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REPORT ON THE NEAR FATALITY OF



BORN: 04/18/2009
DATE OF NEAR FATALITY: June 13, 2009

FAMILY NOT KNOWN TO:
Berks County Children and Youth Services

REPORT FINALIZED: 02/12/10

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 reviews 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>
[REDACTED]	Child Victim	04/16/2009
[REDACTED]	Mother	[REDACTED] 1985
[REDACTED]	Father	[REDACTED] 1974

Notification of Near Fatality

Two-month-old child presented to the emergency room on June 11, 2009, with [REDACTED] while at home. Child was evaluated at that time and appeared completely normal. On 06/12/2009, child had a visit with primary care physician and again appeared normal. Reporting source saw child on the evening of 06/13/2009, and again appeared to be [REDACTED]. Child presented in the emergency room, appearing lethargic but arousable. The child had no outward injuries but a CT scan did reveal a [REDACTED]. Child was transferred to a neurosurgeon at Children's Hospital of Philadelphia. The hospital states that a child in this age group could have another explanation for the injury, such as [REDACTED]. Reporting source states she would not expect [REDACTED] for any reason other than the physical finding, the CT scan that is suspicion of [REDACTED]. Report was [REDACTED]

The [REDACTED] report reveals that the case is [REDACTED] because of the [REDACTED], but no other indication of [REDACTED] was present. Mother was seeking medical treatment for child as soon as she suspected something was wrong.

Documents Reviewed and Individuals Interviewed:

Entire case file reviewed, all pertinent documentation was reviewed and interviews held with assigned caseworker, supervisor and administrator for intake services.

Case Chronology:

June 11, 2009 child presented to the [REDACTED] at Reading Hospital.

June 12, 2009 child was evaluated by Primary Care Physician

June 13, 2009 child returned to the [REDACTED] at Reading Hospital.

June 13, 2009 child transported to Children's Hospital in Philadelphia.

June 14, 2009 oral report made

June 14, 2009 child seen by agency worker and child's safety assured

June 14, 2009 agency interviews with medical professionals treating the child

June 15, 2009 Risk Assessment completed

June 15, 2009 CY104, referral to law enforcement sent

June 15, 2009 parents interviewed

Multiple contacts were held with medical staff throughout the case. It was determined that [REDACTED] and the child stayed at Philadelphia Children's Hospital for several weeks to undergo genetic testing.

July 13, 2009 last in-person contact with family

July 13, 2009 [REDACTED] completed. Case [REDACTED] for [REDACTED] based on [REDACTED]

Previous Children and Youth Involvement:

There was no previous involvement

Circumstances of the Child's Fatality or Near Fatality:

Child presented to the Reading Hospital on June 11, 2009, with the [REDACTED]. Child was evaluated and appeared normal and was discharged in the care of his parents. On June 12, 2009 the child was seen by his primary care physician and appeared to be normal. Child was taken to Emergency room again on June 13, 2009, because he had been vomiting earlier in the evening. He appeared to be having [REDACTED]. The hospital staff then ordered a CAT scan which did reveal the child to have a [REDACTED] even though; child did not have any [REDACTED]. The child was then transported to Children's Hospital in Philadelphia. He was sent to see a neurosurgeon. The reporting source indicates that there could be another explanation for the [REDACTED] other than [REDACTED]. She is reporting for no other reason than the [REDACTED] from the CAT scan.

Children's Hospital in Philadelphia believed this child was [REDACTED]. Many [REDACTED] to determine the cause for [REDACTED]. The family was very cooperative and concerned about the child. He also had [REDACTED] done. At the point of case closure on July 14, 2009, the determination for his [REDACTED] and he would be [REDACTED].

Current / Most Recent Status of Case

- The status of the report is [REDACTED]
- This case was not accepted for services.
- The child is living at home with his parents.
- No services were suggested or provided.
- There are no criminal proceedings.

Statutory and Regulatory Compliance

There are no findings of statutory or regulatory non-compliance.

- Child is safe. No threats to the child's safety are present.
- The investigation began immediately.
- All pertinent parties were interviewed
- Risk Assessments were timely.
- The family was not accepted for services and a Family Service Plan was not required.
- A CY104 was sent to law enforcement

Findings:

This child was not a victim of abuse. [REDACTED]
[REDACTED], and many [REDACTED] were
administered. He was also undergoing [REDACTED] and he received a full body scan [REDACTED]
[REDACTED]

Recommendations:

Agency responded in a timely and appropriate manner. The Northeast Regional Office has reviewed the file and conducted appropriate interviews with staff in order to develop an analysis of case response, case outcome and case plan. Appropriate use of community resources was also developed by the agency in this case.