



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR FATALITY OF:



DATE OF BIRTH: [REDACTED], 2010
DATE OF NEAR DEATH INCIDENT: July 27, 2010

Family was not known to any county agency

Date of Report: January 5, 2012

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 1147, Printer's Number 2159, was signed into law on July 3, 2008. The bill became effective on December 30, 2008 and is known as Act 33 of 2008. As part of Act 33 of 2008, DPW must conduct a review and provide a written report of all cases of suspected child abuse that result in a child 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.

Act 33 of 2008 also requires that county children and youth agencies convene a review when a report of child abuse involving a child fatality or near fatality is indicated or when a status determination has not been made regarding the report within 30 days of the oral report to ChildLine. Delaware County has convened a review team in accordance with Act 33 of 2008 related to this report.

Family Constellation

<u>Name:</u>	<u>Relationship</u>	<u>Date of Birth</u>
[REDACTED]	Victim Child	[REDACTED]/2010
[REDACTED]	Biological mother	[REDACTED]1983
[REDACTED]	Biological father	[REDACTED]/1983
[REDACTED]	Maternal great grandmother	[REDACTED]/1919
[REDACTED]	Maternal grandfather	[REDACTED]/1950
[REDACTED]	Maternal grandmother	[REDACTED]/1947
[REDACTED]	Maternal Uncle	[REDACTED]/1989

Notification of Child Fatality

The father reported that while changing the four-month-old baby's diaper on June 30, 2010 at 7:00 am the baby had explosive diarrhea. After the baby moved his bowels, he started bleeding from the mouth. The cause was unknown. The father stated that he initially wanted to call 911 but the mother wanted to go back to sleep. The father stated that between 8:30 am and 9:00 am he called the child's pediatrician's office. The pediatrician's office instructed the father to put his finger inside the baby's mouth and look with a flash light. The father did not want to do this because he felt the baby was in pain. The mother called the maternal grandmother who agreed to accompany the mother to the pediatrician's office.

According to the office visit notes, the baby was seen by Dr. [REDACTED] on June 30, 2010 at 4:00 pm. The reason for the visit was due to the child being constipated, bleeding from the mouth and having a decreased appetite. The bleeding from the mouth was noticed in the morning after the child was straining to produce a stool and had his fingers in his mouth. It was also noted during the examination that the child had not been feeding since the morning, he was less active than normal, he had a wet diaper with less urine than normal, with marks on his skin [REDACTED]

Dr. [REDACTED] referred the baby to Children's Hospital of Philadelphia (CHOP) ER for further evaluation based on the unclear etiology of bruising, the poor feeding in four month old infant that had been born at 27 weeks. It was also noted that the infant was having no signs of respiratory distress. The mother and grandmother were directed by Dr. [REDACTED] to take the baby directly to the ER. When they arrived at the ER with the baby, he was in respiratory arrest and unable to breathe on his own. He was put on a ventilator because he could not breathe and admitted to the [REDACTED]. The parents provided no history of trauma and no cause for baby's bleeding. The baby had been home from the hospital for only two weeks (see timeline below).

- DOB March 25, 2010 at 27 weeks gestation.
- March 25, 2010 - The child was transferred over night to the Pennsylvania Hospital [REDACTED]
- The baby remained there until June 14, 2010 when he was [REDACTED] to CHOP for a [REDACTED] repair.
- June 16, 2010 - The baby was [REDACTED] from CHOP into the care of his parents for the first time since birth.
- June 30, 2010 - Near Fatality report.

The child had been home only two weeks and was very irritable. Dr. [REDACTED] initially certified the child to be in critical condition, but it was unknown at the time if there was a medical reason for the bleeding or if it was from suspected child abuse.

Summary of DPW Child Fatality Review Activities

The Southeast Regional Office (SERO) obtained and reviewed all current case records pertaining to the [REDACTED] family. SERO obtained and reviewed the medical records from [REDACTED] Health System and the Magisterial District Court Criminal Docket. SERO also participated in the county Act 33 review team meeting on July 8, 2010.

Summary of Services to Family

Children and Youth Involvement prior to Incident

Prior to the incident, the family was not known to any children and youth agency.

Circumstances of Child Fatality and Related Case Activity

The father reported that while changing the baby's diaper on June 30, 2010 at 7:00 am the baby had explosive diarrhea. After the baby moved his bowels, he started bleeding from the mouth. The cause was unknown. The father stated that he initially wanted to call 911 but the mother wanted to go back to sleep. The father stated that between 8:30 am and 9:00 am he called the child's pediatrician's office. The pediatrician's office instructed the father to put his finger inside the baby's mouth and look with a flash light. The father did not want to do this because he felt the baby was in pain. The mother called the maternal grandmother who agreed to accompany the mother to the

pediatrician's office. According to the office visit notes, the baby was seen by Dr. [REDACTED] on June 30, 2010 at 4:00 pm. The reason for the visit was due to the child being constipated, bleeding from the mouth and having a decreased appetite. The bleeding from the mouth was noticed in the morning after the child was straining to create a stool and had his fingers in his mouth. It was also noted during the examination that the child had not been feeding since the morning, he was less active than normal, he had a wet diaper with less urine than normal, with marks on his skin [REDACTED]

[REDACTED]. Dr. [REDACTED] referred the baby to CHOP ER for further evaluation based on the unclear etiology of bruising, the poor feeding in four month old infant, the infant being born at 27 weeks, and infant having no signs of respiratory distress. The mother and grandmother were directed by Dr. [REDACTED] to take the baby directly to the ER. When they arrived at the ER with the baby, he was in respiratory arrest and unable to breathe on his own. He was put on a ventilator because he could not breathe and he was admitted to the [REDACTED] on June 30, 2010. The parents provided no history of trauma and no cause for baby's bleeding. The baby had been home for only two weeks due to child's premature birth (see timeline below).

- DOB March 25, 2010 at 27 weeks gestation.
- March 25, 2010 - The child was transferred over night to the Pennsylvania Hospital [REDACTED]
- The baby remained there until June 14, 2010 when he was [REDACTED] to CHOP for a Hernia repair.
- June 16, 2010 - The baby was [REDACTED] from CHOP into the care of his parents for the first time since birth.
- June 30, 2010 - Near Fatality report.

The child had been home only two weeks and was very irritable. Dr. [REDACTED] initially certified the child to be in critical condition, but it was unknown at the time if there was not a medical reason for the bleeding or if it was from suspected child abuse.

Current Case Status

- This is a county [REDACTED] investigation that was [REDACTED] based on the [REDACTED] investigation and medical evidence. The allegations of near fatality due to [REDACTED]
- The mother is residing with her parents, [REDACTED], Upper Darby, Pennsylvania.
- The father is residing with his parents in [REDACTED], Marcus Hook, Pennsylvania.
- The father was picked up and arrested on August 13, 2010 by the Upper Darby police when they found him on the street in Upper Darby passed out with drugs in his possession. According to [REDACTED], his Probation Officer, he also tested positive for cocaine during his required drug screening in July 2010.

- The police inquiry of the referral from the county has concluded that the information provided will not reach the level of the criminal code for child abuse.
- There are no other children in the home. [REDACTED] is safe with a comprehensive safety plan in the home of his MGPs', [REDACTED] Upper Darby, Pennsylvania.
- Delaware County has accepted the family for SCOH services thru Penn Home Care.
- Neither the mother nor father will be left unsupervised with [REDACTED]
- The mother and father will complete [REDACTED] and CPR classes.

County Strengths and Deficiencies and Recommendations for Change as Identified by the County's Child Fatality Report

Act 33 of 2008 requires that county children and youth agencies convene a review when a report of child abuse involving a child fatality or near fatality is indicated or when a status determination has not been made regarding the report within 30 days of the oral report to ChildLine. Delaware County has convened a review team in accordance with Act 33 of 2008 related to this report.

- Strengths: There were none identified.
- Deficiencies: There were none identified.
- Recommendations for Change at the Local Level: The review team did not have any recommendations.
- Recommendations for Change at the State Level: The review team did not have any recommendation.

Department Review of County Internal Report

Department of Public Welfare Findings

County Strengths: Delaware County Children and Youth Services completed a comprehensive [REDACTED]. The county obtained all necessary documentation that included police reports, medical examiners reports and medical/hospital reports. The county interviewed all collateral contacts and individuals involved with the [REDACTED].

County Weaknesses

- Implementing CAPTA requirements to help substance-exposed newborns, working to ensure the well-being and safety of children, professionals from child welfare, substance abuse, medicine, early intervention, and other disciplines are combining efforts and strengthening collaborations to meet the needs of families impacted by substance abuse.
- Policies and procedures to address the needs of infants who are substance-exposed, including notifications of child protective services.
- A plan of safe care for infants.
- Procedures for immediate screening, risk and safety assessment, and prompt investigation of reports relating to substance-exposed newborns
- In response to these requirements, the Children's Bureau released an announcement.

Statutory and Regulatory Areas of Non-Compliance

There were no areas of statutory or regulatory non-compliance.

Department of Public Welfare Recommendations

The Department should work closely with the counties to continue to ensure that they discussed creating cross or joint training materials, for the caseworkers from community-based care organizations, protective investigators, early intervention providers and sheriff's deputies, who are the target audience for such training. Early intervention providers already receive training on infant and toddler mental health, and recognize that more training in this area would be necessary.