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REPORT ON THE NEAR FATALITY OF



BORN: 11/11/99
DATE OF NEAR FATALITY: 11/06/10

FAMILY KNOWN TO:
Northampton County Department of Human Services
Children Youth and Families Division

DATED 04/07/2011

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 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 | 11/11/1999 |
| [REDACTED] | Mother | [REDACTED] 1964 |
| [REDACTED] | Father | [REDACTED] 1966 |
| [REDACTED] | Adult Sibling | [REDACTED] 1991 |
| [REDACTED] | Adult Sibling | [REDACTED] 1989 |

Notification of Near Fatality:

A referral was received by Northampton County Department of Human Services Children Youth and Families Division on 11/22/10 alleging that the child had been [REDACTED] on 11/16/10 and [REDACTED] severe dehydration. The child [REDACTED] presented with vomiting as well. [REDACTED]

The [REDACTED], Dr. [REDACTED], also stated that the child and his mother suffer from [REDACTED] systems in varying ways. It was also reported that the child has missed doctor's appointments. The child's mother has stated that she knows what's best for her children and how to deal with [REDACTED].

Documents Reviewed and Individuals Interviewed:

The [REDACTED] investigation was conducted by the county agency. The [REDACTED] investigation consisted of a review of the [REDACTED] file, interviews with Northampton County Department of Human Services, Children and Youth Division staff and participation in a MDT meeting regarding the child.

Case Chronology:

On 9/22/10 the child was seen [REDACTED] due to vomiting, neck and back pain. Child was [REDACTED] scheduled to return for follow up visit.

On 9/29/10 the child [REDACTED] had a fever and an infection

[REDACTED]. The child was given a [REDACTED] to treat his infection. [REDACTED]

On 10/8/10 the child was seen [REDACTED] for his annual [REDACTED]. [REDACTED]

The child showed improvement with [REDACTED], but then began complaining again in the beginning of November 2010. [REDACTED]

[REDACTED] The child did well for a week, but his medical condition started to decline after a week because he was not eating or taking his medication, which is when he was taken to the [REDACTED] emergency room.

On 11/16/10 the child was taken to the [REDACTED] Hospital [REDACTED] by his mother due to having severe dehydration, which is not unusual for the child, but had gone beyond what was normal for him. [REDACTED]

On 11/22/10 Northampton County Department of Human Services Children, Youth, and Families Division received a report stating that the child presented at the hospital several days ago. [REDACTED]

This is associated with [REDACTED]

[REDACTED]. The child had a [REDACTED] which his mother took out and did not replace. This caused the child's [REDACTED]. In addition, the child was dehydrated [REDACTED]

the child was certified to be in critical condition.

On 11/22/10 the child [REDACTED] had shown improved [REDACTED] functioning [REDACTED]

On 11/22/10 the Northampton Department of Human Services Children, Youth, and Families Division CPS investigator/ caseworker visited the family [REDACTED] and explained the investigatory process. [REDACTED]

On 11/22/10 the caseworker interviewed the child's mother. The mother stated that she has had continual problems in getting adequate medical care for her son and feels that her concerns are dismissed by medical staff. [REDACTED]

earlier when the doctor became angry with her for asking a nurse to explain what the doctor was saying.

The child's mother stated that several weeks ago, the child was sick and seen for a sore throat and vomiting. He also complained that the was causing him pain. The doctor gave him antibiotics. He showed improvement for a week, and then began complaining again.

The child did well for a week, and then went down hill again, which is when he was brought back to the doctor

The child's small size . He has also had a history of having digestive problems. According to mother, they stopped using it for 5 years and it was thought it would be of use to help give him supplemental feedings and necessary medications that the child often refuse to take by mouth or vomited back up. The mother reports that her husband only comes home four days a month. She cares for the child and his older sister with the assistance of her one daughter,

On 11/23/10 the caseworker spoke to Dr. by phone. Dr. stated that it would be a "gross misinterpretation of his written notes" and that the caseworker should refer to the child's medical chart for his notes. Dr. stated that the child was in and dehydrated on 11/16/10, but was alert and able to carry on conversation. Dr. stated that the mother made mistakes

[REDACTED], but the child would have survived days, weeks or months in the condition he came into the hospital.

On 11/23/10 The caseworker contacted Hillsborough County Child Protective Services [REDACTED] The caseworker spoke to [REDACTED] Caseworker [REDACTED] who reviewed the Agency files. There is no record of [REDACTED] involvement with this family in [REDACTED].

11/23/10 Criminal and ChildLine clearances were performed on household members. No criminal or ChildLine histories.

[REDACTED]

11/24/10 Dr. [REDACTED] contacted the caseworker. [REDACTED] [REDACTED] wanted to share that she felt the mother was being treated poorly by hospital staff who viewed her as [REDACTED]. She also supported [REDACTED] version of what happened with Dr. [REDACTED]

11/29/10 after conducting a safety assessment of the home, [REDACTED]

[REDACTED]

11/30/10 [REDACTED] The school [REDACTED] [REDACTED] is aware of the child's medical difficulties and would be willing to provide homebound instruction if the child's doctor provided a note stating that it was medically necessary.

11/30/10 the caseworker contacted [REDACTED], child's current pediatrician. The caseworker was informed that there is no medical reason why child can't attend school. He should be able to be sustained on his medical regime and function well, if the mother is compliant. [REDACTED]

11/30/10 the caseworker referred the family to [REDACTED] to help with parenting education and medical support.

11/30/10 the caseworker receives medical records from child's pediatric [REDACTED] and child's former pediatrician. [REDACTED]

[REDACTED]

12/1/10 the caseworker had a meeting with [REDACTED]

[REDACTED]

Goals established for the [REDACTED] to work on with the family: Make and keep all medical appointments; Construct a binder with all medically important information included for mother to present when she needs a medical history; Establish a record keeping system that is an easy method for tracking what meds need to be given and when and what has been given and when.

12/2/10 the caseworker requested all medical records from [REDACTED] regarding the child's earlier history.

12/2/10 the child's mother signed a contract with child's pediatrician agreeing to follow all medical directions and keep all appointments. [REDACTED]

12/2/10 the child returned to school.

On 12/3/10 the caseworker had a home visit with the child, his mother, his two siblings and the [REDACTED]

On 12/8/10 the child did not attend school due to having four episodes of diarrhea.

On 12/9/10 the caseworker had a home visit with the child, his mother, father, his two siblings and the [REDACTED]. The child was sent home from school due to vomiting.

On 12/14/10 [REDACTED] spoke to the child's [REDACTED]

[REDACTED] and
the only way to resolve that issue is for him to take his medication on a regular basis.
The doctor is also concerned with the gaps in the child's medical visits.

[REDACTED]

On 12/15/10 the child's [REDACTED] refused [REDACTED] to give any opinion [REDACTED]

[REDACTED]

On 12/17/10 the caseworker had a home visit with the child, his mother, his two siblings and the [REDACTED].

On 12/22/10 the caseworker went to observe the child at school. The child appeared comfortable in his setting. The caseworker collected information from the school nurse and the child's teachers.

On 12/28/10 a Multi-Disciplinary Team meeting was held. A decision was made to seek a [REDACTED] to assure that mother understands the need to follow medical treatment for the child.

On 12/28/10 the caseworker had a home visit with the casework supervisor, child, his mother, his two siblings, and the [REDACTED]. The nurse checked the child's med. It was discovered that he had been given half of his dosage of medication and his med log was not completed. The caseworker expressed the vital need for the child to take his medication on a consistent basis.

On 12/29/10 the caseworker contacted the child's father [REDACTED]. The father stated that he understood and that he was not aware that the child was still being given the incorrect medications.

On 1/20/11 [REDACTED]

Previous Children and Youth Involvement:

The family was assessed by Northampton County Department of Human Services Children Youth and Families Division on 2/16/10 [REDACTED]

[REDACTED]

The case was closed 3/26/10.

On 11/9/10 Northampton County Department of Human Services Emergency Services information and referral unit received a referral regarding the child. The I & R unit which operates under the auspices of Northampton County Department of Human Services is contracted by Northampton County Children, Youth and Families Division to receive all referrals. The I & R unit is responsible for receiving and referring information, and acts as a screening unit for Northampton County Children, Youth and Families Division 24 hours a day. The I & R received a referral stating that that the child has "major medical problems" [REDACTED]

[REDACTED]. The family was involved with [REDACTED]; however, the family does not participate in services. The school has reported that the child's [REDACTED]. The clinic is concerned that the child is not being fed. Children and Youth did not receive this referral and was not made aware of the referral until the caseworker began the [REDACTED] investigation.

Circumstances of the Child's Fatality or Near Fatality:

Prior to the agency's involvement, the family had little or sporadic social interaction with community agencies. The family consists of the father, mother, child, 2 adult siblings. The father is a long distance truck driver. He is home once a month. The mother is very protective of her children. [REDACTED]. She is enrolled in high school, but attends when she wants to. [REDACTED] is the only child that [REDACTED] assists the mother in the care of the child.

[REDACTED]

Current / Most Recent Status of Case

- The report has [REDACTED].
- The case was accepted for services on January 6, 2011.
- Northampton County Department of Human Services Children, Youth and Families Division monitored the child's compliance with medical treatment. The child has been seen by the [REDACTED]. [REDACTED] was involved with the family to monitor child's compliance with medical treatment and to provide oversight

and assistance to the mother. The child's mother became non complaint with services. The agency couldn't ensure the child's medical stability or safety so he

- On 3/18/11 [REDACTED]. The child was released to the care of his maternal aunt.
- [REDACTED] refused to open the case without an Interstate Compact. There was a meeting on March 18, 2011. The child was returned to the family on March 21, 2011
- No criminal charges have been filed.

Statutory and Regulatory Compliance

As a result of the DPW review of the circumstances surrounding the child's near fatality incident including the [REDACTED] file and corresponding family file, it was determined that the Northampton County Department of Human Services Children and Youth Division conducted safety assessments and risk assessments accurately.

DPW continues to explore the relationship between Northampton County I & R unit and Children, Youth and Families Division to determine who is responsible for the report on 11/9/10 never being referred to CYF Division for assessment.

Findings:

- The family had a brief history with Northampton County Department of Human Services Children and Youth Division due to truancy issues. However, the case was closed.
- The agency assessed the safety and risk of the child as required.
- The child [REDACTED] due to mother failing to comply with services provided by [REDACTED], child not receiving consistent medical care, child's absenteeism began to increase, and the family was given an eviction notice and was considered to be a flight risk when the mother would not provide any forwarding addresses. The family is originally from [REDACTED]. The family moved to Northampton County 3 years ago. The child's mother kept him out of school for 2 years. The child did not receive medical care during that time. The child was involved with [REDACTED] and his school. None of these community agencies communicated about the child prior to Northampton County Department of Human Services Children, Youth and Families Division's involvement.
- The allegations of medical neglect were substantiated.

Recommendations:

- During the first investigation, the agency should have contact medical providers regarding the child's health to assure that he is in compliance with medical recommendations. a major factor for truancy
- Provide mandated reporting to the local school districts and medical providers. Both had concerns with child receiving appropriate medical care, however, didn't report to child welfare agency.