



## **REPORT ON THE NEAR FATALITY OF:**

[REDACTED]

**Date of Birth: 10/13/2007**  
**Date of Incident: 07/14/2016**  
**Date of Report to ChildLine: 07/14/2016**  
**CWIS Referral ID: [REDACTED]**

### **FAMILY KNOWN TO COUNTY CHILDREN AND YOUTH AGENCY AT TIME OF INCIDENT OR WITHIN THE PRECEDING 16 MONTHS:**

Philadelphia County Children and Youth Services

**REPORT FINALIZED ON:**  
**07/17/2017**

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.

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 08/05/2016.

**Family Constellation:**

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
[REDACTED]	Victim Child	10/13/2007
[REDACTED]	Adoptive Mother	[REDACTED]/1980
[REDACTED]	Adoptive Father	[REDACTED]/1980
[REDACTED]	Adoptive Sibling	[REDACTED]/2003
[REDACTED]	Adoptive Sibling	[REDACTED]/2005
[REDACTED]	Bio Sibling	[REDACTED]/2008

**Summary of OCYF Child Near Fatality Review Activities:**

The Southeast Region Office of Children, Youth and Families (SERO) is the primary investigating Agency on this Near Fatality case. SERO obtained and reviewed all current medical records pertaining to the victim child. SERO requested and obtain the first responders report as well.

On 08/05/2016, SERO attended the review team meeting, which was held within the 30-day regulatory statute. The review team included representatives from the SERO, the medical examiner’s (ME) Office, District Attorney’s Office, Special Victims Unit, Area Hospitals, Philadelphia Department of Human Services (PDHS), PDHS Investigative Team, Ongoing Caseworker, a Casework Supervisor, and other members of the Multidisciplinary Act 33 Team.

**Children and Youth Involvement prior to Incident:**

The Family was known to PDHS prior to the investigation. The victim child and her sibling were [REDACTED]. The [REDACTED] [REDACTED] as part of the review despite requests. According to a referral dated 11/18/2013 the victim child was referred for a

██████████ as part of a comprehensive clinical assessment through the ██████████. At that visit it was noted that the victim child and her sibling had been in ██████████. By report of the ██████████, the victim child and her sibling were neglected by their biological mother and have possibly been exposed to abuse. They may have also been exposed to recreational and prescribed drugs in utero. It was reported that this family was the ██████████ in which the children had been placed. This historical information is self-report by the ██████████ as the original case record remains sealed.

There had been no reports alleging abuse or neglect of the children in their ██████████ prior to the investigation.

**Circumstances of Child Near Fatality and Related Case Activity:**  
**Act 33 report.**

On 07/01/2016, the Philadelphia Department of Human Services (PDHS) received a General Protective Services (GPS) report alleging that eight-year-old victim child (VC) was severely ██████████ when she was admitted for care at St. Christopher's Hospital on 06/30/2016. The VC weighed 30 pounds and medical records showed that she had lost 9 pounds since 03/2016. Tests were being completed to determine if there was an underlying medical condition that would explain the VC's weight loss. The current working diagnosis for the VC at the time of admission was ██████████. The mother reported that the child had been diagnosed ██████████ in the past. The reporter noted that the VC was diagnosed with ██████████. The ██████████ at St. Christopher's Hospital was seeing the child consistently. The VC takes medication for both diagnoses. All of the siblings were taken to St Christopher's Hospital assessed to be medically fit. The VC's biological sibling was noted to be ██████████ like the VC.

All the siblings returned home while the VC remained in the hospital for further evaluations.

On 07/02/2016 the preliminary safety assessment was completed by the PDHS intake team. It was determined that all the children were safe in the home of the parents as there were no safety concerns identified at the time.

On 07/05/2016, St. Christopher's physician spoke with the Intake Social Worker Supervisor Manager (SWSM). The physician reported that the VC was gaining weight while hospitalized. The physician stated that the biological sibling should be brought back to the hospital for additional testing. The Intake SWSM contacted the mother but she was initially reluctant to bring the bio-sibling back to the hospital. She agreed, however, to have the father bring the child back to St. Christopher's the next day.

On 07/06/2016, the father transported the biological sibling child back to the hospital where she was admitted for additional testing. On the Doctors order the bio-sibling was admitted for additional testing. The biological sibling remained in the hospital until discharged on 07/16/2016.

On 07/14/2016 [REDACTED] received notification of a Child Protective Service (CPS) Near Fatality (NF) report alleging that the victim child was transported to ST. Christopher's Hospital via EMS, on 06/30/2016. The VC was severely [REDACTED]. The physician certified the child to meet the criteria for a Near Fatality. This referral was assigned to the Southeastern Regional Office of Children, Youth and Families (SERO) for investigation. It was reported that the VC was admitted into the [REDACTED] at ST Christopher's. The VC was given fluids and was observed later that night to be in good condition. According to the final medical report the VC was awake during the examination, sitting up, coloring with crayons in her coloring book. She was noted to be neurologically awake; alert, non-focal, coordination is normal, conversation is appropriate in age, skin is warm and well perfused. The VC was admitted due to a [REDACTED].

According to the report the VC was severely [REDACTED]. The VC has been in patient at the hospital since 06/30/2016, the initial GPS referral to PDHS. The child has been fed normal food and has gained over 8 pounds in a 2-week period. RS states that there was significant neglect that caused the [REDACTED]. RS/Certifying Physician stated that the child almost died due to [REDACTED]. The RS is certifying that the child was in serious or critical condition based on suspected abuse and neglect. Child is expected to survive and is doing really well.

On 07/14/2016 SERO investigator went to St. Christopher's Hospital to make contact with the VC. Upon arriving to the hospital, SERO investigator spoke to after-hours social worker, who provided the contact information for the hospital social worker from the Child Protection Program, who is in charge of the case. She further informed the SERO investigator that the VC and her sibling are going to be discharged the next day, 07/15/2016 to their parents/alleged perpetrators. According to the hospital social worker the family was going to receive In-home services to monitor the family and the children for 6 months with court supervision (2 court hearings).

07/14/2016- While at the hospital, SERO Investigator spoke with the VC and her sibling and parents. It was observed by SERO Investigator during the interview that both parents were in the room interacting with the children. Investigator introduced himself and informed the parents that the state investigation is occurring and he needs to speak with the children privately. The parents were cooperative and didn't hesitate in letting the investigator speak with their children. The parents left the room so that the interviews could take place.

07/14/2016 During the interview with the VC it was observed that she was playing with her sister. They seemed to be happy, alert and cheerful. They were being playful in the hospital room. They were not hooked up to any monitoring machines. The VC asked if she could go get some water from the snack room. She knew how to go to the snack room and no one stopped her. It was easy to interact with the children during the interview. The VC stated that she was feeling good and she wants to go back home with mommy. The VC stated that she does not know what happened or why she was in the hospital. The VC did state that she just knew that she felt dizzy and she had been taken to the hospital. The VC further stated that she remembered that she wanted to go back to bed but her brother told her that she has to go downstairs to get breakfast. She stated she loves her mom and dad and wanted to go home. She stated that while at home she eats well. The VC listed the foods such as peanut butter and jelly. In addition, the child mentioned rice and beans, chicken, potatoes, spaghetti, pasta salad, macaroni salad, Mac and Cheese; she mentioned taco night, Enchiladas, Lego night. The investigator asked what happens when there is no food in the house and she mentioned they go out to Applebee's and WAWA when mom does not want to cook. She stated that they always have food at the home and they can have whatever they want as long as they ask. She was asked if she feels safe at home. She stated "yes" she loves mommy and daddy and wants to go home with mommy and daddy.

07/14/2016-SERO investigator interviewed the sibling who was in the same room at St Christopher's Hospital. The interview was unremarkable and her statements were similar to her older sibling. The SERO investigator observed the same behavior in both siblings. She also knew her way to the snack room. When asked what type of foods she ate at home she responded that she eats, tacos, enchiladas, peanut butter and jelly sandwiches and rice and beans and chicken. She also stated that they go to Applebee's and WAWA when mom does not cook.

07/14/2016- State Investigator interviewed the parents separately with the information obtained thus far. Parents did not oppose to be interviewed separately and were very cooperative.

07/14/2016- Interview with the [REDACTED] mother. The mother stated that she does not know exactly what happened. She stated that she was in the kitchen preparing breakfast and she heard a fall. She immediately ran to the VC who was lying at the top of the stairs. The child was unresponsive and she immediately called 911. The ambulance took the VC to the St. Christopher's hospital. The investigator inquired about the children's eating habits. Mother stated that the VC is not a good eater. She is very picky and she has issues making her eat. When the investigator inquired as to what she meant by "issues", mother stated it takes her longer to finish her meal as compared with the other children and she takes a long time chewing her food. The mother stated she always made sure she finished her meals. The mother answered she has been reporting her concern about the weight and the size of the children to the pediatrician's office and to the hematologist at St. Christopher's hospital. Mother stated that during her last appointment to the pediatrician's office on 12/14/2015, the RN stated to the mother that they are not

that concerned about the weight of the VC as they may have a [REDACTED] and children may be small. According to mother, since all the blood tests from the 12/14/2015 appointment came back negative and the checkup was normal, the clinic didn't raise any concerns. The investigator inquired as to the types of foods the children eat at home. The mother provided the following: peanut butter and jelly, enchiladas, macaroni salad, taco night. She stated when she prepares the breakfast in the morning; eggs and oatmeal; she adds a spoon of pediasure in powder form to increase the VC's calorie intake. The mother's list was consistent with the children's list of foods. Mother stated that she tries to feed the children something different every night. The mother stated she was not sure what will happen at the discharge, she's hearing different versions what may happen. She heard children may go home or may go home with the PGM. The mother stated that PDHS had already been to her house to inspect the house and did not find anything of concern. The house was clean, and there was enough food. The mother was very emotional and was crying most of the time. She stated if they removed the children from them, it will be devastating to the children.

An interview with [REDACTED] father occurred on 07/14/2016. The father was upset and appeared to be reserved. It took the state investigator several minutes to establish a rapport and make him feel comfortable to discuss the situation. The father was not too communicative, but he was cooperative. Father stated he was upset because if the hospital was going to make an accusation at least they should be made aware of the situation so they can be prepared. SERO investigator provided the father with the allegations again and the father stated the hospital understood the parents are not feeding the child properly. The father stated he is a cook. He stated that they try to be creative every day with different meals for the children not to get bored. The father confirmed the statement of the children and the wife about what they are eating at the house. The father also confirmed the mother's statement that [REDACTED] is a picky eater and eats very slow. The father also stated he is not too involved with medical issues and appointments but he is aware that the mother has been reporting the concerns regarding [REDACTED] eating habits and the mother is taking children to the doctor's appointments on regular basis. It was also stated by the father when the children came to them they were very small. The father stated it might be possible that these children might be small due to [REDACTED].

On 07/15/2016, another CPS report was generated and assigned to SERO for investigation. The report alleged that the bio-sibling had been hospitalized and that she was diagnosed with [REDACTED]. Per the reporter, the [REDACTED] condition may have been the result of neglect. The mother stated that she restricted fluids for both girls at night prior to going to bed, because of bed wetting.

On 7/15/2016, SERO contacted the physician regarding the sudden change with the discharge plan. The original discharge plan was for the children to return home with the parents. PDHS changed the plan to send the kids to PGM's house, as stated by after-hours social worker. The physician did express that she was not comfortable sending the kids home. The doctor expressed that it was her opinion that this child was not receiving the appropriate nutrition at home. The doctor stated her medical

opinion was based on VC's weight increase during the hospital stay. VC gained almost 8 pounds in two weeks and according to the doctor, without any medical intervention. The state investigator inquired to the doctor if this may have to do with alleged [REDACTED]? The doctor answered "it is her opinion that the [REDACTED] maybe be caused by the [REDACTED] not the opposite". The doctor expressed a big concern sending the children home since it's her understanding that the children were not receiving what they need at home with their parents. The state investigator asked the doctor if the medical report was ready and the doctor stated it will be done soon. The doctor asked for the investigator's email and the report will be sent to the state investigator as soon as it will be finalized.

On 07/16/2016- the children were discharged from St. Christopher's Hospital into the care of their [REDACTED] paternal grandmother (PGM). The initial plan was for both of the children to return to their parents' care, once the NF and CPS reports were generated it determined by the intake Administrator for PDHS that the children should not be return home at this time.

SERO investigator visited and met the VC's Pediatrician and the business manager at their office on 7/19/2016. It was noted that the VC started visiting the clinic on 12/29/2014 and her weight was 15.9 kg (35lb). The doctor confirmed that the mother expressed concerns regarding the weight loss. The doctor stated that the medical exam and regular blood tests were normal. The child was originally referred to this clinic by a Dr. from St. Christopher's hospital. Based on the result of the medical exam and blood test, the doctor did not find any big concerns and knowing that child was seen by the hematologist at St. Christopher. The child was discharged to be seen in one year. The following visit was 12/09/2015 the child showed a little increase of her weight of 2 pounds. The child was under the 5<sup>th</sup> percentile. Then it was reported by the mother that the VC does not gain weight and it was a concern to her. The mother again expressed her concern of not gaining weight. The doctor stated that they expressed to the mother this child may be small genetically but they do not have [REDACTED] [REDACTED] [REDACTED]. The RN stated in her report there was no concern and the VC is "well appearing adorable little girl". Further, the same report expressed a concern of [REDACTED]. The report indicated a different diet to improve a better bowel movement. The fact that the VC was underweight was discussed during the visit. According to the records, mother was instructed to compensate for the VC's underweight by increasing calories for the VC by giving her pediasure once in a while. The nurse instructed the consultation for nutritionist. The [REDACTED] on 10/13/2007 was confirmed. The doctor stated to the SERO investigator that while mom was describing the VC as being underweight, the VC's pediatrician did not have any critical concerns. According to the Dr. even the increase of weight was not significant; the percentile was always below normal but growing consistently.

On 07/19/2016, another safety assessment was completed by PDHS due to the NF report concerning the VC and the CPS report on the [REDACTED] naming both parents as the perpetrators of neglect. The safety assessment identified safety threats

involving the care givers parenting capacity. The safety threat identified was that the caregiver cannot or will not explain the injuries to the victim children. The assessment further stated that the threat is serious as the VC was brought into the St. Christopher's Hospital due to [REDACTED]. The VC named in the Near Fatality report was [REDACTED]. Medical testing revealed the VC was not being fed properly in the home as the VC gained at least 8lbs of weight in the hospital from 06/30/2016 to 07/16/2016. The sibling, named in the CPS referral, was extremely small in weight and was admitted into the hospital on 07/06/2016 and did not gain weight in the hospital from 07/06/2016. The safety assessment identified that both parents had Diminished Cognitive, Emotional and Behavioral Protective Capacities when it came to the caring and the rules applied to the VC and her sibling. At this point it was determined that the VC and her sibling were unsafe in the home.

PDHS SW Supervisor contacted the SERO investigator on 07/21/2016 stating that [REDACTED] last night and the girls were placed at [REDACTED] for the night but will be moved today when an appropriate placement has been found. The SERO investigator attended the hearing and the judge did not find any basis for [REDACTED]. The judge addressed the parents to explain to them the rules around visitation. During that conversation, the judge stated that they look like good parents and he thinks it's a mistake and they might have their children home soon. But however, if they violate in any way the restrictions for visiting or contacting the children or PGM without proper supervisor he will change his opinion.

Later that day, SERO investigator contacted the [REDACTED] at St. Christopher's Hospital to inquire about the possible reason for the VC's condition. The Dr. stated that the VC needed to see a [REDACTED]. The Dr. believed that VC's condition was possibly systematic of a [REDACTED]. The Dr. stated that she could not determine medically what could have cause [REDACTED] rapid weight loss of 4.1 kilos (9.039 lbs) from March – July, 2016 when she was admitted into the hospital. The Dr. stated that the VC was given 3 unrestricted meals a day and in 8 days her weight was 18.2 kilograms (a gain of 3.8 kilograms or 8.3 lbs). The VC only [REDACTED] one time during her stay. The SERO investigator asked the Dr. what could have caused this rapid weight loss in this specific timeframe (March 9 – June 30, 2016) and she responded, they did not find any medical reason that would explain the weight loss. The Dr. stated that the VC up to the age of 5 appeared to be gaining weight well, however between 5 and 7.5 years, she picked up a little weight. She was in the 25<sup>th</sup> percentile prior to 5 years. According to the Dr. the VC had gone down to less than the 3<sup>rd</sup> percentile upon this admittance in July, 2016. The Dr. provided a growth chart.

The SERO investigator attended the PCA/forensic interview for all 4 children on 07/22/2017. Present at the interview were DHS, SWS; DHS Nurse; SVU Detective; Child Advocate; PGM; the DHS nurse and PGM were not present during the interview to the children. The SERO investigator asked PCA interviewer if anyone got any disclosure that would indicate abuse and the detective and the interviewer

said there was no disclosure. That same day, the Detective contacted the parents to schedule an interview with SVU. The interview was completed and no arrests were made at this time.

SERO investigator contacted [REDACTED] clinic at St. Christopher on 07/27/2016. The social worker at the clinic stated that she knows the VC and the family. The VC is her patient. The clinic is aware that the VC is small and has issues gaining weight; however, the clinic did not have any concerns during the period of time that she is their patient. She has observed the interaction between the VC and her mother, and she felt they were appropriately attached and the SW described the VC as a happy child. The SW stated that the mother had been following all the Clinic's instructions including follow up visits every four months. The VC has never missed an appointment. The VC was due for her next clinic appointment the day after her hospital admittance and up until that time the SW stated there had been "absolutely no concerns" regarding the VC's wellbeing. It was noted that the VC has not gained significant weight, but she has not lost weight either during that same time period between appointments that started in 12/2015 and 03/2016.

On 07/27/2016, a transfer safety assessment was completed, stating that the VC and her sibling can return to the home and be monitor by the assistance from their primary doctor. It should be noted that the mother maintain all medical appointments for both siblings since the children had been placed in her home and throughout the finalization and adoption process.

On that same date, the SERO investigator had a conversation with [REDACTED] [REDACTED] at the VC's school. She coordinates all the educational activities for the VC. She stated that she knows the VC and her mother very well. It was reported that the VC attends school as scheduled. She stated she did not to have any concern regarding the VC's wellbeing. [REDACTED]

[REDACTED] She stated that she has known the child for the last 3 years and she has never seen anything that would be cause for concern. She stated that in her opinion both of the victim children would not be as well-adjusted given their history had it not been for the [REDACTED] family. She stated that there was a daily communication between the school and the mother regarding the VC, including eating habits and there has been no concerns to report.

On 07/28/2016, PDHS completed the PA Risk Assessment and identified the overall risk level as no risk of harm to all the children.

On 08/12/2016 SERO investigator sought out-side medical opinion from PA DHS The medical consult reported the following in reference to the VC.

1. She has poor weight gain from the start of the information provided. Her PCP (Primary Care Provider) has been monitoring her and had suggested Pediasure supplements.

2. We do not know if she was small for gestational age (SGA), had intrauterine growth restricted (IUGR), or had another diagnosis such as fetal alcohol syndrome (FAS) all of which would affect her long-term growth.
3. Her [REDACTED] diagnosis is unclear. At times she is said to have [REDACTED] but is not well documented which is correct. The correct diagnosis could make a difference in understanding her medical problems. Her [REDACTED] appears to be treating her like [REDACTED] and does not have concerns about her care.
4. She is on medication for [REDACTED] but no information about her diagnosis or other behavioral diagnoses is presented. The medication she is on may affect her appetite. The medical reviewer could not tell if the medication was continued on admission to the hospital.
5. Some event did happen prior to her admission for severe life threatening [REDACTED]. She may have had a severe limitation of her intake of fluid, she may have ingested additional salt, or a combination of the two, in addition to what appears to be some still unclear [REDACTED]. It does not appear that a definite diagnosis was able to be made of why her sodium was so high and it is unclear what if any [REDACTED] she has.
6. There is no documentation of what the [REDACTED] parents' understanding of the child's medical conditions is, nor their understanding of directions given to them by the children's physicians. This would be especially important if the child did have [REDACTED].
7. She gains weight quickly after admission to the hospital. The initial weight gain is likely from additional fluids and treatment of her [REDACTED]. She continues to gain weight up until discharge.
8. She continues to gain weight after discharge and gains .2kg in the week after she goes from her [REDACTED] PGM to the [REDACTED] family.
9. There is no information telling us what kind of home evaluation was done to determine if there was food in the house, nor was there a good dietary history and evaluation of the child's eating habits. It may have been done but it was not in the information reviewed. Mother stated she was unable to get Pediasure through her Insurance. Were other resources for getting additional food presented to the adoptive family? Did anyone ask why the adopted mother was giving her vinegar and water as documented in her hospital chart?

The doctor who provided medical consult stated that the victim child's medical condition is still unclear and so it is difficult to determine how much her medical condition contributed to her [REDACTED] and need for emergent admission. Something or some event must have happened to cause the severe [REDACTED], which combined with the documented good weight gain after admission, does cause

concern for what she was eating and drinking at home. However, there are still a number of unknowns and unanswered questions.

A medical consult for the victim child's sister also was conducted and the doctor provided the following feedback:

1. She has poor weight gain from the start of the information provided. Her PCP (Primary Care Provider) has been monitoring her and had suggested Pediasure supplements.
2. We do not know if she was [REDACTED], or had another diagnosis such as [REDACTED] all of which would affect her long term growth.
3. Her [REDACTED] diagnosis appears to be [REDACTED] trait and [REDACTED] but is not well documented.
4. She is on medication for [REDACTED] but no information about her diagnosis or other behavioral diagnoses is presented. The medication she is on may affect her appetite.
5. The information from the hospitalization is incomplete and is sometimes contradictory with regards to weights. There is a typed discharge summary page 13/25 which states that her weight was 17.7 kg on admission 7/6 and 17.7 kg on discharge 7/16, which is no weight gain while in the hospital. Other notes use different weights and different weight changes while in the hospital.
6. The weights after discharge, when she is no longer with her [REDACTED] mother, vary quite a bit and are complicated by a hospital visit for vomiting and headache but on 8/17/16, one month after discharge is 17.9, up only .2 kg from discharge (and if this is on a different scale at a different time of day, may have little meaning).
7. There is no information telling us what kind of home evaluation was done to determine if there was food in the house, nor was there a good dietary history and evaluation of the child's eating habits. It may have been done but it was not in the information reviewed. Mother stated she was unable to get Pediasure through her Insurance. Were other resources for getting additional food presented to the [REDACTED] family?

There are many unknowns. Based only on the information presented the doctor could not say that there was abuse or neglect.

On 09/01/2016, the GPS report conducted by PDHS was determined as valid. The CPS report determinations as conducted by SERO are pending the outcome of the [REDACTED]. The police investigation is currently closed.

## **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;
  - The Team was very concerned that when weighing the evidence and trying to come to a decision on the determination of the CPS reports, PA-DHS seemed to be more focused on the parents' presentation than on the clear medical evidence. Although the parents appeared to be good people who were appropriately concerned for their daughter's health, the Victim Child's condition was found to have been the result of her not receiving proper nutrition at home. It was clear that the child had been growing appropriately when she had regular access to food and liquids while in the hospital. The Victim Child did not receive any special medical care which would have caused her to gain weight. In addition, she has continued to gain weight after being discharged from St. Christopher's Hospital and placed in an out-of-home setting.
  - The PA-DHS Team inquired about being able to safely maintain the girls in their parents' care with in-home safety services in place. The Team disagreed as the parents did not seem to recognize that the girls' conditions had not been the result of an underlying medical or genetic cause.
  - The Team was very troubled by a comment made by a PA-DHS staff person. It was stated that, if the girls were to enter foster care, they would likely languish in foster care for "five or six years" before exiting DHS' care to permanency. The Team expressed concern at the unprofessional and inappropriate nature of the comment and felt that it did not reflect the support necessary to encourage transformation and growth at DHS.

### **2. Services to Victim Child and the extended family:**

- At the time of the report, the family did not have an open case with DHS and was therefore not receiving any services.
- On July 16, 2016, Victim Child and her sibling were discharged from St. Christopher's Hospital into the care of their [REDACTED] paternal grandmother (PGM). The initial plan had been for the girls to return to the parents' care; however, once the CPS report for the Victim Child was generated and her condition was certified as a near fatality, the Intake Administrator decided that the girls should not return home at that time.
- On July 19, 2016, [REDACTED] for both girls and placed them at [REDACTED] until a [REDACTED] was identified.

There were concerns that the PGM was aligned with the parents and that she might influence the children and compromise the investigations.

- On July 20, 2016, Catholic Community Services (CCS), a Community Umbrella Agency, assumed case management services for the family.
- On July 25, 2016, Family Court ordered that the girls be returned to the PGM's home. The parents were to have supervised, line-of-sight visits with the children at the agency. The Court also ordered that the girls' [REDACTED] records be unsealed. The girls' [REDACTED] profiles and medical records will be reviewed.
- Kinship care was explored with the PGM but she declined. She indicated that, following the August 8, 2016 [REDACTED], she would no longer be able to provide care to the girls. The parents did not identify any other family members as potential kinship care providers. Victim Child and her sibling were moved to a [REDACTED] on August 9, 2016.
- Victim Child and her sibling will be referred for evaluations by a developmental pediatrician. The girls will also be referred for therapeutic services.
- CCS will ensure that the girls attend all medical appointments and receive therapeutic services.
- The parents will be referred for parenting capacity evaluations. All visits will remain supervised until otherwise ordered by Family Court.
- The biological children of the [REDACTED] parents remain in the care of their parents. During the course of the investigations, the boys' safety was assessed and they were found to be safe. The boys are not open with [REDACTED] but the case manager visits with the boys when she meets with the parents.
- 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 received the county Act 33 report on 10/24/2016. SERO requested clarification and a revised report were received on 11/10/2016. SERO has concerns regarding the content of the county's report portraying the SERO Team negatively wanting to work with the parents prior to placing the victim children into foster care. SERO concurs with the corrected version of The Act 33 Review Team Report and the county was notified in writing.

### **Department of Human Services Findings:**

- County Strengths:  
None noted
- County Weaknesses:  
General Protective Service reports were not completed within 60 days of the receipt of the report.
- Statutory and Regulatory Areas of Non-Compliance by the County Agency.  
3490.232(c) PDHS must ensure that General Protective Service's reports are closed within 60 days of receipt of the report. The GPS report was received on 7/01/2016 as a Priority 0-2 hour priority. The GPS referral was not validated until 9/01/2016.

### **Department of Human Services Recommendations:**

The Department recognizes that this investigation presented challenging and conflicting medical information and diagnoses. The historical medical records and family history was not accessible as the [REDACTED] file had been sealed and despite multiple requests, remained unavailable to the reviewers. The Department should review this practice to determine variances across the Commonwealth and work the Courts to identify resolution.