



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

[REDACTED]

**Date of Birth: 12/19/2014**  
**Date of Incident: 06/10/2019**  
**Date of Report to ChildLine: 06/10/2019**  
**CWIS Referral ID: [REDACTED]**

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

Lancaster County Children and Youth Services

## **REPORT FINALIZED ON:**

04/26/2020

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. 6349 (b))



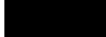
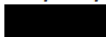
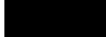
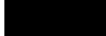
**Reason for Review:**

Pursuant to the Child Protective Services Law, the Department, through Office of Children, Youth and Families, 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.

Lancaster County Children and Youth has convened a review team in accordance with the Child Protective Service Law related to this report. The review team convened on 06/19/2019.

**Family Constellation:**

<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth</u>
	Biological Mother	 1977
	Biological Father	 1976
	Victim Child	12/19/2014
	Sibling	 2000
	Half-Sibling	 1996
	Sibling	 2007

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

The Central Region Office of Children, Youth and Families obtained and reviewed the entire family file. The Central Region reviewed all the structured case notes, safety and risk assessments, medical records, and other case specific information provided by Lancaster County Children and Youth Services (LCCYS).

**Summary of Circumstances Prior to Incident:**

The family had prior involvement with LCCYS prior to the incident. LCCYS received a General Protective Service (GPS) report on 1/15/2017 with concerns of drug use by the parents, poor home conditions and truancy. LCCYS screened out that report after an assessment was completed. LCCYS received another GPS report on the family on 09/21/2017 with concerns of substance use by the parents, inadequate hygiene and lack of supervision. LCCYS completed an assessment and the referral was determined invalid. On 04/04/2018, LCCYS received a referral due to concerns of truancy with sibling. The concerns were determined invalid and the case was closed. On 06/12/2018, LCCYS received a referral with concerns of the family having inadequate shelter and substance use by the parents. The case

was accepted for services and LCCYS has been providing ongoing services in family support.

### **Circumstances of Child Near Fatality and Related Case Activity:**

During the evening hours on 06/10/2019, the victim child ran up to her father who was mowing the grass on a riding lawn mower. The victim child slipped and fell. The victim child's left hand was cut off by the lawnmower. The victim child was transported to the local hospital and then [REDACTED] to undergo 2 surgeries to amputate. The victim child was discharged from the hospital on 06/16/19. LCCYS initiated a safety plan that all contact with the victim child and sibling with their parents was to be supervised by family members.

The report was unfounded on 07/18/2019 as there was no evidence of neglect by failure to supervise nor was the father under the influence at the time of the incident.

LCCYS continues to provide ongoing services to this family including a drug and alcohol assessment, [REDACTED] and parenting program. The victim child continues to attend follow up appointments [REDACTED]  
[REDACTED]

### **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:
  - An appropriate response time was assigned, and the Agency met with the mother and child within 24 hours.
  - The Agency provided a clear sequence of events to the Act 33 committee.
  - The Agency completed Safety and Risk Assessments on the family to help guide their practice.
  - A Safety Plan was implemented after the completion of the Safety Assessment. The Safety Plan remained in place and was followed until the completion of the investigation. Additionally, the father is not being criminally charged.
  - A collaborative investigation has occurred for this case between the medical staff, police and Children and Youth Agency.
  
- Deficiencies in compliance with statutes, regulations, and services to children and families:

- The family remains open for ongoing services. The ongoing worker has assisted the family to connect [REDACTED] services and a parenting program.
- The ongoing worker will continue to monitor the families progress on their Family Service Plan [REDACTED]

**Recommendations for changes at the state and local levels on reducing the likelihood of future fatalities and near fatalities directly related to abuse:**

- Although a lengthy discussion of this case occurred during the Act 33 meeting, the committee was unable to make any recommendations for change. The Agency was already open for services with the family and through discussions with the police and other professionals it is felt what happened was an unfortunate accident. It could be recommended the father mow the lawn before dusk, however this may not have had any impact for the accident occurring.

**Recommendations for changes at the state and local levels on monitoring and inspection of county agencies:** 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 County Internal Report:**

The Central Region Office received Lancaster County's Child Fatality Team Report on 09/15/2019. The Central Region finds Lancaster County's internal report to be an accurate reflection of the Act 33 meetings which were held on 06/19/2019 and 07/24/2019.

**Department of Human Services Findings:**

- County Strengths:  
LCCYS continues to provide ongoing services to the family.

LCCYS worked collaboratively with the police department and medical professionals.

LCCYS obtained all medical records.

LCCYS submitted all documentation to the Central Region Office and ChildLine in a timely manner.

- County Weaknesses: None
- Statutory and Regulatory Areas of Non-Compliance:  
There were no regulatory areas of non-compliance regarding this child fatality.

**Department of Human Services Recommendations:**

The Department has no recommendations at this time.

