pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 07/30/2001
Date Incident: 09/26/2017
Date of Report to ChildLine: 09/27/2017
CWIS Referral ID: [redacted]

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

Northumberland County

REPORT FINALIZED ON:
04/13/2018

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 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.

Northumberland County has convened a review team in accordance with the Child Protective Services Law related to this report. The county review team was convened on 10/03/2017 and 10/31/2017.

Family Constellation:

First and Last Name:	Relationship:	Date of Birth
[redacted]	Victim Child	07/30/2001
	Mother	[redacted]1976
	Father	[redacted]1971
	Brother	[redacted]2000

Summary of OCYF Child Near Fatality Review Activities:

The Central Region Office of Children, Youth and Families (CERO) obtained and reviewed all current case records pertaining to the family. CERO staff conducted interviews with the intake supervisor and caseworker at Northumberland County Children and Youth. These interviews occurred on 10/03/2017 and 10/31/2017. The initial report and law enforcement involvement was reviewed. CERO staff participated in the Act 33 meeting that occurred on 10/03/2017 in which medical professionals, agency staff, law enforcement and legal counsel were present and provided information regarding the incident.

Children and Youth Involvement prior to Incident:

None

Circumstances of Child Near Fatality and Related Case Activity:

On 09/27/2017, Northumberland County Children and Youth Services received a child protective services (CPS) report alleging serious physical neglect and failure to provide medical treatment/care. The victim child in the report is [redacted]

The physician certified the child to be in critical condition and the report was registered as a near fatality. The alleged perpetrators in the report were identified as the natural parents. The report alleged that the victim child, a known type 1 diabetic, was admitted to Geisinger Children's Hospital [redacted] on 09/26/2017. It is reported that the victim child presented to the emergency room with an altered mental status (confusion), kussmal breathing, which is a deep and labored breathing pattern associated with severe metabolic acidosis or DKA, along with abdominal pain, moderate dehydration, an admitting blood sugar of 733 and a bicarb of 3. [redacted] It is alleged the minor child has a history of non-compliance with diabetic management which has resulted in three hospital admissions for DKA and two emergency room visits. It was alleged that the minor child had only one [redacted] visit in November of 2016.

An interview with the victim child occurred on 09/28/2017 at Geisinger Children's Hospital [redacted] The victim child reported that days prior to the incident her blood sugars were high, ranging from 400 to 500. She said that she began to feel ill on Saturday (09/23/17) and had a headache but did not tell her parents. The victim child went to the [redacted] Fair Saturday evening with her mother and was eating fried food. The victim reported that she continued to feel ill until admitted to the hospital. She reported that her father took her to the emergency room on 09/26/2017 after she had ketones in her urine and high blood sugar for over 24 hours. She reported that she was unable to have a conversation and could not catch her breath during the car ride to the hospital. When asked about her diabetic management, the victim child reported that she is responsible for checking her blood sugars, calculating her insulin dosage, and giving herself her own injections. She reported that she checks her blood sugar four times a day. She admitted that she does occasionally forget to cover her carbs when eating but does tell her parents when that occurs. She reported that she does have difficulty calculating carbs correctly at school and administering the correct dosage of insulin. She stated that while in school she guesses how much to insulin to give herself. She reported that there is no oversight from the school nurse in regards to diabetic management. She said that she has never run out of testing strips for her blood glucose meter or insulin. She confirmed that she had missed [redacted] appointments due to not wanting to miss time at school and for a planned vacation. She reported that the family did try to reschedule appointments but that an appointment was not always available.

[redacted] it was noted that the victim child had been [redacted] the victim child and the threat of children and youth services (CYS) referral for medical [redacted] These conversations began

The caseworker's interviews with parents indicated that that they did not grasp the severity of the victim child's multiple hospital admissions nor the potential risk to her health that such episodes present. The parents accepted no ownership or role in the problem and were quick to blame others despite their knowledge of the victim child's non-compliance. The parents reported that they were supervising the victim child's blood glucose levels, following her high correction chart, ketone chart, and sick day rules. The parents insisted that they were supervising the victim child calculating her insulin and taking her injections prior to the incident. They reported that they were using positive and negative reinforcement to gain the child's compliance. The parents reported that the victim child was grounded every day that her blood sugar was above 300 and she was automatically grounded for three days if there were ketones in her urine. The parents noted that if her blood sugar was on target or close to target then she would get rewarded with her nails done, hair done, shopping trip, etc.

The parents reported that the victim child [redacted] and her blood sugar can become elevated quickly and stay high despite using the high correction and ketone chart. They stated that each time the victim child was in the emergency room or admitted for DKA she had viral or bacterial infections. The parent maintained that the DKA was due to illness and not non-compliance [redacted] The parents report that the victim child would sneak food which was high in carbs or sugars and not cover those carbs. The father reported that he searches the child's bedroom every morning when she goes to school and has found bags of lollipops, powdered donuts, and icing containers hidden in dresser drawers and other locations in the bedroom. The parents reported that they have taken the victim child to all doctor's appointments and have rescheduled appointments when needed. The parents stated that they have gotten calls from [redacted] stating that they accidentally overbooked or scheduled appointments on days when the victim child's [redacted] had been scheduled to be off. The parents maintained that the reason the victim child had not been to an appointment since November of 2016 is because [redacted] repeatedly rescheduled or cancelled appointments.

[redacted]

The CPS report was indicated on 11/21/2017, naming both parents as perpetrators for serious physical neglect of a child and failure to provide medical treatment/care. The family was accepted for services on 11/16/2017. The services that are currently in place are [redacted]

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 county agency investigation complied with regulations and response times as required.

Deficiencies in compliance with statutes, regulations and services to children and families;
The agency report did not reference any deficiencies.

Recommendations for changes at the state and local levels on reducing the likelihood of future child fatalities and near fatalities directly related to abuse;
The county agency report did not mention any recommendations for change at the state or county level.

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

Recommendations for changes at the state and local levels on collaboration of community agencies and service providers to prevent child abuse.

The county agency report did not mention any recommendations for change at the state or county level.

Department Review of County Internal Report:

The county report was received on 12/15/2017. There were no issues or concerns regarding the report.

Department of Human Services Findings:

County Strengths:
The county agency investigation complied with regulations and response times as required.

County Weaknesses:
The circumstances of this case and the review of the county's work did not identify any systemic weaknesses. This family was not known to the county.

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

There were no areas of non-compliance found during the review of this case.

Department of Human Services Recommendations

There appears to be a disconnect between the regional hospital and the agency. There is currently no system in place for the local hospital to contact the agency when families are missing appointment for their children or failing to provide adequate treatment for their children and the hospital is aware of this. Both systems need to meet to discuss situations similar to this where a child's medical needs are not being met and a referral should be made to the agency.