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MULTIDISCIPLINARY TEAM - CONFERENCE REPORT

CONFIDENTIAL

This report is consultative in nature.

All final case management decisions are made by the Department of Human Services.

Conference Date 7/2/2024 Time: 9:00am – 10:30am
Conference Place Child and Family Service - Ewa

DHS Case Name:

Child Name: Deceased child

DHS Case Worker: Jessica Wong-

Sumida

DHS Supervisor: Julie Stielow

Intake Date: 6/14/2024

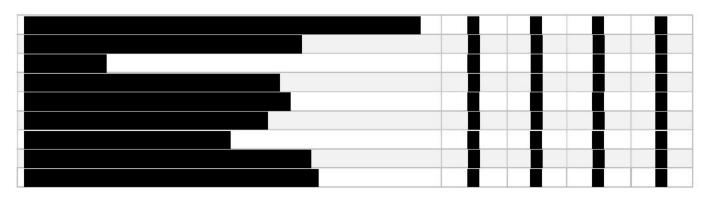
Case #:

Family	Name	DOB	Location
Mother			HI
Father			HI
			HI
			HI
	Deceased child		DOD: /2024
Mother's Partner			HI

Reason for Team: ☐ Diagnostic – Assessing the presence or absence of child abuse/neglect; threatened harm ☐ Service Planning – Assisting in the development of an appropriate service plan for the family ☐ Case Review / Direction – Assessing the current status of the case ☐ Assessing the safety of home
□ Other:
Type of Case:
☑ Death
☐ Serious harm
■ Reabuse on an open (active) or closed case
☐ Hospitalization due to suspected child abuse or neglect on an open (active) or closed case
☐ Suspected child abuse or neglect on an open (active) or closed case
■ New MDT Case
☐ Case action moving toward TPR
☐ Case moving toward reunification
☐ Other:

INVITED TO MDT	ROLE / ORGANIZATION	ATTENDANCE METHOD
Kayal Natarajan, MD, FAAP	MDT Child Abuse Pediatrician /CFS	Zoom
Cindy Ikeda, Psy.D.	MDT Psychologist / CFS	Zoom
Julianne Aquinde, RN	MDT Nurse / CFS	Zoom
Summer Solt, LCSW	MDT Social Worker / CFS	Zoom
Jessica Wong Sumida	DHS/CWS Social Worker	Zoom
Julie Stielow	DHS/CWS Social Worker	Zoom
Lezlee Cabaya	DHS/CWS Social Worker (observing)	Zoom
Winnie Nishimiya	DHS/CWS program director	Zoom
Lavina Forvilly	DHS Program Administration	Zoom

SOURCES OF INFORMATION	MD	RN	PSY.D.	LCSW
Information provided at MDT Conference (6/28/2024)	X	X	X	X
DHS Intake (6/14/2024)	X	X	X	X



Types of Child Abuse / Neglect / Injury:
☑ Malnutrition
☑ Extensive Patterned Bruising
☑ Death
☑ Extreme Pain
▼ Extreme mental distress
☑ Psychological / Emotional abuse
▼ Exposure to domestic violence
☑ Not Provided: adequate food, clothing, shelter, education, physical care, medical care, or
supervision
☑ Provided with dangerous, harmful, or detrimental drugs

Analysis of Child Abuse / Neglect / Injury: Comments: and the physical exam results are consistarvation and physical abuse, which most likely		Th	ne histories provided by
Analysis of Home: ☐ Unsafe ☐ Safe home ☐ Safe home Comments:	with Services	□ Deferred	☑ No Analysis
Reteam Offered: Reteam Accepted: Tentative Date: Documents Requested for Reteam:			

CASE ANALYSIS

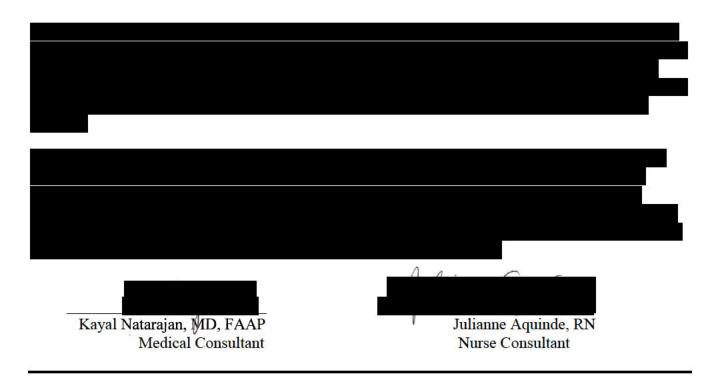
MEDICAL AND NURSING REPORT: Child(ren)'s Status, Functioning, Needs

Physical Status of Each Child:

Provided Status of Eur	/2024 at the age of 3 years 11 months old.
Deceased child died on	72024 at the age of 3 years 11 months old.
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Photos provided by CWS of body show her to be underweight, emaciated, and covered with patterned bruises indicative of physical abuse and starvation.
. EMS documents and records from QMC West are not available for review.
she was admitted to QMC West at 7:25pm. She was pronounced dead at 7:43pm. had bruising in different stages of healing on both her legs (knees to toes), left thigh, back, and trunk. Her weight was reportedly only 29 pounds. She had an adult-sized handprint bruise on her buttocks, massive bruise on the left abdominal hip area, bruising along her spine, and multiple bruising covering both legs. HPD reported to CWS that had bruising to the left lower arm, and left side of the rib area. HPD has classified the incident as an unattended death with suspicious injuries. A skeletal survey may have been done at Queen's West before the body was transferred to the medical examiner, but no results are available for review.

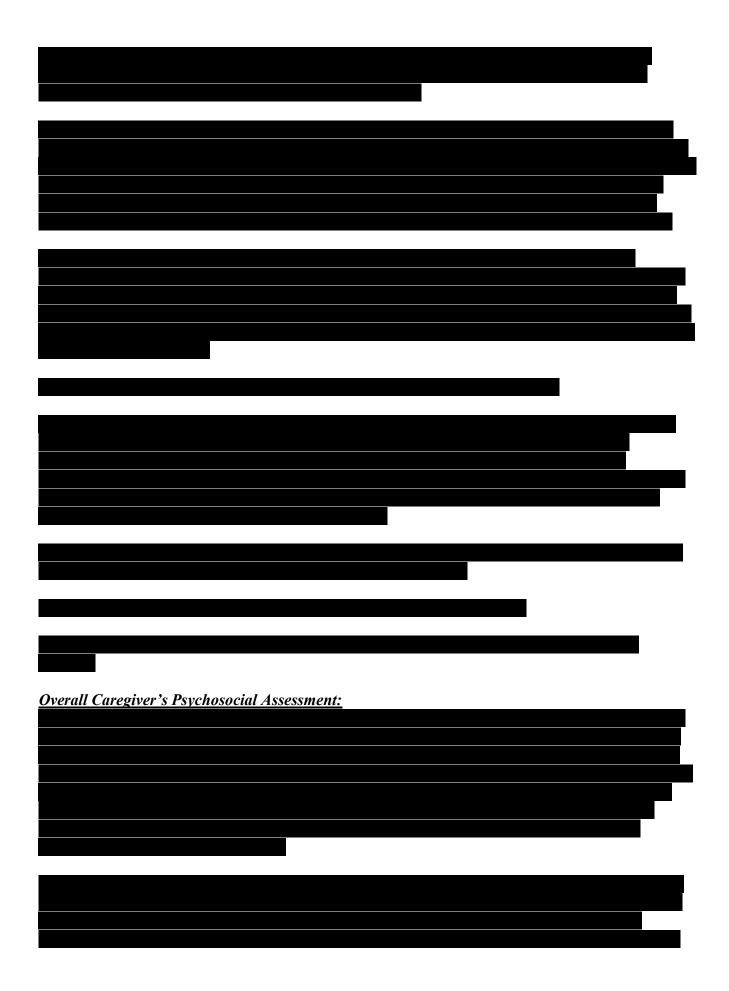
Overall Child(ren)'s Medical Assessment:
The histories provided by
and the findings on body are consistent with chronic, severe child maltreatment
ncluding starvation and physical abuse. Although the cause and manner of death is pending, it is
most likely that the serious maltreatment inflicted on her contributed to death.
No medical care was sought for despite these symptoms prior to her death.

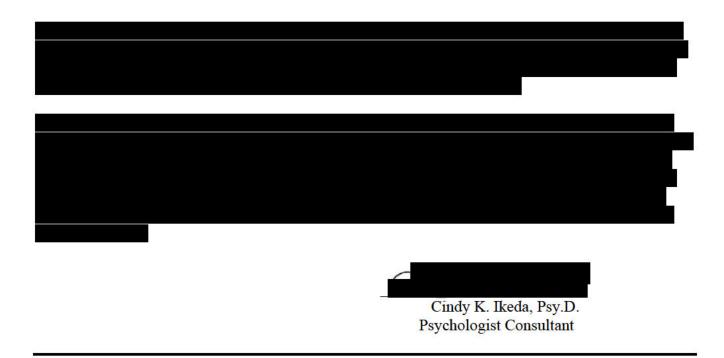


PSYCHOLOGIST REPORT

Emergency Medical Services (EMS) responded to the family home on 6/13/2024 and transported (age 3 years 11 months) to the hospital where she was pronounced dead. She was noted to have bruises in multiple stages of healing (including an adult-sized handprint bruise) and was observed to be malnourished and underweight.

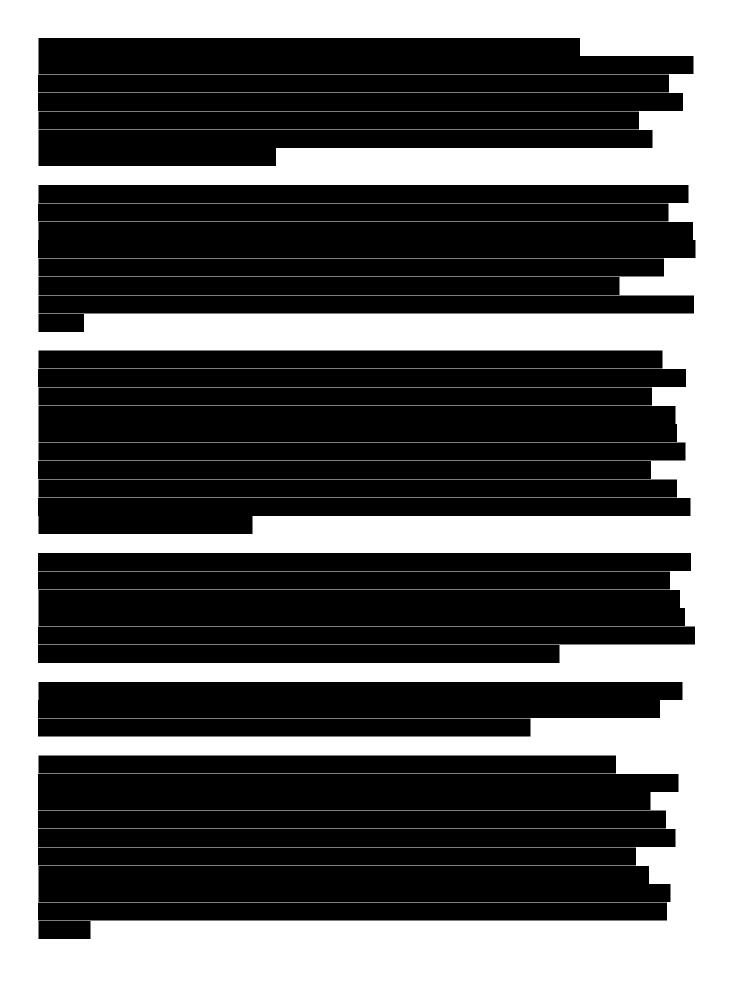
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Overall Child(ren's) Psychosocial Assessment:	
Psychosocial Status of Canaging (a)	
Psychosocial Status of Caregiver(s):	

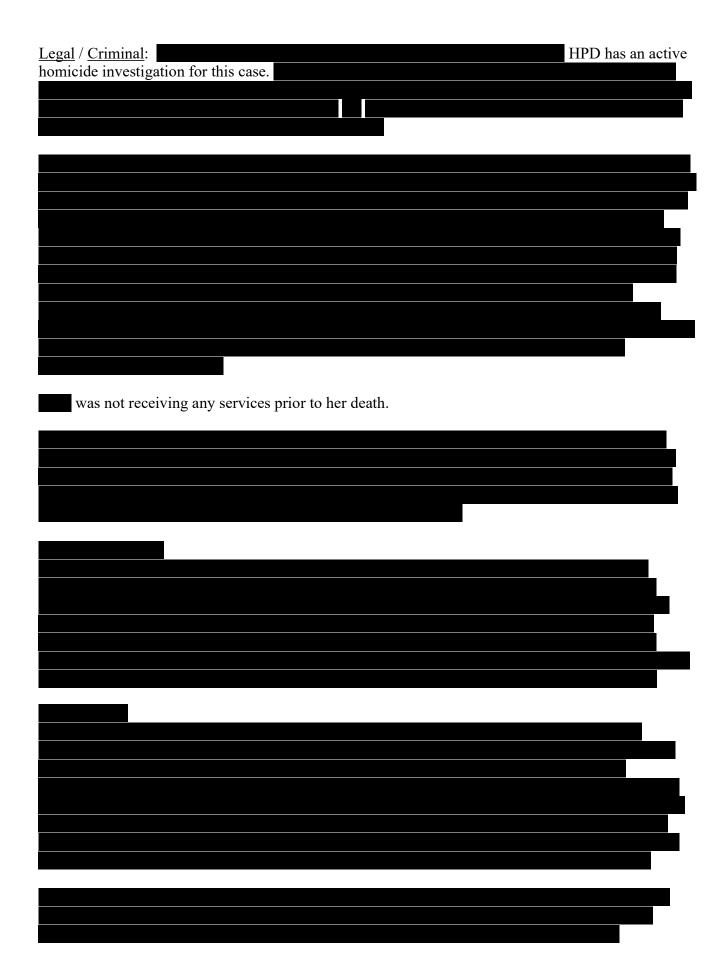


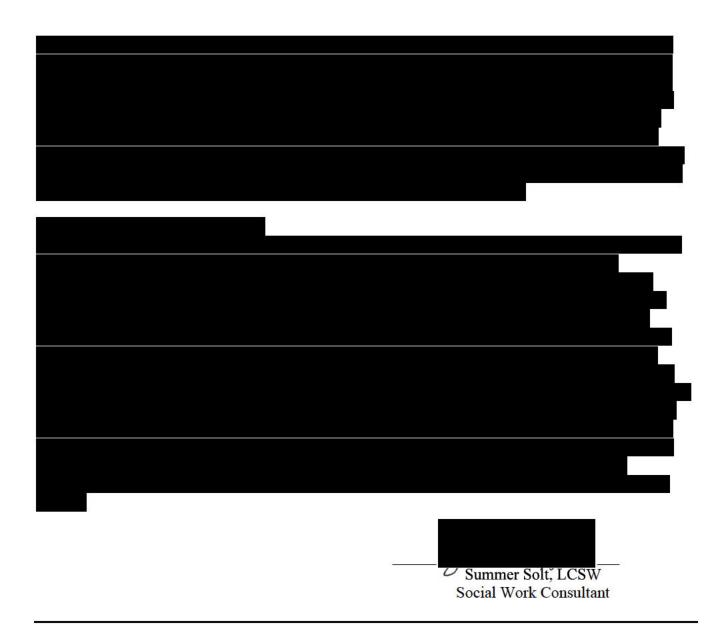


SOCIAL WORKER REPORT









TEAM ASSESSMENT

Based on the consensus of the Multidisciplinary Team Consultants, the following has been determined:

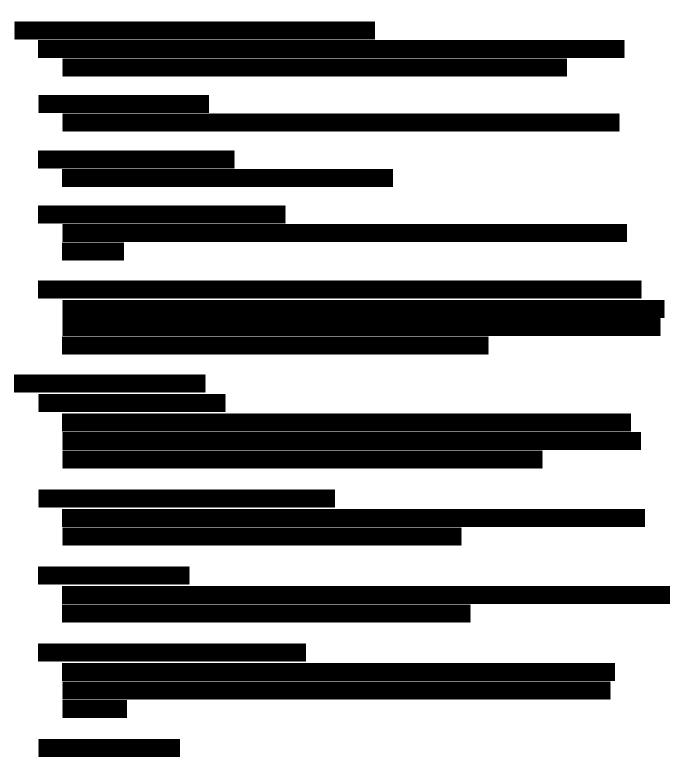
	The purpose of the MDT Conference
	ssment, and case review/direction. A diagnostic assessment indicates
that there are multiple inconsiste	encies provided by "caretakers" The histories provided
	exam results are consistent with chronic, severe child maltreatment
including starvation and physica	al abuse, which most likely contributed to Deceased child death.
	The unexplained death of
abuse and neglect of the	in the home indicates pathological parenting.

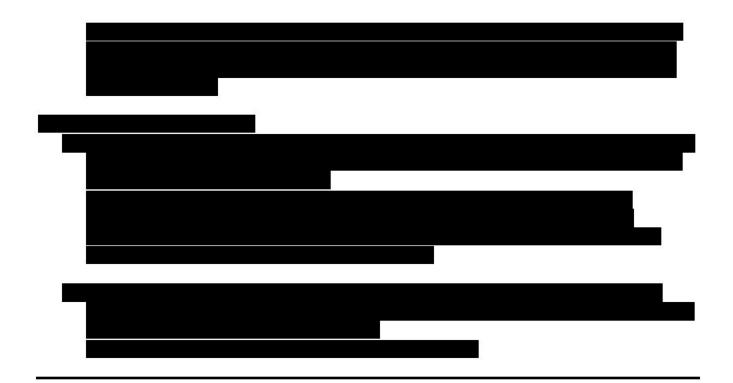
TEAM RECOMMENDATIONS

The following recommendations are consultative in nature.
All final case management decisions are made by Department of Human Services.

Placement Recommendation

1. No Placement Recommendations as child is deceased.





Reviewed By:

Linda C. Fox, Ph.D. Child and Family Service Program Supervisor, Administrator

Date: 7-15-2024