



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

**OFFICE OF CHILDREN, YOUTH AND FAMILIES**

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**REPORT ON THE NEAR FATALITY OF**



**BORN: 03-06-2009**

**Date of Near Fatality Incident: 04-10-2009**

**Family not known to Philadelphia Department of Human  
Services**

**REPORT DATE: 10/23/09**

**FINALIZED REPORT: 02/04/10**

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, on December 3, 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.

**1. Family Constellation:**

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
[REDACTED]	victim child	03-06-2009
[REDACTED]	biological mother	[REDACTED] 1988
[REDACTED]	kinship relative	[REDACTED] 2007
[REDACTED]	maternal grandmother	[REDACTED] 1961
[REDACTED]	maternal grandfather	[REDACTED] 1956
[REDACTED]	biological father	[REDACTED] 1988
[REDACTED]	paternal grandmother	[REDACTED] 1964

**Clarification:**

The victim child, [REDACTED], is the son of [REDACTED] and [REDACTED]. [REDACTED] and his mother reside with the maternal grandparents, [REDACTED] at [REDACTED]. The maternal grandparents are currently involved with Bucks County Children and Youth Social Services as [REDACTED]. [REDACTED] father, [REDACTED] is currently in [REDACTED] and his mother is an alleged drug abuser not involved in his life.

[REDACTED], the father, resides with his mother, [REDACTED]. The mother and [REDACTED] often spend days at a time at [REDACTED] home. The near fatality incident occurred at [REDACTED] home.

**Notification of Near Fatality:**

[REDACTED]  
On 04-10-2009 the victim child was brought to the emergency room at St. Christopher's Hospital by his parents due to vomiting and the child "not acting right". CT scan revealed he had [REDACTED]. The doctor stated child is in critical condition but stable, and is expected to live. The parents report they noticed something wrong with child about 3 pm. Parents didn't describe any trauma happening to child. Parents report child was in the care of a babysitter last weekend. According to the doctor, the injury most likely occurred after the time with the babysitter. No other explanation was given by the parent.



[REDACTED]

[REDACTED] on 04-06-2009, [REDACTED] was seen at St. Christopher's emergency room regarding blood in his mouth. At that time no injury was noted. Mother denies any injury to his mouth. [REDACTED] mother and father report that [REDACTED] was with them overnight; [REDACTED] ([REDACTED] father) was the primary parent caring for [REDACTED]. Father woke up every two hours to feed him. According to the parents, at 11 pm he was not feeding as much as normal. Father reports that [REDACTED] had an episode of spitting up around 7am and then an episode of severe vomiting at 11am. Father then woke up [REDACTED] mother and they brought [REDACTED] to the hospital.

On 04-06-2009, after returning from St. Christopher's Hospital, the mother began [REDACTED]. She reports delivering [REDACTED]. [REDACTED] was taken to the babysitter's house, [REDACTED], (on 4-06-09 at approximately 5:00- 5:30pm). He was left overnight. It was noted that this was the first and only time he was in the care of a non relative.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

On 04-10-2009 [REDACTED] was brought to St. Christopher's Hospital emergency room by parents due to vomiting and the child "not acting right". The doctors ordered a CT scan that revealed that [REDACTED] had [REDACTED]. [REDACTED] was admitted to the hospital in critical but stable condition. The parents have no explanation for the injuries, and can not describe any trauma that occurred to the child.

[REDACTED] The reporting source [REDACTED] stated that [REDACTED] was seen at St. Mary's medical center on 04-06-2009 because his mother noticed blood in his mouth. He was sent to St. Christopher's emergency room where nothing was found. The parents returned to St. Mary's the next day 04-07-2009, as mother again found blood in [REDACTED] mouth. Mother became upset when St. Mary's advised her to return to the emergency room (again). Mother said she would take [REDACTED] to another doctor at Kids First, and she left [REDACTED] in the room with his father while she went outside talking on her cell phone with her brother.

[REDACTED]

[REDACTED]



**County Strengths and Deficiencies as identified by way of DHS's Near Fatality Report:**

**Strengths-**

- Safety assessments completed by DHS Hotline staff were developed with consideration regarding the window between case transfers from Hotline to assignment in Intake.
- Although the investigation was ongoing at the time of the Act 33 Review, efforts to obtain vital information and progress of the case were well-documented. Social work team provided additional information obtained as recently as the day before the review.

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

1. Reducing the likelihood of future child fatalities and near fatalities directly related to child abuse and neglect.
  - Frenulum injury in an infant is a "red flag" for abuse. [REDACTED] was seen by a medical provider on 04/06/2009 because he had blood in his mouth from what turned out to be a frenulum injury. A report was not made to DHS about this injury until 04/15/2009, five days after the date of the 04/10/2009 "near fatality" report. The Act 33 Review Team feels that there needs to be better training and guidance to medical providers regarding their obligations as "mandated reporters" and makes the following recommendations:
    - The Department of Public Welfare (DPW) should conduct periodic trainings for medical providers on the issue of mandated reporting.
    - DPW should issue a clear and concise bulletin or transmittal regarding the obligations associated with reporting child abuse and/or neglect.
    - DPW should consider the use of public service announcements or advertising regarding the obligation of medical providers to report child abuse and/or neglect.

**SERO Findings:**

**County Strengths:**



- The Safety assessment conducted on 04-12-2009 with regard to [REDACTED] (considered safe with a comprehensive plan) was exceptional as it

included specific safety actions and stipulations (to include: not releasing the child for the duration of 2 days and willingness to notify DHS upon release of the child). It should further be acknowledged, that the hospital staff willingly provided a signature of acknowledgement on the safety plan.

Statutory and Regulatory Compliance issues:

In compliance:

- Obtained medical documentation on [REDACTED]
- Communication with other county (with regard to other county providing foster care for [REDACTED])

County Deficiencies:

- DHS could have utilized FGDM to develop family resources, rather than being viewed as a mechanism to prevent placement.

Statutory and Regulatory Compliance issues:

Non compliance areas:

- Supervision documented 4-13-09, 4-15-09, 4-24-09, 5-19-09, (determined 6-5-09) no evidence of supervision (between 5-01-09 and 5-19-09) at ten day intervals.

**Recommendations for changes at the State Level:**

DPW acknowledges the responsibility to educate and update mandated reporters of their duties with regard to reporting suspected child abuse. DPW also acknowledges the role of the County Children and Youth agencies to educate and update their system partners (in this case-specifically medical providers) with relevant information.

Below are some websites that could be helpful in educating reporters.

- [www.childwelfare.gov/search/search\\_results](http://www.childwelfare.gov/search/search_results).
  - [Web-Based Training for Future Mandated Reporters](#)
  - [Legal Resources on Information Gateway](#)
- [www.dpw.state.pa.us/servicesprograms/childwelfare/childabuseannualrpts](http://www.dpw.state.pa.us/servicesprograms/childwelfare/childabuseannualrpts)
- [www.dpw.state.pa.us/PartnersProviders/ChildWelfare/003670356.htm](http://www.dpw.state.pa.us/PartnersProviders/ChildWelfare/003670356.htm)
- [www.dpw.state.pa.us/ServicesPrograms/ChildWelfare/ChildAbuseAnnualRpts](http://www.dpw.state.pa.us/ServicesPrograms/ChildWelfare/ChildAbuseAnnualRpts)

General information:

*The following information was obtained from the Department of Public Welfare's website:*

Governor Edward G. Rendell signed Senate Bill 1054, now known as Act 179 of 2006, into law on November 29, 2006. Act 179 created several changes to the Child Protective Services Law (CPSL) expanding mandatory reporting requirements and child abuse and criminal history clearance requirements. The changes to the mandated reporting requirements are effective May 28, 2007, while the changes to the clearance requirements were effective January 28, 2007.

### **Mandating Reporting:**

Mandated reporters will now be obligated to report suspected child abuse to ChildLine without regard for the relationship between the alleged perpetrator or abuser and the child. That is, the mandated reporter need not be concerned about whether the alleged abuser fits the definition of a perpetrator under the CPSL. A mandated reporter is defined as a person who, in the course of his or her employment, occupation or practice of a profession comes into contact with children. The mandated reporter shall report or cause a report to be made when they suspect child abuse. This includes when a person has reasonable cause to suspect - on the basis of medical, professional or other training and experience - that a child under the care, supervision, guidance or training of that person or of an agency, institution, organization or other entity with which that person is affiliated is a victim of child abuse, including abuse by an individual who is not a perpetrator (under the CPSL). In addition, the child no longer needs to come directly before the mandated reporter in order for the reporter to be obligated to make a report. Confidential communications to clergy continue to be exempt while confidential communications made to an attorney were added as an exemption.

Penalties for failing to report suspected child abuse or to make a referral to the appropriate authorities have been increased to a misdemeanor of the third degree for the first violation and a misdemeanor of the second degree for subsequent violations.

To arrange for mandated reporter training on recognizing and reporting suspected child abuse for your agency please contact your local children and youth agency, or contact the Department of Public Welfare on line at contact DPW or by phone at 717-787-3984.

Education professionals, community service providers, early childhood education professionals and clergy/staff of religious institutions interested in Mandated Reporter Training should contact Pennsylvania Family Support Alliance at 1-800-448-4906 or [www.pa-fsa.org](http://www.pa-fsa.org).

Medical Professionals for EPIC-SCAN (Educating Physicians In their Communities- Suspected Child Abuse And Neglect) training [EPIC-SCAN training](#).