



pennsylvania
DEPARTMENT OF HUMAN SERVICES

REPORT ON THE FATALITY OF:

IYONI SEWARD

Date of Birth: 01/16/08
Date of Death: 09/26/2014
Date of Oral Report: 09/30/2014

FAMILY NOT KNOWN TO:
PHILADELPHIA DEPARTMENT OF HUMAN SERVICES

REPORT FINALIZED ON: 02/24/2015

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. 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. Philadelphia 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>
Iyoni Seward	Victim Child (VC)	01/16/2008
[REDACTED]	Biological mother	[REDACTED]/1990
[REDACTED]	sibling	[REDACTED]/2011
* [REDACTED]	Biological father	[REDACTED]/1988

* Father is incarcerated at [REDACTED] Correction Facility, [REDACTED]

Notification of Child Fatality:

On September 26, 2014, Philadelphia Department of Human Services received a [REDACTED] report stating that the biological mother found the VC unresponsive and called 911. When Medics arrived, the VC did not have a heart rhythm; she was not breathing. The VC was taken to Temple Hospital. They arrived at 12:10 pm and the VC was pronounced dead at 12:26 pm by Dr. [REDACTED]. The cause of death at this time was not determined and there were no signs of trauma to her body. However, when the Philadelphia Department of Human Services spoke with Dr. [REDACTED], who is also the VC's pediatrician, it was reported that the VC had a history of [REDACTED] and was admitted to CHOP on September 9, 2014, for an [REDACTED]. The mother did not take the VC to her pediatrician for a follow-up appointment after that hospital admission. It is unclear if she sought out another pediatrician for a follow-up.

Summary of DHS Child Fatality Review Activities:

Pennsylvania Department of Human Services reviewed complete records and follow-up reports of VC and attended ACT 33 Review Meeting on October 17, 2014.

Children and Youth Involvement prior to Incident:

Prior to the incident this family did not have any prior Children and Youth involvement.

Circumstances of Child Fatality and Related Case Activity:

On September 26, 2014, the Philadelphia Department of Human Services received a call [REDACTED] stating that they had a [REDACTED] report about the VC who was found unresponsive by her mother. The VC died as a result of her mother not following up with medical appointments. The VC's pediatrician stated that she had [REDACTED] and her mother did not follow through with several of VC's follow-up appointments. The [REDACTED] report said the cause of death was unknown, but upon investigation Dr. [REDACTED] reported that the cause of death was from the mother not following up with aftercare for the VC's [REDACTED] and the report was upgraded to [REDACTED]. When the VC ran out of medicine, her mother would take her to the ER. The VC's mother did not follow through with follow-up appointments or [REDACTED]. The case was [REDACTED]. The VC's mother reported that the VC was hospitalized twice a month for [REDACTED]. She also reported that the hospital [REDACTED] while at home. The mother stated she wanted to avoid having her child in the hospital every month so she attempted to manage the VC's [REDACTED] at home. On the day of the VC's death, the mother called 911 after the [REDACTED] and performed CPR on the VC until rescue arrived. The VC was pronounced dead upon arrival at the hospital.

Current Case Status:

According to the mother, she did follow-up with the VC's pediatrician after her most recent hospitalization. She also stated he did not examine the VC but did [REDACTED].

The mother is attending [REDACTED]. She has been compliant with all services. There were no concerns with the mother's ability to provide appropriate care for [REDACTED].

The maternal aunt agreed to remain in the home with the VC's mother to assist her with caring for [REDACTED].

On October 2, 2014, [REDACTED] began providing [REDACTED] safety services to the family which concluded in December 2014.

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

Strengths: MDT SWSM did a good job investigating the case and conferencing with her chain of command

Deficiencies: There were no deficiencies identified

Recommendations for Change at the Local and State Levels: None at this time

Department Review of County Internal Report:

The Commonwealth Department of Human Services received the county's report on January 15, 2015 and is in agreement with the findings and recommendations.

Department of Human Services Findings:

- County Strengths:
County did a thorough job investigating this case.
- County Weaknesses:
No weaknesses noted at this time.
- Statutory and Regulatory Areas of Non-Compliance:
There are no regulatory areas of non-compliance.

Department of Human Services Recommendations:

The Philadelphia Department Human Services should explore public service announcements targeting the dangers associated with respiratory illnesses and asthma. The announcement should target the preventive measures. For example; asthma care plans, influenza vaccination, and monitoring the symptoms of children with respiratory viruses.