unknown
	Mother's Paramour	[redacted]1992
Mason Brown	Victim Child	07/04/2015

* 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 Fatality Review Activities:

The Southeast Regional Office of Children, Youth and Families (SERO) obtained and reviewed all case documentation, and documents pertaining to the Family. Contact was made with the Philadelphia DHS case worker to obtain the documents listed; Structured Case Notes, Safety Assessment, Risk Assessment, [redacted] County Report , [redacted]

Summary of Circumstances prior to Incident:

The family had no prior history with the Philadelphia Department of Human Services.

Circumstances of Child Fatality and Related Case Activity:

On 06/07/2017, a call was made to emergency services personnel for cardiac arrest of the victim child. The victim child had no pulse, no breathing, and was unconscious. The paramedics transported the victim child to Children's Hospital of Philadelphia (CHOP). The victim child arrived at the hospital without his parents and was pronounced dead on arrival at approximately 6:13 pm. The victim child had

bruises [redacted] The victim child had scrapes [redacted] There were human bite marks [redacted] and several swollen bumps on his head.

An examination was completed [redacted] The victim child had attended [redacted] since his birth. The victim child's last known visit for medical treatment was [redacted] on 12/03/2016 [redacted]

[redacted] the detective and Philadelphia DHS that [redacted] and he was responsible for disciplining the victim child when necessary. [redacted] admitted that he would use physical discipline with the victim child and this would sometimes cause bruising. [redacted] denied hitting the victim child on the day of the death. [redacted] admitted biting the victim child two days prior to the incident and denied the allegation of sexual assault.

[redacted] provided two accounts of what took place minutes before he knew that the victim child died. In one account, [redacted] reported that on the day of incident, he was in the shower when he heard gurgling. [redacted] said he got out of the shower and saw the victim child on the floor. The AP said he googled how to do CPR prior to calling 911. [redacted] said he found the victim child on the floor about 10 minutes prior to making the call to 911 at 5:32 pm.

On the second account, [redacted] reported that he was laying around and barely awake and the victim child was watching TV while lying on the bed. [redacted] stated that the victim child fell off the bed and hit his head [redacted] stated that he got a wipe to clean the victim child's head and then placed him on a futon for a nap. [redacted] stated that he laid back down and later got up to change the victim child. When [redacted] went to turn the victim child over, he did not move.

[redacted] initial contact to the biological mother was to say that the victim child "almost drowned." [redacted] stated his reason for saying that was because, when he went to change the victim child, the child did not move and he threw a cup of water onto the victim child when the victim child was not responsive.

The biological mother reported during her interview that she never used physical discipline on the victim child; she also denied ever seeing [redacted] use physical discipline. The biological mother also stated there were no issues with domestic abuse. The biological mother and [redacted] were on and off

with their relationship and have been back together since April 2016. [redacted] moved in with the biological mother January 2017 at which time the biological mother was living in a room that she rented from her uncle.

On the day of the incident, the biological mother arrived at work at approximately 4:00 pm. About 1 and one half hours later she received a text from [redacted] that the victim child "almost drowned." The biological mother left her place of employment and went to the hospital where the victim child had already been pronounced deceased [redacted] The biological mother reported that the victim child had a fall the previous week and obtained bruises on his face. The victim child was supposed to visit [redacted] on the same day; however, the visit did not occur. According to the biological mother the victim did not visit [redacted] was because the child was sick. There were other bruises on the victim's child body that the biological mother could not explain. [redacted] was not available to speak with Philadelphia DHS or the detective during the time of the investigation.

On 06/08/2017, [redacted] was arrested and charged with murder, aggravated assault, rape, involuntary deviant sexual intercourse forcible compulsion, unlawful contact with a minor, endangering the welfare of children, corruption of minors, simple assault, and recklessly endangering another person as a result of the victim child's death.

The [redacted] report was [redacted] on 07/12/2017 and [redacted] remains incarcerated. At the time of the report the family did not have an open case with Philadelphia DHS. There were no other children in the home and services were not provided.

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

[redacted]

The team discussed the collaboration between the [redacted] Police Department and DHS investigative staff. Written documentation of [redacted] is currently provided but there is no mechanism in place for the police to share [redacted] The police department and DHS leadership will discuss developing a system to share [redacted] between the departments to further enhance collaboration.

- **Strengths in compliance with statutes, regulations and services to children and families;** None

- **Deficiencies in compliance with statutes, regulations and services to children and families;** None

- **Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;** None

- **Recommendations for changes at the state and local levels on monitoring and inspection of county agencies; and** None

- **Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse.** None

Department Review of County Internal Report:

SERO concurs with the Philadelphia DHS's Report.

Department of Human Services Findings:

- **County Strengths:** None

- **County Weaknesses:** None

- **Statutory and Regulatory Areas of Non-Compliance by the County Agency.** None

Department of Human Services Recommendations: None