



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR FATALITY



Date of Birth: 8/26/09
Date of Near Fatality: 10/02/09

**THE FAMILY WAS NOT KNOWN TO
MONTGOMERY COUNTY OFFICE OF CHILDREN AND YOUTH**

This report is confidential under the provisions of the Child Protective Services Law and cannot be released.
(23 Pa. C.S. Section 6340)

Unauthorized release is prohibited under penalty of law.
(23 Pa. C.S. 6349 (b))

Reason for Review.

Senate Bill No. 1147, now known as Act 33 was signed by Governor Rendell on July 3, 2008 and went into effect 180 days from that date, December 30, 2008. This Act amends the Child Protective Services Law (CPSL) and sets standards for reviewing and reporting child fatality and near child fatality as a result of suspected child abuse. DPW must conduct child fatality and near fatality review and provide a written report on any child fatality or near fatality where child abuse is suspected.

Family Constellation:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
██████████	victim child	August 26, 2009
██████████	Mother	██████████ 1982
██████████	Father	██████████ 1962

Notification of Near Fatality:

On October 2, 2009 the parents took the child, ██████████, to Abington Hospital Emergency Room, because the child was lethargic and pale, and experiencing seizure-like activity. The child was anemic and had low sodium. The mother ██████████ wanted to take the child to the hospital. The father, ██████████ did not want the hospital to treat ██████████. The child was flown to the Children's Hospital of Philadelphia (CHOP). The reporting source from ██████████ spoke with ██████████ at CHOP: the child has ██████████. Reporting source stated the child's injuries could have been caused by an abusive act, such as ██████████. The child may have a ██████████; ██████████ the child's condition are pending. The child was certified in critical condition. ██████████ Report processed as a near fatality. Staff at CHOP was concerned because the father was uncooperative; at one point, the father was so annoyed that he threw a phone which hit a med tech. Per CHOP ██████████ Parents denied medication when the child was born. The child was born in Connecticut. The parents live a lifestyle as macrobiotic. They do not believe in antibiotics or medications. The father did not want the child to have an ██████████. The father wanted to take the child home, but the mother was very receptive to the treatment.

Documents Reviewed and Individuals Interviewed:

The Southeast Regional Office of Children Youth and Families (SEROCYF) reviewed the case file provided by the Montgomery County Children and Youth (OCY). SEROCYF interviewed the OCY Social worker (SW) that worked with the ██████████ family. The case file included: safety assessments, SW progress notes, photographs, medical documentation, and the Montgomery County Police Department's interviews.

Previous CY involvement:

Prior to [REDACTED] near death incident on 10/02/09 this family was not known to Montgomery County Children and Youth.

Circumstances of Child's Near Fatality:

The [REDACTED] family is originally from Connecticut. The family recently moved to Pennsylvania prior to the near fatality incident. The victim child, [REDACTED], was born on [REDACTED] 2009 at Bristol Hospital, Bristol Connecticut. The medical records from the [REDACTED] in Bristol Connecticut were forwarded to the Montgomery County social worker, [REDACTED]

On October 2, 2009, the Montgomery County Office of Children and Youth (OCY) received the [REDACTED]. The [REDACTED], RN from Abington Hospital. The parents, [REDACTED], escorted their child, [REDACTED], to the Abington Lansdale Hospital, Lansdale Pa. The child was lethargic, pale and exhibited seizure-like behavior. The hospital conducted preliminary tests and found the child was [REDACTED] and had low sodium. After the child was evaluated, she was transported (via helicopter) to CHOP. Upon admittance to the hospital, the medical team determined the child's injuries were a result of child abuse, such as [REDACTED]. The child had [REDACTED]. The medical team reported the mother wanted to take the child to the CHOP, but the father was uncooperative and did not want the hospital to treat the child.

The medical records from the Bristol Hospital in Connecticut documented [REDACTED] despite two discussions with the medical doctor. The parents stated they believe in macrobiotic religion. Macrobiotic is a way of life based upon the use of natural (non-synthetic) materials in the fabrics, homes and foods.

On October 2, 2009, the Montgomery OCY made contact with CHOP social worker, Montgomery Township Police Department and the Department of Human Services in Philadelphia (DHS). On October 3, 2009 DHS conducted a courtesy visit to CHOP to assess the child's safety and well being. The Montgomery County Police Department and DHS interviewed the parents and met with the medical team at CHOP. The child was in critical condition on the [REDACTED]. CHOP reported [REDACTED]. The medical team did not feel there was child abuse. This was a result of the parent's beliefs in macrobiotics.

On October 6, 2009, CHOP conducted extensive test to determine if the child's injuries were from the lack of [REDACTED]. CHOP diagnosed the child with a [REDACTED], identified as [REDACTED] of a newborn.

On October 13, 2009 CHOP determined the child's injuries were not a result of child

abuse. The [REDACTED] had stopped and the child [REDACTED] to help with the [REDACTED]. The doctor reported the child would be [REDACTED] on October 13, 2009. The doctor reported the child would have a long road ahead of her. The doctor reported the child would be lucky if she can [REDACTED]. The doctor reported the parents are willing to follow all medical suggestions at this time. The parents also stated [REDACTED] would receive immunizations. The doctor reported that [REDACTED].

On October 13, 2009 the child was discharged home, and a safety visit was completed by OCY. There were no safety threats and the safety decision was that the child was safe and could remain in the current living arrangement with the parents.

Current / most recent status of case:

- The child's injuries were not the result of child abuse. The doctor diagnosed the child's injuries as [REDACTED].
- The case [REDACTED] closed on October 16, 2009 with Montgomery Office of Children and Youth. This case [REDACTED]. Medical evidence determined the Child had a [REDACTED].
- The County determined that the family did not need additional OCY services. According to the OCYF social worker there was no further contact with the family.
- The child is safe at home with her parents. They have agreed to follow all medical suggestions to ensure the medical safety of their child.
- The Montgomery County Police Department did not file criminal charges against the parents.

Services to children and families:

- The parents willingly agreed to follow through with their daughter's medical treatment. The medical team and the County counseled the family on the seriousness of their daughter's health and well being.
- On October 15, 2009 [REDACTED] was scheduled for weekly medical visits at [REDACTED] (CHOP)
- On October 26, 2009 [REDACTED] was scheduled for the [REDACTED] [REDACTED]

County Strengths and Deficiencies as identified by the County's Near Fatality Report:

There were none identified.

County Recommendations for changes at the Local (County or State) Levels as identified by way of County's Near Fatality Report:

Reducing the likelihood of future child fatalities and near fatalities directly related to child abuse and neglect.

- According to the medical team, all hospitals give consent for the immunization. The medical team reported the hospitals cannot give any medication without the parents' consent. The medical team stated amongst all the other forms a parent is given to sign while in labor, the family is usually overwhelmed. The medical team reported there are times when a doctor may not inform the parent of all the dangers and risk if a child doesn't receive specific immunizations such as [REDACTED]. The doctors may not tell because they do not want the parents to feel uncomfortable.

Southeast Regional Office recommendations:

All medical teams follow the medical protocol to thoroughly explain to parents all the risk and dangers to a child, specifically if the parent has cultural differences and religious beliefs that prohibit the family from making a decision against recommended medical treatment.

SERO Findings:

County Strengths-

- The County immediately provided information and documentation to the Regional Office.
- The County conducted safety visits within the required time frame.

Deficiencies-

- This family would benefit from additional services and follow-up to ensure the family adhered to keeping the child's medical appointments. The County or outside services could provide the support to this family.
- The County did not forward a referral inquiry to the child welfare services in Connecticut.

Statutory and Regulatory Compliance issues:

- There were no regulatory violations.