



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR DEATH OF



Date of Birth: January 29, 2011
Date of Near Fatality Incident: May 29, 2011

**The family was not known to
Lancaster County Children and Youth Services**

Date of Report: November 1, 2011

This report is confidential under the provisions of the
Child Protective Services Law and cannot be released
(23 Pa. C.S. Section 6340)

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

Reason for Review

Senate Bill No. 1147, now known as Act 33, was signed by Governor Rendell on July 3, 2008 and went into effect 180 days from that date December 30, 2008. This Act amends the Child Protective Services Law (CPSL) and sets standards for reviewing and reporting child fatality and child near-fatality as a result of suspected child abuse. DPW must conduct child fatality and near fatality reviews and provide a written report on any child fatality or near fatality where child abuse is suspected.¹

Family Constellation

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
[REDACTED]	Victim Child	01/29/2011
[REDACTED]	Mother	[REDACTED] 1989
[REDACTED]	Father	[REDACTED] 1982
[REDACTED]	Brother	[REDACTED] 2010
[REDACTED]	Half-Sister	[REDACTED] 2008
<u>Relatives</u>		
[REDACTED]	Father of [REDACTED]	[REDACTED] 1987

Notification of Fatality/Near Fatality

On May 29, 2011, Lancaster County Children and Youth Agency received a call from the [REDACTED] regarding injuries sustained by the victim child. Her mother had taken the child to Lancaster General Hospital after the child's father admitted to beating the child. Child had significant injuries and was flown to the Hershey Medical Center. Her father admitted to punching the child after she would not stop crying. Prior to taking the child to the hospital, mother took the father to the store, and then left her other child alone with him while she returned to her residence with the victim child.

[REDACTED] A pediatrician confirmed that the child was in critical condition. [REDACTED] listing the [REDACTED] as the [REDACTED] and [REDACTED] as a [REDACTED].

Documents Reviewed and Individuals Interviewed

- Complete Lancaster County C&Y case record of [REDACTED] investigation and service planning record.
- Child's medical records from Hershey Medical Center and Lancaster General Hospital.
- Criminal Dockets Re: [REDACTED].

¹ 23 Pa. C.S. § 6343(c)1,2.

- Interviews with Intake Director, Placement Director, [REDACTED] Supervisor and [REDACTED] Investigator.

Case Chronology

Previous CYS Involvement

The family was not known to Lancaster County Children and Youth Agency.

Circumstances of Child's Near Fatality

On May 29, 2011, Lancaster County Children and Youth Agency received a call from the [REDACTED], requesting that the agency come to Warwick Township Police Department due to an incident involving a four-month old child that was life-flighted to Hershey Medical Center from Lancaster General Hospital. The agency responded and was taken to Hershey Medical Center to meet with the mother. The child's father was being detained by the police.

On May 28, 2011, the victim child was staying with her father at his home. On May 29, 2011, the father called the mother and reported that he hit the victim child "too hard" and that she needed to come and pick her up. When the mother arrived at his home, the victim child was sleeping and father was stating that he wanted to call an ambulance and be admitted to Philhaven. Mother reported that she looked at the child and knew that something was wrong. The child's eyes were droopy and her head was hanging to the side. Mother also reported that the child had a dent in her head. Father demanded that he be taken to the store. Mother took him, the victim child and her brother to the store. She then returned to the father's home, took the victim child with her and left her son with his father. Mother then returned to her residence at [REDACTED] in Lancaster, put the victim child down for a nap and talked to other residents. An hour later, after urging from residents, mother took the child to Lancaster General Hospital where she was transferred to Hershey Medical Center. [REDACTED] admitted to punching the child in the head, squeezing her and sticking his finger in her mouth. This was to stop her from crying.

At Hershey Medical Center, a [REDACTED] scan of the child's head displayed [REDACTED]

[REDACTED]. The child was [REDACTED] to the hospital. Safety of the other children was immediately assured. Her brother and half-sister were being supervised by the father of the half-sister at his residence. The child's father was arrested and placed in the Lancaster County Prison. Mother was not permitted unsupervised access to her children.

On May 31, 2011, child's brother was put in a [REDACTED] while his mother continued to visit with the victim child in the hospital. The half-sister, [REDACTED], continued to reside with her father. On June 8, 2011, the child was ready for [REDACTED]. The [REDACTED] of both [REDACTED] and [REDACTED], and

they were placed into separate agency foster homes. The victim child needed medical supervision and could not feed on her own. The foster parents were trained in the care of the victim child. [REDACTED]

[REDACTED] It was unknown at this time if the child would ever be able to swallow on her own or see, as there was persistent [REDACTED].

On July 19, 2011, the father was interviewed in prison by the agency. He stated that after he hit his child he saw swelling in her head but did not call 911 because he knew that she would be taken away. He also told the child's mother not to call. He blames everything on the abuse that he endured as a child at the hands of his mother.

Lancaster County C&Y conducted a [REDACTED] investigation with the [REDACTED] named as [REDACTED]. The investigation was concluded on July 25, 2011 with a status of Indicated for physical abuse as defined by the CPS Law for [REDACTED] father. [REDACTED] was indicated as a [REDACTED] for physical abuse. The Indicated status was determined through medical evidence and interviews.

[REDACTED]

Current/Most Recent Status of Case

The victim child remains in an agency foster home that is capable of caring for her medical needs. She is now able to swallow on her own. It was determined that her previous inability to swallow was due to [REDACTED]. She has passed a [REDACTED] and was able to be taken off of the [REDACTED] on September 1, 2011. The foster parents introduce new flavors and food textures as directed by in-home therapists. She is also eating puffs and cheerios. She remains on [REDACTED] for [REDACTED] and [REDACTED] for [REDACTED]. She has not experienced any seizure activity since being [REDACTED] from the hospital so she will be weaned off of this medication slowly.

The [REDACTED] has stopped behind both of her eyes. [REDACTED] Her left eye [REDACTED]. It is believed that she will have vision deficits but their severity cannot be determined at this time. She has passed a hearing test but it is unsure what information is being communicated to her brain. She displays slow sensory reactions and her reaction time is slow. [REDACTED]. She has [REDACTED] on her head, on the back and the left side. It is unknown if these [REDACTED] will be permanent. Her head size is in the [REDACTED] and it is believed that [REDACTED]. Her physician is monitoring this growth.

She wears a [REDACTED] while riding in the car because her head will hang forward if [REDACTED]. There are [REDACTED] which will be x-rayed during a future hospital visit to determine their cause. She [REDACTED] throughout her body and is unable to bear much weight on her feet. It is reported that

[REDACTED]

Despite the prognosis still being unknown in many of the developmental areas, she is observed to be a happy child who enjoys playing with her toys and being cuddled by the foster parents.

Her brother has struggled with adjusting to foster care. His first inclination is to punch and kick during temper tantrums. These outbursts have decreased over time and the foster parents continue to provide him with a structured daily routine. Approaching 21 months old, he is still not talking. He makes noises and points and can mimic tones but is not using actual words. He was [REDACTED] by [REDACTED] and was determined to have a significant delay in communication. He will be going through [REDACTED] to assure [REDACTED].

The father claimed Native Alaskan heritage, so the Department of Indian Affairs in Alaska was contacted per the Indian Child Welfare Act regulations (ICWA). The Nenana Native Association responded to the agency and reported that the father's family was a part of the Athabascan Native American Tribe. His grandmother and siblings were registered members with the tribe but he was not. However, he is eligible for registration but it is unknown if he is pursuing this matter. [REDACTED]

However, ICWA does not apply currently due to the father not being registered. The agency has made numerous attempts to contact the Tribe but has not received any further contact at this time. It is believed that the Tribe would only become involved once the father would register. The agency is now pursuing other possible kinship options that have been presented by the family.

The victim child and her brother are in separate homes licensed by the agency. The victim child is in a home that specializes in medically-fragile infants and was recently lowered from a medical level two to medical level one after her [REDACTED] was removed. The brother is in a traditional foster home and a regular level of care. Due to the victim child's current medical condition, she is not placed with her brother.

However, if her medical needs should lessen, the traditional foster home caring for the brother would be willing to accept her into their home. Mother has [REDACTED]

[REDACTED] and [REDACTED]. She is not in agreement with her children being sent to Alaska through ICWA. According to the agency worker interviewed, she contacted the agency once but did not ask about her children. She wanted to complain that she now has a "special needs child". She does not have contact with the victim child or her other children.

Father remains incarcerated at the Lancaster County Prison. He is charged with (F1) Aggravated Assault, (M1) Endangering Welfare of Children and (F3) Endangering Welfare of Children. Bail is set at \$1,000,000.00. A pre-trial conference was scheduled for November-22, 2011, and was continued. He does not have contact with his children.

Services to Children and Family

- Hershey Medical Center – Medical services
- Lancaster General Hospital – Medical services
- Lancaster County C&Y – Placement services, foster care services, medical foster care services
- [REDACTED]
- [REDACTED]
- [REDACTED]

County Strengths and Deficiencies as Identified by the County’s Near Fatality Report

A Fatality/Near Fatality Multidisciplinary Team Act 33 meeting was held on August 10, 2011 at Lancaster County Children and Youth Agency. The team made up of local professionals indicated that Lancaster County C&Y was appropriate in their handling of the case. The agency detailed the services that were being offered to the children, including the handling of the potential ICWA case, and assuring that the victim child’s medical needs would continue to be met. The team supported the agency in their efforts.

County Recommendations for Changes at the Local (County or State) Levels as Identified in County’s Near Fatality Report

None.

Department of Public Welfare’s Findings

County Strengths

- County response to information received was urgent and thorough.
- The [REDACTED] investigation was completed in a timely manner and included full collaboration with [REDACTED].
- The agency made concerted efforts to assure that the children were placed in permanent homes and with family if possible. The agency sought counsel regarding ICWA and determining if Indian Tribe information was valid and applicable to the children.
- MDT participants were supportive of the county’s response and praised the workers for their collaboration with all involved.
- The agency has continued to provide for the safety of the children through detailed placement services.

Statutory and Regulatory Compliance Issues

All regulations regarding CPS investigation and subsequent county services were followed.

The agency held an MDT/Act 33 Review Team Meeting on August 10, 2011. This falls outside of the 30 day requirement as expected per the Act 33 Bulletin. A CPS determination was already made prior to the meeting. A Licensing Inspection Summary was issued to the agency to request a Plan of Correction to assure that the Act 33 meetings are held within 30 days of report date.