



OFFICE OF CHILDREN, YOUTH AND FAMILIES

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REPORT ON THE NEAR FATALITY OF:



Date of Birth: January 16, 2011
Date of Near Fatality Incident: February 24, 2011

**The family was not known to
any public or private child welfare agency**

Date of Report: November 10, 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 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. Montgomery County Office of Children and Youth has not convened a review team in accordance with Act 33 of 2008 related to this report. The county agency has not convened a review team due to this case being unfounded within 31 days and the incident ruled an accident.

Family Constellation

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
[REDACTED]	Victim Child	01/16/2011
[REDACTED]	Mother	[REDACTED]/1981
[REDACTED]	Father	[REDACTED]/1980

Notification of Child Near Fatality

On February 24, 2011 Montgomery County Office of Children & Youth received a call from Dr. [REDACTED] from Pottstown emergency room stating that mother and grandmother brought the victim child into the ER. The mother reported that the victim child rolled out of bed and fell onto the floor, hitting his head. The floor is carpeted. The child received a skull fracture and [REDACTED]. The incident occurred around 3:00 pm on February 24, 2011. The mother said she sat the child up on some pillows so that he could look up at the ceiling fan. The child was not placed in the middle of the bed. As the child's mother was trying to grab a sweatshirt from the door to get dressed, the child fell off of the bed. The reporting source felt that the mother's account of the incident could be possible. The reporting source could not rule out non-accidental trauma to the child. The child was certified to be in serious condition as a result of the injuries. The child was expected to survive. The child was transferred to Children's Hospital of Philadelphia (CHOP). The reporting source called ChildLine due to being advised to do so by Children's Hospital after conferring with CHOP and determining that children this age do not usually roll by themselves, in addition to the seriousness of the injury to a six week old. Although the mother's

explanation was possible, the reporting source was unable to rule out non-accidental injury to this child.

Summary of DPW Child Near Fatality Review Activities

The Southeast Regional Office obtained and reviewed all current records. Follow up interviews were conducted with the county's Quality Assurance Director and Caseworker. There was no County Internal Fatality Review required due to the case being ruled an accident and unfounded within 30 days.

Summary of Services to Family

Children and Youth Involvement Prior to Incident

No previous children and youth involvement.

Circumstances of Child Near Fatality and Related Case Activity

On February 24, 2011, the mother and maternal grandmother brought the victim child into the ER. The mother reported that the child rolled off of the bed and fell onto the floor, hitting his head. It was reported by the county agency that the biological mother was reaching for her sweatshirt while on the bed and as biological mother leaned forward, the child fell off of the bed because the child was not placed exactly in the middle of the bed. The caseworker went to the biological mother's home on February 25, 2011 and was able to corroborate that the child fell in the manner in which biological mother reported. The safety plan put into place prior to the case determination was that the maternal grandmother would reside with the family. The incident was ruled an accident. The mother further reported during an interview with the caseworker that she never reported that the child rolled off the bed but that he fell and she contacted his pediatrician.

Current Case Status

The case was unfounded and ruled an accident on March 21, 2011 and no other services were deemed necessary for this family. The child is currently doing well.

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

Montgomery County has not convened a review team in accordance with Act 33 of 2008 related to this report due to this incident being ruled an accident and unfounded within the required time.

Department Review of County Internal Report

There was no internal report done due to the investigation being unfounded within 30 days.

Department of Public Welfare Findings

County Strengths

Montgomery County completed this investigation in a timely manner.

County Weaknesses

None noted.

Statutory and Regulatory Areas of Non-Compliance

None noted

Department of Public Welfare Recommendations

Young parents need education about the proper sleeping arrangements for newborns. This could be provided in pediatricians' offices, WIC and welfare offices.