



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

Date of Birth: 09/09/2016
Date of Incident: 07/05/2017
Date of Report to Child Line: 07/05/2017
CWIS Referral ID: [REDACTED]

FAMILY 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:
01/15/2018

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 Child Line 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 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>
[REDACTED]	Victim Child	09/09/2016
[REDACTED]	Mother	[REDACTED] 1988
[REDACTED]	Maternal Grandmother	[REDACTED] 1959
[REDACTED]	Step Maternal Grandfather	[REDACTED] 1963
* [REDACTED]	Father	[REDACTED] 1981

* 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 Near Fatality Review Activities:

The Southeast Regional Office of Children, Youth and Families (SERO) obtained and reviewed all current investigation notes and gathered information from Philadelphia County Act 33 teaming. Follow up interviews were conducted with Philadelphia County's Administrator and Social Worker with additional reviews of case documentation, and assessments provided by Philadelphia County.

Summary of Circumstances prior to Incident:

This family became known to the Philadelphia Department of Human Services ("DHS") on 09/10/2016 as a result of a 24-hour response General Protective Services ("GPS"). This was the day after the victim child's birth. It was reported that, in the early stages of pregnancy, the children's mother used heroin and that she had last used heroin in June of 2016. Reportedly upon the mother's [REDACTED] she tested negative for drugs. [REDACTED]

[REDACTED] The victim child tested positive for [REDACTED] at birth. The infant [REDACTED] however, at that time, she was not showing evidence of withdrawal.

[REDACTED]

The mother had been incarcerated from March 2015 to May 2015 for unknown reasons. It was reported that mother lacked employment and that she did not have a car seat for the baby, but she had a crib for her.

In Safety Assessment forms for face-to-face contact with the victim child on 09/12/2016 and 11/19/2016 by Philadelphia DHS Intake Unit Social Work Services Manager 2 ("SWSM 2") there were no safety threats identified for the victim child. It was noted that it was determined she was safe. In a Structured Progress Note ("SPN") it was noted that, on 09/30/2016, the worker spoke with the mother's probation officer ("PO") who had no concern regarding the mother. A SPN by (SWSM 2) on October 7, 2016, stated that he spoke by phone with the victim child's PCP [REDACTED]. There were no medical concerns reported for the victim child.

The mother had a previous drug history [REDACTED]

[REDACTED]

The family was prepared for the child's [REDACTED]. The child and her mother resided with the child's maternal grandmother and maternal step-grandfather.

On 09/10/2016 the GPS report of an allegation identified as a Child under 1 Year was born identified as being affected by illegal substance abuse by mother. The allegation was determined to be invalid. The mother received prevention services [REDACTED] from 09/26/2016 through 01/06/2017.

Circumstances of Child Near Fatality and Related Case Activity

The father called Emergency Medical Services (EMS) on 07/05/2017. EMS found the child at the home blue and not responsive. The father said the child was stuck with a heroin needle. It was unknown how the child got stuck with the needle. The child was initially treated at Chestnut Hill Hospital but transferred to Children's Hospital of Philadelphia (CHOP). [REDACTED]

[REDACTED] The case was then certified as a near fatality by CHOP Dr. [REDACTED]. She stated that child was considered in critical condition and the incident was life threatening.

The father said that he had some of the mother's syringes and that he was holding them to use them against the mother if she tried to do anything to him. He indicated that the syringes were on the bed wrapped in paper towel. He said he picked up the victim child from the floor and put her on the bed. Upon putting the child on the bed, she made a noise and upon examining the child, the father said he

observed a syringe protruding from the child's leg. The father said that he kept trying to keep the child alert until the EMS arrived.

The father was arrested on 07/06/2017, by [REDACTED] Police Department, and Charged with Aggravated Assault on a victim less than 13, when the defendant is over 18, Endangering the Welfare of Children, Simple assault-victim under 12, defendant over 18, and Recklessly Endangerment. He posted Bail on 07/07/2017 but was formerly arraigned on 10/31/2017. He is currently being held at [REDACTED] jail with a hearing scheduled for 03/13/2018.

There were no other children in the home.

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 thought the MDT SWSM did a good job with the investigation.

- Deficiencies in compliance with statutes, regulations and services to children and families;
The team discussed the [REDACTED] letter that the mother provided to the MDTY SWSM. The letter documented that the mother [REDACTED] but made no mention of the results of her urine drug screen. The letter was too general and did not provide a complete assessment of the mother's [REDACTED]

DHS confirmed that SWSMs independently request [REDACTED]
The signed releases of information should include requests for [REDACTED] compliance and urine drug screen results.

- 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:

The Southeast Region Office received the Philadelphia County Fatality Team Report on 10/19/2017 and is in agreement with the report.

Department of Human Services Findings:

- County Strengths:
The county agency collaborated well with the hospital social Worker and physicians and collected all medical reports to ascertain the Child’s health condition. The County met with the [REDACTED] Police Department [REDACTED] [REDACTED] to share information regarding the investigative process. The County also met with family members on several occasions to ascertain who was going to be the appropriate discharge resource for the child.
- County Weaknesses: and
None
- Statutory and Regulatory Areas of Non-Compliance by the County Agency.
None

Department of Human Services Recommendations:

There should be more education and public information around substance abuse issues. The family knew the father suffered from substance abuse and an active user but little was done to encourage him to get treatment. With the history of the aforementioned he should not have been left with the child.