



REPORT ON THE FATALITY OF:

Penelope Scannell

Date of Birth: 03/26/2017

Date of Death: 07/03/2017

Date of Report to ChildLine: 07/01/2017

CWIS Referral ID: [REDACTED]

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

Philadelphia Department of Human Services

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))

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 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 07/21/2017.

Family Constellation:

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth</u>
Penelope Scannell [REDACTED]	victim child [REDACTED]	03/26/2017 [REDACTED]
		1985 [REDACTED]
		1981 [REDACTED]

Summary of OCYF Child Fatality Review Activities:

The Southeast Regional Office of Children, Youth and Families (SERO) was in attendance at the county review team meeting which convened on 07/21/2017. SERO obtained and reviewed current documentation pertaining to the case.

Children and Youth Involvement prior to Incident:

The family was not known to Philadelphia Department of Human Services prior to this fatality.

Circumstances of Child Fatality and Related Case Activity:

On 07/01/2017, the Philadelphia Department of Human Services received a [REDACTED] report stating that the victim child was taken to St. Christopher’s Hospital for Children (SCHC) Emergency Department and was unresponsive when she arrived. [REDACTED]

[REDACTED] It was noted that the [REDACTED] delayed seeking medical treatment for victim child. It was reported that on 06/30/2017, the [REDACTED] called 911 at approximately 9:30PM due to the victim child being in an unusual deep sleep. Once Emergency Medical Services (EMS) arrived, oxygen was administered and victim child appeared to be stable. [REDACTED] reported that EMS informed him to

call 911 again should the victim child's condition reoccur. During this time, [REDACTED] was in communication with [REDACTED]. At approximately 11:30PM, [REDACTED] called 911 due to the victim child vomiting and becoming unresponsive. While waiting for the ambulance, [REDACTED] took the victim child outside and yelled for help. Two neighbors responded and administered CPR until the ambulance arrived. The victim child was transported to SCHC. [REDACTED]

[REDACTED] The victim child was pronounced deceased on 07/03/2017.

On 08/09/2017, [REDACTED] was arrested and charged with murder, involuntary manslaughter and endangering the welfare of a child. [REDACTED] is currently at [REDACTED] Correction Facility and his next scheduled hearing is 01/10/2018.

This case was [REDACTED] on [REDACTED]. An autopsy was completed on the victim child, ruling her death a homicide as a result of blunt force trauma.

After further investigation, it was determined that [REDACTED] was new to their positions and there were other guidelines that they should have followed with this case. These individuals have been removed from duty to be retrained, targeting protocol.

Law enforcement involvement is ongoing for this case.

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

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

It was noted that the Philadelphia County did a good job with the investigation.

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

EMS inappropriate response to victim child's initial medical emergency.

[REDACTED] reported inconsistent information in regards to victim child's injuries with/out consulting physician.

- 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 noted

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

None noted

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

None noted

Department Review of County Internal Report:

The Department does not have any concerns with report.

Department of Human Services Findings:

- County Strengths:

Philadelphia County conducted a good investigation.

- County Weaknesses: and

None noted

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

None noted

Department of Human Services Recommendations:

The Department recommends that discussions occur statewide to convey the importance of training appropriate individuals, including but not limited to medical personnel, in identifying signs of child abuse and neglect. In addition, the Department recommends EMS personnel completing mandated reporter training as part of their training process.