pennsylvania
DEPARTMENT OF PUBLIC WELFARE

REPORT ON THE NEAR FATALITY OF:

[redacted]

Date of Birth: 8/17/2002
Date of Incident: 4/29/2013
Date of Oral Report: 4/29/2013

FAMILY NOT KNOWN TO:

Philadelphia Department of Human Services

REPORT FINALIZED ON:
1/17/2014

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))

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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 convened a review team on 5/17/2013 in accordance with Act 33 of 2008 related to this report.

Family Constellation:

Name:	Relationship:	Date of Birth:
[redacted]	Victim Child	07/17/2002
	Mother	[redacted]/1984
	Father	[redacted]/1975
	Brother	[redacted]/2007
	Sister	[redacted]/2011

Notification of Child Near Fatality:

The date of the incident was 4/29/13 and the date of the report was 4/29/13. The child was hospitalized on 4/29/13 as a result of the mother not monitoring the child's administration of her [redacted] medication or [redacted]. The child was admitted to St. Christopher Hospital [redacted]. She was dehydrated, she had abnormal increase in the body's fluids, her mental status was altered, and she was drowsy and lethargic. This was not called in as a near death until 5/2/13 because the physician stated that the child could have died.

Summary of DPW Child Near Fatality Review Activities:

The Southeast Region Office of Children, Youth and Families obtained and reviewed all current records pertaining to the [redacted] family from Philadelphia DHS. The regional office participated in the Act 33 review on 5/17/13. This includes meeting with the DHS supervisor, [redacted] DHS attorney, [redacted], and administrator, [redacted] The SERO staff met with the detective from the Special Victims Unit (SVU) and several nurses from St. Christopher Hospital. SERO staff also reviewed DHS case notes, hospital records and safety assessments. Interviews were followed up with IHIPS worker, [redacted], the DHS supervisor, [redacted] on June 19, 2013 and again on Oct 20, 2013.

Children and Youth Involvement prior to Incident:

The family was not known to the children and youth agency prior to this incident.

Circumstances of Child Near Fatality and Related Case Activity:

On April 29, 2013, the VC was hospitalized at St, Christopher Hospital as a result of complications from [redacted]. The complications were believed to be a result of medical neglect. The VC was admitted to [redacted]. She was dehydrated, she had abnormal increase in the body's fluids, her mental status was altered, and she was drowsy and lethargic. The physician accused the mother of not monitoring the child's blood levels. The mother felt that her daughter was lying to her about the levels because she wanted to eat things that she was not allowed to eat. The VC is 10 years old and the physician felt that the mother was neglectful. When the VC was admitted with dehydration, acidosis and her mental health was altered, she was drowsy and lethargic. The VC was [redacted] Oct 1, 2012 for the same issues. The VC [redacted] on Oct 10, 2012 with instructions that the mother should check the child's blood sugar 3 to 4 times a day.

The VC was interviewed by Philadelphia Children's Alliance (children's advocacy center)and Law enforcement. The VC stated that her mother would always ask her about her blood sugar levels but admitted that she was falsifying the levels so she could eat the foods she wanted. The hospital nurses stated that this is usually not called in as a near death because it happens to so many children and their families. The VC was just diagnosed in April 2012 and this was challenging for the child and the caretaker. The mother admitted her role in not checking the levels; she did not think her daughter would lie to her and agreed to make changes so this does not happen again. The Nurse also stated that the VC was attending a school that did not have a nurse, so her levels could not be checked daily after lunch. The mother has enrolled the child in a school with a nurse so this should eliminate some of the problems.

The VC is diagnosed with [redacted] and is having problems in school. She has been expelled from several schools. The VC was [redacted] for the [redacted] but has not attended for a few months due to [redacted]. The VC will [redacted]. The child was noted to have some scarring on her arms and neck. This was diagnosed as [redacted] She is being treated.

The mother is working full time and is expecting another child. The mother has two other children, [redacted] 2 years old, and [redacted] 6 years old. The children were seen by DHS nursing staff and the social worker spoke with the physician who provides well visits for the children. He had nothing but good things to say about the mother.

The DHS case manager, DHS supervisor and [redacted], all agreed that the child should [redacted] to her mother. The mother and VC were retrained and the child was [redacted] on May 1, 2013. [redacted] The VC and mother are doing well and the case is heading for closure.

The CPS report was unfounded on May 30, 2013.

Current Case Status:
The CPS report was unfounded on May 30. 2013. No criminal charges were filed because all parties involved felt that this did not rise to the near death situation. The VC [redacted] to her mother. [redacted] The mother is monitoring the VC's blood sugar levels. The levels are also being checked after lunch daily by the school nurse. [redacted] made several visits to the home. [redacted] and DHS SW agreed that the case can be closed. On Oct 17, 2013 [redacted] and the case was closed.

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

- Strengths:
  The MDT staff collaborated with the hospital staff, law enforcement, and had the child interviewed at the Special Victims Unit. All agencies collaborated well on this case.

- Deficiencies:
  None.

- Recommendations for Change at the Local Level:
- The school that the child was attending did not have a nurse to check the blood levels after lunch. All schools should have a nurse to address medical issues.
- The hospital should have sent a nurse out to the home when the child had the first hospitalization due to low blood levels. This would have provided more education to the mother and child and could have established that the child was not getting her blood sugar levels checked daily by the school nurse.

- Recommendations for Change at the State Level:
  None.

Department Review of County Internal Report:
The Southeast Office of Children Youth and Families reviewed the victim child's hospital records and DHS records. A review of the records and discussion led to great collaboration of all parties and allowed this child to be returned home. The Southeast Region participated in the County's Act 33 near death review team. SERO received the county report and is in agreement with its findings.

Department of Public Welfare Findings:

- County Strengths:
  The County followed up with private agencies and the court to provide services to the family from the onset of the CPS report and investigation.

- County Weaknesses:
  None identified.

- Statutory and Regulatory Areas of Non-Compliance:
  None identified.

Department of Public Welfare Recommendations:
Public schools should have nurses to attend to the special needs of their students.