pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 05/25/2019
Date of Incident: 08/27/2019
Date of Report to ChildLine: 08/27/2019
CWIS Referral ID: [redacted]

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

Dauphin County Children and Youth

REPORT FINALIZED ON:

02/10/2020

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 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.

Dauphin County Children and Youth has convened a review team in accordance with the CPSL related to this report. The review team convened on 09/27/2019.

Family Constellation:

First and Last Name	Relationship	Date of Birth
[redacted]	Mother	[redacted] 1995
	Father	1988
	Maternal Grandmother	1965
	Paternal Grandmother	1966
	Paternal Grandfather	1962
	Victim Child	05/25/2019
	Sibling	[redacted] 2016

*Individual is not a household member

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 the structured case notes, safety and risk assessments, medical records, and other case specific information provided by Dauphin County Children and Youth (DCCYS).

Summary of Circumstances Prior to Incident:

DCCYS received a report on 04/18/2019 regarding another child who was residing with this family and mother, father and maternal grandmother of the victim child from the 08/27/2019 incident as caretakers due to the other child's mother being incarcerated. [redacted] DCCYS initiated a safety plan for this other child with alternative caretakers. DCCYS was unable to determine who the perpetrator was so the report was indicated on an unknown perpetrator. This other child was

adjudicated dependent with legal and physical custody with DCCYS and placed in kinship care. DCCYS did not provide services to the biological children that remained in the home where the abuse occurred.

Circumstances of Child Fatality and Related Case Activity:

Father was home alone with the victim child during the afternoon hours of 08/27/2019. Father reported that the victim child was having issues with spitting up and was fussy and crying. Father reports that he put the victim child down to see if she would sleep but she was wailing and burping so he picked her up. Father reports that he shook the victim child and was then adjusting the victim child in his arms when she flipped back and landed on the ground head first. Father reported that the victim child lost consciousness from the fall and was gasping for air. Father performed Cardiopulmonary resuscitation (CPR) and contacted Emergency Medical Services. The victim child was taken to [redacted] and was diagnosed with a right frontal epidural and subdural hematoma, area of hypoattenuation suggesting hyperacute/ongoing hemorrhaging and small left frontal subdural and subarachnoid hemorrhages. The victim child also suffered multiple brain bleeds (both old and new) and healing rib fractures.

DCCYS initiated a safety plan on 08/27/2019 for the victim child's sibling placing the sibling with the paternal grandparents. The sibling is under court ordered protective supervision and was returned to mother on 10/28/2019. DCCYS sees the sibling on a weekly basis.

Father admitted to law enforcement and the agency that he is responsible for harming the victim child and the other child living in the home per the CPS allegations from April 2019. Father is charged with 2 counts of aggravated assault and 2 counts of Endangering the Welfare of Children.

It was determined the victim child had rib fractures that appear to have occurred at least 2 weeks prior to hospitalization; subdural hemorrhage bilateral between hemispheres; retinal hemorrhaging on her left eye that was caused by shaking; and focal spikes on her right side.

The victim child was discharged from the hospital [redacted] DCCYS is providing reunification services, visitation, [redacted] and parenting services to mother. The victim child is receiving physical therapy and therapeutic services for vision.

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:

- Joint Investigation Team immediately began to work together

- CYS caseworker and law enforcement communicated openly with investigation.
- CYS caseworker obtained medical and education records of victim child.
- CYS Caseworker explored if the family had been receiving services or involvement with other CYS counties.
- There was initial difficulty finding family members and CYS caseworker and law enforcement worked closely together on finding family members.
- CYS caseworker completed a referral and was submitted to YWCA who tried to coordinate visitation schedule but was unable to work with mother.
- CYS caseworker made a referral to [redacted]
- CYS caseworker completed a referral to [redacted] who began providing intensive family services and parenting education.
- CYS caseworker completed a referral to [redacted] for both children.
- CYS caseworker worked with the agency's educational liaison to assist with the Living Will referral.
- CYS caseworker provided [redacted]
- CYS caseworker referred the family to [redacted] [redacted] provided visitation service, [redacted] with obtaining additional services for the mother and her children.

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

The county report did not reference any deficiencies.

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

More objectives for parents that can better evaluate and determine the parent(s) ability to make appropriate behavior changes to prevent further abuse.

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

30-60 days is not always enough time to evaluate a family to determine underlining reasons/lack of parenting skills that caused the

injury to the child. Also, changes to safety plans to implement them more effectively.

Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse:
Improved communication between law enforcement, medical professionals and CYS. Better use of resources to improve investigative techniques and increase their effectiveness.

Department Review County Internal Report:

The Central Region Office received Dauphin County Children and Youth's report on 11/22/2019. The Central Region finds Dauphin County's internal report to be an accurate reflection of the Act 33 meeting that was held on 09/27/2019.

Department of Human Services Findings:

- County Strengths:
  The Agency responded immediately when notified of the report.

  The Agency worked collaboratively with the police department during the investigation.

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

- County Weaknesses: None

- Statutory and Regulatory Areas of Non-Compliance:
  A Licensing Inspection Summary was issued to Dauphin County Children and Youth citing one area of noncompliance. The area of noncompliance includes: 3490.235 (a) that the county agency shall provide, arrange or otherwise make available the same services for children in need of general protective services as for abused children under 3490.60 (relating to services available through the county agency).

Department of Human Services Recommendations:
Despite identification of a case of non-accidental trauma occurring to a young child while in the family's home, no services were provided due to the victim child being removed from the home. When another child remains in the same setting where abuse has occurred, and the perpetrator has not been established, county agencies must take those circumstances into consideration when assessing safety and risk to the remaining child.