



REPORT ON THE NEAR FATALITY OF:

[REDACTED]

Date of Birth: 02/12/2015
Date of Incident: 01/10/2017
Date of Report to ChildLine: 01/10/2017
CWIS Referral ID: [REDACTED]

**FAMILY NOT KNOWN TO COUNTY CHILDREN AND YOUTH AGENCY AT TIME
OF INCIDENT OR WITHIN THE PRECEDING 16 MONTHS:**

Berks County Children and Youth Services

REPORT FINALIZED ON:
06/20/2017

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.

On 02/07/2017 Berks County Children and Youth Services (BCCYS) convened a review team in accordance with the Child Protective Services Law related to this report.

Family Constellation:

First and Last Name:	Relationship:	Date of Birth:
[REDACTED]	Victim Child	02/12/2015
* [REDACTED]	Biological Mother	[REDACTED] 1998
[REDACTED]	Biological Father	[REDACTED] 1992
[REDACTED]	Paternal Aunt	[REDACTED] 1999
[REDACTED]	Paternal Grandmother	[REDACTED] 1974
[REDACTED]	Paternal Grandmother's Paramour	[REDACTED] 1976
[REDACTED]	Non-Relative Household Member (God-Father)	unknown
* [REDACTED]	Mother's Paramour	[REDACTED] 1992
[REDACTED]	Paternal Grandfather	[REDACTED] 1971

*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 case records pertaining to the family. Follow up interviews were conducted with the BCCYS Act 33 contact person on 03/07/2017, 04/10/2017 and 04/17/2017. The Regional Office also participated in the County Fatality Review Team meeting held on 02/07/2017.

Children and Youth Involvement prior to Incident:

The family was not known to Berks County Children and Youth Services (BCCYS) or any other County prior to the incident.

Circumstances of Child Near Fatality and Related Case Activity:

This family first came to the attention of BCCYS on 01/10/2017 after the victim child was taken to the local hospital emergency department due to a fever and a lot of mucus for one week. [REDACTED] the victim child was found to be extremely malnourished and underweight, [REDACTED] She had very little muscle tone in both upper and lower extremities. The victim child was found to be in respiratory distress, [REDACTED]

[REDACTED] The victim child was extremely constipated. [REDACTED]

[REDACTED] It was further reported that the victim child could not walk unassisted (without assistance of walls and furniture).

The father reported the victim child laughed and talked a lot. Father reported the victim child's diet consisted of cereals, plantains, rice, beans, spaghetti, fruits, and vegetables. The fruits and vegetables were blended into smoothies and the victim child would drink out of a bottle. The victim child was not fed meat or dairy but father reported [REDACTED] that she drinks coconut milk and almond milk. Father reported [REDACTED] that the reason for the dietary restrictions was due to religious beliefs. He initially compared the culture to Native American culture then later stated that the religion is Moorish American Science Temple.

During the visit to the local emergency room, father reported that the victim child had been born full-term at home. It was later learned that the victim child was born at a hotel in [REDACTED], Pennsylvania. There was no medical involvement in the birth of the victim child and she had never seen a medical provider until the visit to the emergency room on 01/10/2017. She also never had any immunizations.

The victim child was transported to a pediatric specialty hospital in Philadelphia, Pennsylvania at about 4:00pm for further medical assessment. Mother and father were both named as alleged perpetrators of child abuse due to a child abuse report where they were determined to be the primary caretakers for the victim child. It should be noted that paternal aunt reportedly babysat the victim child when father was at work and it was reported that paternal grandmother did babysit the victim child at some point. However, mother and father both took accountability for choosing the victim child's diet.

[REDACTED] Mother had reported [REDACTED] that the victim child was breast fed and was then transitioned to coconut milk. [REDACTED]

[REDACTED]

The doctor confirmed that there are elements of neglect and lack of follow through with the medical condition; however, the doctor does not think it was a willful act of commission. That day, the incident was certified as near fatality.

The parents were interviewed by BCCYS and [REDACTED] detectives. Both parents provided consistent accounts of the victim child's life and the family's beliefs; including dietary restrictions and lack of medical care. They also both stated they did not seek medical care for the victim child sooner as a result of not having a birth certificate and/or social security card for her. The Detective collected a completed application for the birth certificate from father's home that mother and father both detailed as evidence of their attempts to obtain the victim child's documentation to be seen medically. It should be noted that, during the interviews, both mother and father had admitted that, within the last year, they each have had medical attention in the form of a routine physical examination. During one of the interviews, father provided pictures to the detective of the victim child from birth until getting sick so as to provide evidence that the victim child appeared to be an average infant.

On 01/19/2017, BCCYS, [REDACTED] detectives, and the Assistant District Attorney (A.D.A.) met with the doctors at the pediatric specialty hospital to gather all information to date. The group was provided a copy of the victim child's medical records and the group was provided an update from the doctor. At that time, the doctor confirmed that a pediatrician would have been able to intervene had medical treatment been sought sooner. Furthermore, the doctor stated that, with appropriate training and education, children can be successfully fed a vegetarian or vegan diet within the parameters of the family's religious beliefs.

On 01/24/2017, mother and father were referred to [REDACTED] for provider services to work on parenting skills and for assistance in accessing community resources; including sending applications for the victim child's documentation.

On 01/31/2017, mother met with the [REDACTED] provider for the first time. At that time, mother described the family's religious beliefs as Moorish American and indicated that they are "Sovereigned" under their Temple and do not comply with US Government standards. As a result, some American customs that the family does not follow include the victim child not seeing medical professionals, the victim child not having vaccinations as a result of containing products/materials against their belief system (i.e. animal byproducts, gelatin, etc.), victim child not having a birth certificate or social security number and the family practicing a very strict, vegan diet.

During that session, mother indicated that the victim child was breastfed until around 9 to 10 months old. Around 3 months old, the victim child began eating small amounts of fruits. From age 9 months, the victim child was eating all table

foods consisting of all organic fruits (strawberries and blueberries), vegetables (mostly green leafy vegetables such as spinach), oatmeal, cereals made from specific grains, rice and beans, and smoothies. Also at that session, mother indicated that mother and father had tried to give the victim child Nutrament around 18 months due to the victim child being small. Mother reported that, around 12 months old, the victim child started walking while holding onto things but she was afraid to walk on her own so she just preferred to hold on to things for safety. Furthermore, mother reported to the caseworker that she was not concerned because the victim child is "much more intellectual than physical and gets bored with the physical stuff."

On 02/07/2017, [REDACTED] mother indicated that, when the victim child was 9 to 12 months and talking, she was not "interested in walking or the physical stuff," and father indicated that the victim child either focused on walking or talking but not both at the same time. Father then indicated, for that age level, victim child is wise beyond her years, understanding adult things more than baby things. He even indicated that she loved watching "The Walking Dead" believing that she actually understands what is going on in the show. During that same session, father indicated that the victim child can recognize other people's "mental age" and that she is far more advanced causing her to not enjoy playing with other children. When the provider stated that she would talk with mother and father more about developmental milestones at the next session, father stated that he received weekly emails from babycenter.com so he knew exactly what would be covered in the sessions.

On 02/13/2017, the intake caseworker met with mother and father [REDACTED] [REDACTED] The purpose of the meeting was to have mother and father sign the renewed Safety Plan having mother's paramour supervise contact to which they agreed to renew on 02/10/2017 upon speaking to the intake casework supervisor. The intake caseworker explained to the parents the severity of the victim child's condition and father said that the victim child was not bleeding so her condition was not near death. The intake caseworker attempted to explain that death does not only occur as a result of bleeding and can come in many different forms; however, mother and father still do not understand the seriousness of the victim child's condition. Mother was then argumentative towards BCCYS staff and father continued to say that what BCCYS was doing was "illegal." At that time, mother stated that they were being forced to sign the Safety Plan just to see their daughter. BCCYS staff could no longer allow mother and father to sign the Safety Plan due to it no longer being a voluntary agreement if the parents felt "forced." [REDACTED]

On 02/14/2017, mother indicated to the provider at a parenting session that she did not complete [REDACTED] application the previous day as a result of being too upset from the day before and sleeping the rest of the day. Much of parenting

education was not covered during this visit as a result of mother and father constantly discussing legal issues and their rights as "indigenous people."

[REDACTED]

[REDACTED]

[REDACTED]

On 02/23/2017, after attempts had been made the previous evening, mother and father [REDACTED] At that time, father presented to the agency an Affidavit: Declaration of Nationality notarized on 02/15/2017 declaring the victim child of the Moorish American nationality; however, that document was received the previous day as a result of father having presented the document to the [REDACTED] provider.

[REDACTED]

On 02/24/2017, BCCYS determined, via review with administration, that mother, father, and paternal aunt would be indicated for neglect. That CY-48 was completed on 02/28/2017 and sent on 03/06/2017. [REDACTED]

[REDACTED]

[REDACTED]

It should be noted that the victim child remains in the pediatric specialty hospital [REDACTED]; however, the foster mother, a stay-at-home nurse with over 10 years of experience as a medically fragile foster home, began training for the victim child's [REDACTED] on 03/06/2017.

The pediatric specialty hospital also indicated to foster mother that she complete a 24 hour stay with the victim child prior to the pediatric specialty hospital [REDACTED] the victim child. Foster mother further stated that the pediatric specialty hospital indicated that the victim child's [REDACTED] would be the beginning of the week of 03/06/2017.

On 04/11/2017, [REDACTED]
[REDACTED] the report was changed to Founded.

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;

-Child will remain in medically fragile foster care placement
-Cooperation with [REDACTED] Police Department through consistent and clear communication and access to written reports,

- 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.

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 Department received the County's report dated 04/17/2017 and is in agreement with their findings.

Department of Human Services Findings:

County Strengths:

The Team felt that a competent CPS investigation was completed by Berks County Children and Youth Services. The Team felt that the caseworker informed and consulted with her supervisor and administrator at appropriate intervals during the CPS investigation.

County Weaknesses:

NONE

Statutory and Regulatory Areas of Non-Compliance by the County Agency:

A case record review was completed and no statutory and/or regulatory areas of non-compliance were noted.

Department of Human Services Recommendations:

The Department of Human Services does not have any recommendations as a result of this review.