

# **2022 Annual Report**

# Child Fatality and Near Fatality External Review Panel

Child Fatality and Near Fatality External Review Panel 125 Holmes Street, 2nd Floor Frankfort, Kentucky 40601

## **EXECUTIVE SUMMARY**

The Child Fatality and Near Fatality External Review Panel, "the Panel", was created in 2012, for the purpose of conducting comprehensive reviews of child fatalities and near fatalities suspected to be the result of abuse or neglect. Due to the recent passage of Senate Bill 97, this multidisciplinary panel is now comprised of twenty-two professionals from the medical, social services, mental health, legal, and law enforcement fields, as well as other professionals who work on behalf of Kentucky's children.<sup>1</sup> Senate Bill 97 included new members, such as the President of the Kentucky Coroners Association and a practicing medication-assisted treatment provider.

The Panel reviews cases referred from the Cabinet for Health and Family Services, Department for Community Based Services, and the Department for Public Health. The Department for Community Based Services (DCBS) conducts their own investigation into the fatality or near fatality and determines whether to substantiate abuse or neglect. The Panel conducts an external review of these cases regardless of the DCBS finding. The Panel may also review cases referred from other sources, if the fatality or near fatality is suspected to be a result of abuse or neglect perpetrated by a parent, guardian, or other person exercising custodial control or supervision. The cases reviewed from the Department for Public Health, are referred from the local child fatality review teams and the state Sudden Unexpected Infant Death (SUID) team. These cases were either not reported to or were not accepted for investigation by the Department for Community Based Services.

As a part of this external review, relevant information may be requested from a variety of sources and may include autopsy reports, medical records, law enforcement records, and records held by any Family, Circuit, or District Court. The purpose of these retrospective reviews is to identify systemic deficiencies and to make recommendations to prevent future child fatalities and near fatalities due to abuse and neglect.

As specified in KRS 620.055(2), the Panel is comprised of five ex officio nonvoting members and seventeen voting members. Of the seventeen voting members, four members are currently pending appointment or reappointment from their appointing authority. Of the ex officio members, two members from the Kentucky General Assembly have yet to be appointed.

This annual report is to be published and submitted to the Governor, the secretary of the Cabinet for Health and Family Services, the Chief Justice of the Supreme Court, the Attorney General, the State Child Abuse and Neglect Prevention Board, and the director of the Legislative Research Commission for distribution to the Interim Joint Committee on Health, Welfare, and Family Services, and the Interim Joint Committee on Judiciary by February 1 of each year as specified in KRS 620.055(10). Furthermore, the Panel shall determine a specific agency responsible for implementing the recommendations contained within this report and notify them in writing. The receiving agency has ninety (90) days upon receipt to: (1) respond to the panel with a written intent to implement the recommendation, an explanation of how the recommendation will implemented, and an approximate time frame; or (2) respond to the panel with a written notice that the agency does not intend to implement the recommendation and provide a detailed explanation of why the recommendation cannot be implemented. The Panel is hopeful this newly added requirement will strengthen collaborative prevention efforts.

In accordance with KRS 620.055(4) the Panel is required to meet at least quarterly. Throughout 2022, the Panel met monthly in order to meet the demand of their increased caseload. Cases reviewed were from state fiscal year 2021 (July 1, 2020, through June 30, 2021). The Panel reviewed a total of 215 cases comprised of sixty-nine fatalities and 146 near fatalities. Of the sixty-nine fatalities, three of those cases were reported to DCBS as near fatalities which ultimately resulted in a fatality. Eight of those cases were referred to the Panel from the Department for Public Health.

#### **EXECUTIVE SUMMARY**

For a greater understanding of the Panel's work, all interested citizens are encouraged to read this report and to visit the Justice and Public Safety Cabinet's website (<u>http://justice.ky.gov/Pages/CFNFERP.aspx</u>) for prior years' reports and case summaries.

## 2022 ACCOMPLISHMENTS

## LEGISLATIVE UPDATES

During the 22 Regular Session, the General Assembly and the Governor supported the Panel by enacting Senate Bill 97. As previously discussed in the Executive Summary, SB 97 not only made structural changes to the Panel, but it also implemented several recommendations from previous Annual Reports. The Panel has historically recommended law enforcement officers drug test caregivers when a child has died unexpectedly, and they suspect impairment. KRS 620.040(5)(e) now requires if the law enforcement officer has reasonable grounds to believe any parent or person exercising custodial control or supervision of the child was under the influence of alcohol or drugs at the time the fatality or near fatality occurred, the law enforcement officer shall request a test of blood, breath, or urine from that person. If consent is not given, a search warrant shall be requested from and may be issued by the judge to the appropriate law enforcement official upon probable cause that a child fatality or near fatality has occurred and that the person exercising custodial control or supervision of the child at the time of the fatality or near fatality was under the influence. SB 97 further amended KRS 72.410(3)(a), which now requires a coroner to immediately contact the local office of the Department for Community Based Services, law enforcement agencies within jurisdiction, and the local health department to determine the existence of relevant information concerning the case. These statutory changes will allow investigatory agencies to better understand the circumstances surrounding the fatal or near fatal event.

#### **OVERDOSE/INGESTION PREVENTION**

As mentioned in the 2021 Annual Report, the Panel partnered with the Kentucky Safety and Alignment Network (KSPAN) to form the Child Home Safety Committee. This Committee consist of 75 members from across the Commonwealth with the goal of reducing the number of unintentional overdose/ingestion and firearm injuries in children. The Committee originally received a small amount of funding from the CDC to purchase and distribute medication lockboxes and trigger locks. After successful implementation, the Committee collaborated with Prevent Child Abuse Kentucky, the Office of Drug Control Policy, and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) to receive additional funding for medication lockbox distribution. Community partners throughout the state were notified of the project and approximately seventy agencies requested the resources. The initial funding received from the KY-ASAP boards allowed the Committee to purchase and distribute 1,335 medication lockboxes and educational material to nine different programs, covering 24 counties. Due to the overwhelming response from community providers, the Committee received another funding opportunity which will allow them to purchase and distribute three times the number of lockboxes distributed as part of the original project.

#### FIRST RESPONDERS TRAINING

The Panel partnered with Prevent Child Abuse Kentucky and funding provided by the Kosair Charities' Face It Movement to implement a *first responders checklist* that can be utilized at the scene of a child fatality or near fatality. The goal of the checklist is to enhance a multidisciplinary approach during these types of investigations. The project includes a short educational video and a checklist that is free of charge. For more information regarding this project please visit the Prevent Child Abuse Kentucky website <u>here</u>.

The Panel would like to express their deepest gratitude to all of our partners that made these efforts possible.

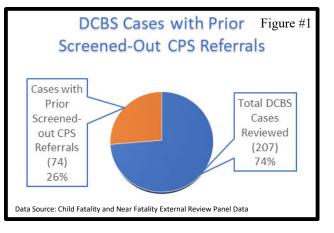
## **DEPARMENT FOR COMMUNITY BASED SERVICES**

The Panel has focused on two processes conducted by Central Intake staff within the Department for Community Based Services (DCBS). The two focus areas addressed in this year's report are:

1.) Prior CPS referrals not accepted for investigation, within sixty months of the fatal or near fatal event. These are more typically referred to as "screened-out referrals." This focus area also addresses the need for an Alternative Response system.

Some background information regarding the Central Intake Process may be helpful to the reader. The intake process is conducted by staff located within each of the nine DCBS Service Regions. These staff are administratively housed within one unit, not under the leadership of the local regional office staff. This supervisory structure is an effort to enhance statewide consistency. DCBS has begun the implementation of a Structured Decision Making® (SDM) process intended to provide workers with tools to assist in the decision-making process. These tools will address several functions within the CPS casework process. The Central Intake function of SDM was implemented in April of 2022. DCBS provided the Panel with a presentation on the implementation of the SDM process. The Panel is hopeful the implementation of the SDM will strengthen the intake decision making process.

In FY 2021, the Panel reviewed 207 cases received from DCBS. Of those cases, 74 cases (26%) had prior screened-out CPS referrals. The practice of screening-out CPS reports has been a longstanding concern of the Panel. The issues were addressed in the Panel's first annual report in 2013 and has been a repeated issue in five of the eight subsequent years. The screening of CPS reports has been a concern also identified by national child advocacy organizations. As noted in the Panel's 2021 report, the chairman of the National Commission to Eliminate Child Abuse and Neglect Fatalities stated, "A call to a child



protection hotline, regardless of the disposition, is the best predictor of a later child abuse or neglect fatality.<sup>1</sup> This points to the importance of the initial decision to 'screen-out' certain calls. Screening out referrals leaves children unseen who may be at a high risk for later fatality."<sup>2</sup> While the Panel has addressed these issues with various recommendations, the consistent theme has been increased supervisory review of cases involving young children, situations in which there are multiple prior CPS referrals or CPS involvement, and/or the reporting source is a medical professional. Based on SDM information provided to the Panel, it does not appear a history of prior CPS involvement, age of victim, or professional reporting source would trigger supervisory review of a decision to screen out referrals.

#### NF-014-21-C

This case involved a two and half year-old boy who ingested his parent's Suboxone. The family had a lengthy history of domestic violence and substance misuse, as well as a prior substantiated abuse case and an open CPS case. Seven months after the CPS case was closed, and nine months before the near fatal incident, DCBS received a CPS referral from a drug treatment professional. The screened-out report indicated mother had several weeks of positive drugs screens for norfentanyl and morphine. She had left the drug treatment program, and the treatment professional was concerned mother was continuing to use drugs with a small child in the home.

## DEPARTMENT FOR COMMUNITY BASED SERVICES

It is important to note, not all screened-out reports are inappropriate. Many times, CPS referrals do not include a concern or allegation meeting the statutory definition of abuse or neglect. Families in these situations may need support or services, but not be appropriate for a CPS investigation. In these situations, families often do not receive any services. In its 2021 report, the Panel addressed the issue of Alternative or Differential Response as an option to address concerns regarding screened out CPS referrals. An Alternative Response does not make a determination of maltreatment or identify a perpetrator, but still provides services to families in need. This approach involves engaging community partners in serving these lower risk families. This is an important step in assuring those families who do not meet CPS acceptance criteria receive preventive services before the situation escalates to a full-scale CPS issue requiring more intensive and intrusive intervention. The Panel specifically identified eight cases in which CPS referrals were appropriately screened-out, and the family may have benefited from support from an Alternative Response approach. This small number should be viewed in the context of the number of cases reviewed by the Panel, in comparison to the total number of referrals made to DCBS statewide. (207 cases referred to the Panel, in comparison to over 100,000 referrals made to DCBS.) While it is noteworthy and commendable that DCBS is currently piloting these approaches in several areas of the state, the existing resources do not meet the need.

# 2.) CPS reports involving fatal or near fatal incidents being accepted for investigation, but not designated as being a possible result of maltreatment.

The determination of whether a CPS report is designated as a maltreatment related fatality or near fatality is made at the Central Intake level. The Panel has documented seven cases in which this designation was not made in a timely manner, or in some cases, not made at all. A common scenario is a case is accepted, the investigation is initiated, and days later it is correctly determined the fatality/near fatality designation should have been applied. At this point, a new worker is often assigned, second interviews are conducted and an already traumatized family may be confused by an unexpected change in the case. These scenarios raise concern that appropriate referrals are not identified and reviewed.

A related Central Intake issue has been identified by Panel members, sometimes in their professional role outside of the Panel. Theses issues most often occur with those professionals in the medical field, who struggle to get a referral screened-in with a fatal or near fatal designation. The Panel has limited specific data regarding these incidents, with most of the concern being noted after the designation is made and the case being brought before the Panel.

#### NF-84-21-C

This case involved a near-fatal fentanyl and methamphetamine ingestion in an almost three-month-old infant girl. EMS responded to the home finding the baby having gasping breaths, with pinpoint unresponsive pupils. She was given Narcan, responded positively, and was transferred to a children's hospital for treatment. The case was not designated as a near fatality by DCBS. Medical professional staff at the hospital contacted DCBS two days after the incident, noting the child was considered a near fatality by one of the treating physicians, the child responded to Narcan (a life -saving measure), and the child was in critical condition. Two days later, DCBS designated the case as a near fatality.

## F-015-21-C

DCBS was notified of the death of a five-week-old infant boy. It was reported the child appeared to have suffocated while being held by father who had "passed out". The father had a history of substance misuse, and he was given a blood test at the hospital which was pending. This report was not accepted for investigation. After additional information was gathered, and management staff consulted, the report was accepted for investigation as a neglect related fatality five days after the initial report.

## **Recommendations:**

1.) The Department for Community Based Services should revise Standards of Practice (SOP) and/or the SDM manual to allow for consideration of history of prior CPS involvement, age of victim, or professional reporting source as factors in decision making regarding acceptance of CPS reports by Central Intake staff.

2.) The Department for Community Based Services should develop protocol for supervisory review of screened-out CPS referrals involving children under age four, history of prior CPS involvement, and referrals made by professional reporting sources.

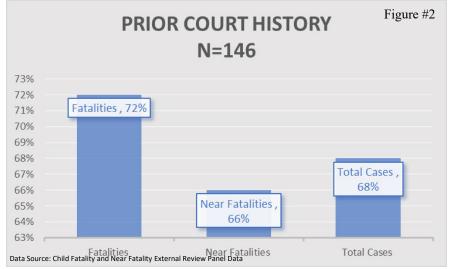
3.) Central Intake staff should consult with Systems Safety Staff on the first business day after receipt of a CPS referral regarding fatal or near fatal maltreatment to assure the correct designation has been applied.

4.) The Department for Community Based Services should develop a process for professional reporters to seek timely supervisory review of a decision to screen out a CPS referral, including an opportunity to provide additional information, and a process to review referrals alleging fatal or near fatal maltreatment but not designated as such.

5.) The House and Senate Committees on Families and Children should examine national best practices surrounding Alternative Response models and monitor the outcomes of the pilot efforts in Kentucky with the goal of providing support and resources necessary to rapidly expand the model.

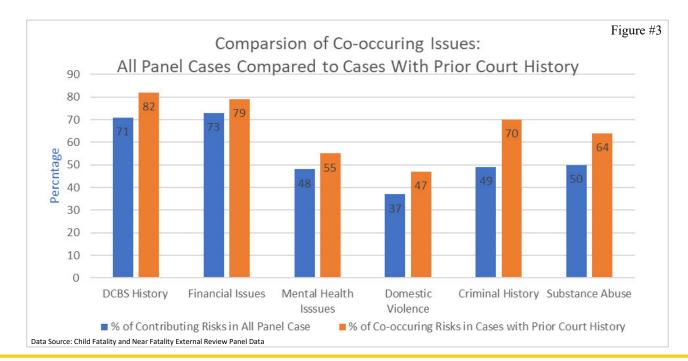
#### FAMILY RECOVERY COURT

When reviewing these types of cases from a preventive lens, it is evident two major systems interface most often with these families at a high rate; DCBS and the judicial system. As illustrated in Figure #2, 68% of all cases reviewed by the Panel had previous court history. "Court history" is defined for Panel purposes, as any court involvement *prior* to the fatal or near fatal event, which may include previous family and/ or criminal court history but excludes all traffic violations. Considering the



high rates in which Kentucky's judicial system interacts with these families, the Panel must continue to advocate for the full implementation of a statewide Family Recovery Court (formerly known as Family Drug Court). Family Recovery Court is a court-based program that assist families who are involved with the child welfare system due to substance use disorder. Family Recovery Court offers phases of treatment: substance use treatment; parenting education; and family therapy, individual therapy, and life skills training.

When examining the highest occurring family characteristics, or risk factors, in these cases it is apparent they occur at a higher rate in those cases with prior court history. (Figure #3) The judicial branch plays a crucial role in ensuring favorable outcomes for these families. Families with CPS involvement, substance misuse, mental health issues, and poverty issues require holistic services, delivered in a multidisciplinary and collaborative environment. Family Recovery Courts have been shown to improve collaboration while ensuring the safety of the children. As noted in previous reports, Family Recovery Courts eliminate communication barriers between agencies and community providers that improve overall outcomes.



Kentucky Child Fatality and Near Fatality External Review Panel

## FAMILY RECOVERY COURT

Currently, Kentucky has two Family Recovery Courts, one in Jefferson County and one recently implemented in Clay County, both of which are mainly supported by federal funding. With Kentucky ending the 2022 fiscal year with a near-record budget surplus and the state receiving millions from the Kentucky opioid settlement, it's time we invest in helping Kentucky's most vulnerable families.

#### **Recommendation**:

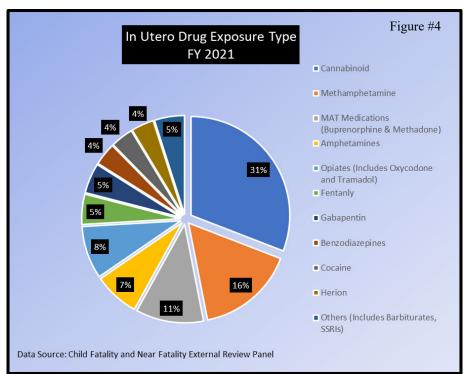
1.) The Administrative Office of the Courts should develop a budgetary proposal to expand Family Recovery Courts throughout Kentucky. The budgetary proposal should be presented to the Interim Joint Committee on Appropriations and Revenue, Budget Review Subcommittee on Justice and Judiciary and the Kentucky Opioid Abatement Advisory Commission for appropriations.

## **PLAN OF SAFE CARE**

In FY 2021 the Panel documented 39 cases in which children were prenatally exposed to various substances. Nine of these were reported to have had a diagnosis of Neonatal Abstinence Syndrome (NAS), sometimes referred to as Neonatal Opioid Withdrawal Syndrome (NOWS). These children were exposed to a variety of substances, illicit and prescribed. More than half (56%) of the children were exposed to more

than one substance. Nearly a third (30%) were exposed to more than three different types of substances. Figure # 4 identifies the frequency and type of prenatal substance exposure.

The relatively small number of cases identified by the Panel are a subset of a larger issue in the Commonwealth. In the *Public Health Neonatal Abstinence Syndrome Reporting Registry*, 2020 Births Annual Report, the Kentucky Department of Public Health (DPH) NAS Registry, there were 993 unduplicated NAS cases in 2020. DPH also reported the incidence of NAS in Kentucky is much higher than the national average.



As noted in this report, "Every infant, including those prenatally exposed to drugs or alcohol, should leave the hospital with an appropriate plan of safe care (POSC). A plan of safe care should include coordinated and integrated services needed for the affected child, parent(s), and caregivers."<sup>2</sup> This, unfortunately, is not the experience documented among NAS and substance exposed infant cases reviewed by the Panel. It is also not a new concern raised by the Panel. The need for effective and consistent implementation of POSC has been addressed in every Panel report, beginning in 2017.

## **PLAN OF SAFE CARE**

Kentucky health-care providers are required to notify CPS of a substance exposed infant, but notification is not considered a report of child abuse or neglect unless there is evidence of maltreatment or risk of harm to the infant. Approximately 42 States and the District of Columbia require health-care providers to notify CPS and 14 states, like Kentucky, do not automatically accept a referral due to prenatal substance exposure unless there is evidence of maltreatment or risk of harm to the infant. In six states, the POSC can be initiated by the health-care providers at the birth hospital as part of the discharge plan but the responsibility of developing the plan rests with the child welfare agency. <sup>3</sup> The development of the POSC across Kentucky varies depending on the health-care provider and other agencies involved with the family. As stated in previous reports, the Department for Community Based Services should not be responsible for implementing and monitoring the POSC for every substance exposed infant. The Plan of Safe Care should be an individualized collaborative plan to support the caregiver(s) as well as providing services to promote the health and safety of the infant.

#### **Recommendations:**

1.) The Department of Behavioral Health in conjunction with the Department for Public Health should accept full responsibility for implementing a comprehensive Plan of Safe Care. The Department for Community Based Services should ensure all notifications of substance exposed infants are referred to the POSC program, regardless of whether the case is accepted for investigation.

2.) The Health and Welfare Committee should review the Department's Plan of Safe Care Program for implementation and allocate necessary funding and any proposed legislative changes.

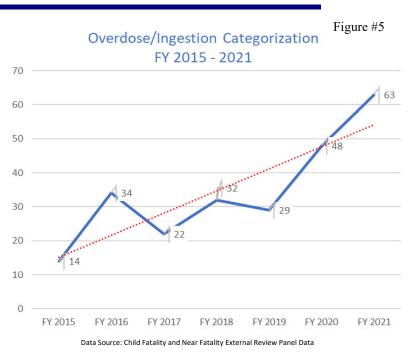
#### F-48-21

This case involved the SUDI death of a six-month old infant that was co-sleeping with mother and father. The index child had been removed from the parents at birth due to substance misuse issues. However, contrary to a court order the parents were residing in the home of the paternal grandparents at the time of the fatality. The court order specifically stated the parents must complete residential drug treatment. At the time of the fatality, both parents tested positive for marijuana, amphetamine, ecstasy, and cocaine. Mother reported she was receiving treatment. Despite the infant's NAS designation and the parents substantial history of substance misuse, there was no documented Plan of Safe Care for this child.

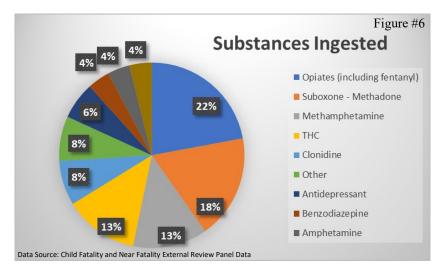
## **OVERDOSE/INGESTION CASES**

Since 2015, the Panel has documented a 350% increase in overdose/ingestion cases. These types of cases have more than doubled since SFY 2019. (See Figure #5 ) As mentioned in the 2019 Annual Report, the Panel only reviews a small subset of the overall ingestion cases that occur in young children across Kentucky. The majority of these types of cases, result in near fatal injuries (89%). However, the Panel is now starting to see an increase in fatal ingestion cases.

Ingestion and overdose cases may include a wide variety of substances, see Figure #6. Historically, the most frequently identified substances ingested were suboxone and clonidine. For SFY 2021, opiate ingestions accounted for the majority of fatal and near



fatal ingestions, with 88% of those cases identified as fentanyl. This should come as no surprise considering fentanyl accounted for nearly 70% of all overdose deaths in Kentucky.<sup>4</sup>



Of the 63 cases reviewed, 83% of them occurred in children six years of age or younger. These types of cases are often unintentional and preventable. However, 45% of the cases involving children older than seven were intentional and still potentially preventable with proper storage. It is important to recognize that in that subset of cases involving older children, 82% had a documented mental health issue. This is important for targeted prevention messaging.

As shown in Figure #6, suboxone, buprenorphine, and methadone still rank among the top substances ingested in these types of cases. When analyzing cases involving those substances, 86% of these families were receiving Medicated-Assisted Treatment (MAT). MAT is a valuable resource utilized to combat Kentucky's opioid epidemic, but more must be done to educate providers and families about the potential lethality of these substance in children. Small children may mistake pills for candy and the source is usually a caregiver, parent, or home visitor. The exposure occurs most often in the child's own home.

### NF-026-21-C

This case involved a near fatal suboxone ingestion by a two-year-old child. Father reportedly picked the child up from daycare and then went to pick mother up at work. Father's backpack was in the backseat of the car, which contained his prescribed Suboxone. Mother saw the child with a pill in his mouth and immediately responded by scraping the child's mouth. The child was taken to the local ED and then transferred to a children's hospital. The child required three doses of naloxone and displayed respiratory distress.

## **Recommendations**:

1.) The Kentucky Board of Pharmacy should require all pharmacists and/or pharmacy technicians provide face-to-face safe medication storage messaging to anyone receiving Medicated-Assisted Treatment pharmaceuticals. This messaging should strongly encourage recipients to obtain medication lockboxes to prevent unintentional ingestions.

2.) The Cabinet for Health and Family Services, Department for Community Based Services and the Department for Public Health should apply for funding from the Kentucky Opioid Abatement Council, to purchase medication lockboxes that can be distributed during home visits.

3.) The Department for Public Health, in collaboration with local partners, should launch a safe medication storage campaign. This campaign should include information on how families can obtain medication lockboxes free of charge.

4.) The Kentucky Chapter of the American Academy of Pediatrics should encourage all primary care providers (PCP) to educate their clients on proper medication storage. This messaging should be targeted to families with children under the age of six and older children who have documented mental health issues.

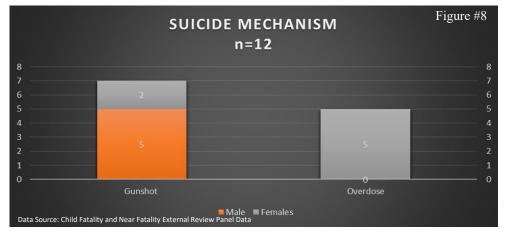
## **YOUTH SUICIDES**

According to the Kentucky Youth Risk Behavior Survey, 15 percent of Kentucky high school students (1 in 7) reported having seriously considered suicide within a 12-month period. In addition, 17.4 percent of Kentucky middle school students (nearly 1 in 5) reported that they had seriously considered suicide at some point in their lives. <sup>5</sup> As shown in Figure #7, the Panel has seen a 50% increase in youth suicides cases since last year. Over half of these cases (58%) were in high school aged students, while 42% of cases occurred in middle school aged students.



## **YOUTH SUICIDES**

Youth suicides reviewed by the Panel were the result of self inflicted gunshot wounds and drug overdoses. Females accounted for 58% of all cases, including all overdose cases, with three of those cases identifying as LGBTQIA youth. (See Figure #8) In over half of these cases (58%), the index child was either currently on medication or active in mental health treatments, while 33% had a history of previous mental health treatment.



The Panel identified seven cases that illustrated the need for a psychological autopsy. These cases often included a child with a history of trauma, out of home placement, untreated mental illness, and bystander issues. A bystander issue often implies the someone in the child's support system (parent, friend, etc.) was aware of the child's prior indication of suicidal ideation. A psychological autopsy is the reconstruction of events leading to death and has been known to give a comprehensive view of the root of the problem and help draw various strategies to prevent suicides.<sup>6</sup> A psychological autopsy is conducted by a trained investigator who is certified by the American Association of Suicidology.

#### **Recommendations:**

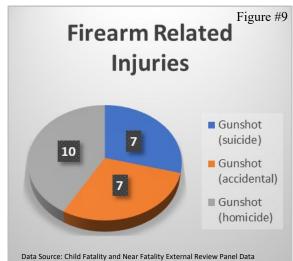
- The Department for Behavioral Health, Developmental and Intellectual Disabilities should develop a budget proposal to implement a statewide utilization of the Psychological Autopsy in youth suicides. The budget proposal should be presented to the Interim Joint Committee on Appropriations and Revenue.
- 2.) The Department for Behavioral Health, Developmental and Intellectual Disabilities should explore grant opportunities to offset the initial implementation cost.
- 3.) The Kentucky Department of Professional Licensing should ensure all mental health counselors are providing consistent messaging on safe storage of medication and firearms to the caregivers of children in their practice.

## F-31-21

This case involved the fatal ingestion of heart medication by an 11-year-old girl. The child lived with her maternal grandparents. The child's mother was incarcerated for murder and the biological father was deceased. The grandmother was bedridden and while the grandfather ran errands the child obtained his heart medication. The grandfather reported he had no idea the child would attempt to take his medication that was unsecured in the kitchen. After the death, a peer informed the grandfather the index child had sent her a message through a gaming system regarding her intent. The child had spent much of her life with her grandparents and experienced multiple Adverse Childhood Experiences. It was reported the biological mother had also attempted suicide by overdose as a youth. The grandparents attempted to enroll the child in counseling, but after one virtual appointment, the child did not like the counselor and preferred an in-person option.

## **CHILD-ACCESS PREVENTION LAWS**

The Panel reviewed a total of 24 firearm related injuries, seven cases were unintentional (accidental) and as previously mentioned, seven were suicide cases. (See Figure #9) Deeper discussion of these cases during Panel meetings underscores the importance of limiting child access to and the safe storage of firearms. The Panel reviewed six cases involving children accessing a firearm and shooting themselves. (One case involved a child accidentally shot by a parent.) In all six of these cases, the family characteristics included "unsafe access to deadly means." Two of these six children died, while the remainder suffered devasting injuries. Findings regarding gunshot suicides were eerily similar. Six of the seven gunshot suicide cases included the family characteristic, "unsafe access to deadly means." All seven of the suicide gunshot incidents



resulted in the death of the child. All 14-firearm related cases were considered preventable by the Panel.

Child-Access Prevention (CAP) laws, sometimes called safe storage laws, creates penalties for an adult who fails to properly store a firearm in a manner that is not easily accessible to children. Safe Storage laws require gun owners to secure/lock firearms. The majority of states have enacted some variation of CAP and/ or safe storage legislation.<sup>7</sup>

Available research seems to strongly support CAP and Safe Storage laws as effective prevention strategies.

- A 2020 study comparing states with stronger CAP laws to states with weaker CAP laws concluded states with stronger CAP laws had a 13% reduction in all shooting deaths among children under 15-years of age, specifically with reductions in homicides (15%), suicides (12%), and accidental deaths 13%. <sup>8</sup>
- While 70% of parents believe their adolescent child could not access firearms in the home, over a third of children report being able to quickly to access guns.<sup>9</sup>
- As reported in 2021, safe storage requirements could eliminate up to 32% of youth firearm-related deaths.  $^{10}$

There are no CAP or Safe Storage Laws in Kentucky. Kentucky statute (KRS 527.110) prohibits any individual from knowingly or recklessly providing a handgun to a minor. This statute also includes parents who provide a handgun to a minor knowing of a substantial risk the minor will commit a felony, or with knowledge the minor has committed a crime of violence. While this statute serves an important purpose, it does not address the significant number of preventable firearms related deaths and near deaths among children in Kentucky.

#### **Recommendation:**

1.) The Kentucky General Assembly, through the Judiciary Committee, should research national legislative models pertaining to Child-Access Prevention and Safe Storage Laws and develop legislation to implement Child-Access Prevention laws in Kentucky.

### **MEDICAL PROVIDERS**

In SFY 2021, the Panel reviewed 45 cases involving children with complex medical needs that were classified as "medically fragile". Of these cases, 27% were diagnosed with diabetes and an even more alarming trend, 37% of all medically complex children struggled with mental health issues. In several cases reviewed by the Panel, children diagnosed with diabetes struggled with depression and often stated they just wanted "to be normal". One case resulted in a suicide.

Another alarming trend identified by the Panel was the number of repeated hospitalizations due to diabetes ketoacidosis (DKA). DKA is a life-threatening complication of diabetes, which typically occurs in type 1 diabetics but can develop in type 2 with prolonged uncontrolled blood sugar, missing medication dosages, or severe illness/infection. In 58% of the diabetes cases reviewed, these children experienced multiple episodes of DKA since their original diagnosis. A few of these cases had been previously reviewed by the Panel in previous years. The Panel tracks systemic issues in the medical field as "medical issues/management". When reviewing this data, it appears these families often have a history of multiple missed endocrinology appointments, lack of understanding of the disease and treatment, and multiple DKA episodes resulting in hospitalization in critical care units in a high-risk family with no report to CPS.

Kentucky needs to develop a more comprehensive case management system around children diagnosed with diabetes. Often these families live in rural communities located hours from a subspecialist, struggle with lack of transportation and understanding of this disease and treatment. According to the American Diabetes Association, strategies for prevention of recurrent episodes of DKA include more intensive care coordination with the patient and family engagement. The Novel Interventions in Children's Healthcare is a comprehensive program that includes care coordination with families while incorporating telemedicine to engage youth with multiple hospitalizations for DKA. This program showed that daily communication via text messages and other forms of telecommunication decreased DKA readmissions in adolescents.<sup>11</sup>

#### **Recommendation:**

1. The Cabinet for Health and Family Services, Department for Public Health, Diabetes Prevention and Control Program should develop a workgroup consisting of, but not limited to, representatives from DCBS, Pediatric Forensics, a Pediatric Endocrinologist, Department for Public Health and a school nurse representative. This workgroup, at minimum, should be tasked with the following:

• Research and develop a plan to implement a comprehensive case management system in Kentucky, similar to The Novel Interventions in Children's Healthcare. This plan should be presented to the Interim Joint Committee on Health, Welfare, and Family for funding and implementation.

• Develop and disseminate a training with educational material for subspecialists to address when it is appropriate to make a referral to CPS with allegations of medical neglect regarding a medically complex child.

• Develop training for CPS staff on how to assess children with medically complex needs. This training should encourage social workers to consult with a pediatric forensics specialist at UK or UofL for expert analysis.

• Develop a campaign for school age children to destigmatize youth with medical conditions and mental health issues.

#### SAFE SLEEP

Sudden Unexpected Death in Infancy (SUDI) is a category used to describe a sudden and unexpected death of a child less than 1 year old in which the cause was not obvious before an investigation. The Panel reviewed 19 cases that were categorized as SUDI. It is important to remind the reader, the Panel only sees a small subset of the total SUDI deaths that occur. Kentucky's Department for Public Health, Division of Maternal and Child Health reviews every SUDI death and often refers these cases to the Panel if they suspect abuse or neglect.

The Panel makes a determination of neglect due to unsafe sleep if any form of unsafe sleep contributed to the death. This may include co-sleeping, bed-sharing, placing the child on a non-bed surface, or surrounding the infant with soft bedding. Every case reviewed by the



Panel was determined to be neglect due to unsafe sleep, over half of those cases (53%) involved the caregiver co-sleeping with the infant. Cases reviewed by the Panel are typically high-risk families. Almost every case before the Panel had a documented history with DCBS and co-occurring financial issues (95%). A history of substance abuse in the home was a factor in 84% of the cases, while 58% had an impaired caregiver at the time of the event. Prevention efforts should be focused on reaching these high-risk families, and specifically educating about the risk of co-sleeping, especially if the caregiver is impaired.

Recently, the Cabinet for Health and Family Services developed a Safe Sleep Workgroup to focus on the increasing number of SUDI deaths across Kentucky. The Panel received several updates throughout the year on the progress of the workgroup and applauds them for their efforts. The Safe Sleep Workgroup issued several recommendations for future action, which the Panel unequivocally supports. Some of these recommendations include ongoing Safe Sleep training for foster parents, DCBS workers and training for counselors and staff at statewide residential substance use disorder programs and HANDS. In addition, the Panel encourages all MAT providers address safe sleep education when serving parents and/or caregivers of infants. Due to the high rate of impaired caregivers, providers should educate their clients about the recent updates to KRS 620.040(5)(e), which requires law enforcement to drug test caregivers at the time of a child fatality or near fatality.

#### **Recommendation:**

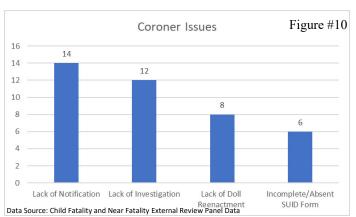
1.) The Kentucky Society of Addiction Medicine should disseminate Safe Sleep material to all MAT providers and strongly encourage safe sleep education when serving parents and/or caregivers of infants. Education should emphasis the danger of co-sleeping while impaired, even on prescribed medications.

#### F-61-21

This case involved the unsafe sleep death of a 40-day old infant. According to the SUIDI (Sudden Unexpected Infant Death Investigation) form, the baby was bottle fed at 4:30 a.m. and placed on her back on the couch where both parents were sleeping. When the parents awoke, they found the infant's head wedged between the couch cushions and covered with a blanket. The home was reported to be a "disaster" with drug paraphernalia present. Both parents tested positive and admitted to using methamphetamine. The infant was born substance exposed to methamphetamine and amphetamine. Both parents had a history of MAT treatment. The father made an appointment with a MAT provider prior to the birth of the index child.

#### CORONERS

The duty of a Coroner is to establish the cause and manner of death through a complete death investigation. In Kentucky, the Coroner works in conjunction with the State Medical Examiner's Office. However, coroner issues were identified in 38% of all fatality cases reviewed by the Panel. As noted in Figure #10, lack of proper agency notification continues to be the most identified missed opportunity by coroners. The Panel is hopeful the changes implemented by SB 97 will resolve those issues.



A thorough coroner's death scene investigation of a suspected SUDI case, should include the following steps at minimum:

- → Immediate notification to CPS, to not only notify them of the child's death but to ensure the safety of any surviving sibling and to obtain any history that may be relevant to the case. Coroners shall notify local law enforcement, if they are not already at the scene, and the local health department;
- → Complete the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDRF);
- $\rightarrow$  Complete a doll reenactment with placement cards and scene photos; and
- $\rightarrow$  Obtain any relevant medical information.

Of the SUDI cases reviewed by the Panel, a coroner issue was identified in 63%. These cases often lacked a proper doll reenactment, absent or incomplete SUIDI form, and/or lacked the proper notification to other investigatory agencies.

As previously mentioned, the Panel reviewed 45 cases involving medically complex children; of those cases 13 were fatalities. Of those fatalities, 46% had documented coroner issues. When a medically complex child dies, it is all too often assumed it is a natural cause of death and the investigation is not thorough. Coroners and Deputy Coroners should be encouraged to conduct a collaborative investigation with medical providers when investigating cases involving a medically fragile child.

#### **Recommendation:**

1.) The Kentucky Coroners' Association and the Department of Criminal Justice and Training should ensure all coroners and deputy coroners understand how to conduct a multidisciplinary investigation. This should include the purpose behind contacting the local DCBS and DPH and obtaining the proper medical history to determine if medical neglect could have played a role in the death.

## NF-56-20

This case involved the death of a 15-year-old profoundly disabled child with a lengthy history of medical neglect. The child was diagnosed with Cerebral Palsy and was nonverbal and non-mobile. Information contained in the coroner's report was minimal and indicated the mother discovered the child deceased upon returning from the store. There was no indication of who was with the child while the mother was at the store, no notice of the death to DCBS, no autopsy conducted, and no contact to the child's medical provider. Several referrals alleging medical neglect were received from providers. One provider stated, "I would recommend an autopsy, as the child should not have died in their sleep." There is no evidence the Deputy Coroner was medically trained to assume the cause of death was natural, nor any evidence medical providers were consulted.

### LAW ENFORCEMENT

In 2022, law enforcement issues were identified in 49 cases reviewed by the Panel. Law enforcement issues may include an agency's failure to conduct a thorough investigation, failure to drug test (despite probable cause), failure to seek criminal charges and/or a failure or delay to notify CPS. A third of these cases involved a child who ingested an illicit substance, yet there was either a lack of an investigation or lack of drug testing of the caregiver at the time of the event. A multidisciplinary investigation, including medical providers and DCBS, is critical in child abuse and neglect investigations.

The Panel is hopeful the statutory changes implemented in SB 97 will support a more thorough investigation of these cases. This, combined with the recent launch of the first responders checklist and training material created by Prevent Child Abuse Kentucky, will provide a framework for ongoing training and collaboration between law enforcement and other agencies involved in the investigation. The Justice and Public Safety Cabinet notified over 442 law enforcement agency contacts about this free resource. Despite these commendable efforts, the Panel continues to advocate for additional law enforcement training.

All law enforcement officers in basic training receive 4.5 hours of training focused on child abuse. The Department of Criminal Justice Training offers a 40-hour in-service training regarding child abuse investigations. However, law enforcement agencies struggle with staffing capacity and funding. Therefore, when the agency can permit an officer's absence for a week, the officer is limited to the trainings that are available at that time. The Panel continues to recommend that supervisors in the law enforcement field shall receive specialized training regarding the investigation of child death scenes.

#### **Recommendations:**

1.) The Department of Criminal Justice Training and the Kentucky State Police Academy shall ensure officers receive training on the recent changes in KRS 620.040(5)(e) and promote the utilization of the free training material offered by Prevent Child Abuse Kentucky.

2.) The Department of Criminal Justice Training and the Kentucky State Police Academy should convene a workgroup with representatives from DCBS, forensic pediatrics, and medical examiners to develop a specialized training focused on child fatality and near fatality investigations. This training should focus on the recognition of potential abuse or neglect cases, prompt drug testing when impairment is suspected, collaborative investigations, and pursing criminal charges.

### F-38-21

The case involved the death of a one-year-old child under suspicious circumstances. The child was found unresponsive at home and was in cardiac arrest upon arrival at the ED. The child had been seen a week prior to the fatality for concerns of nonaccidental trauma and the family was under a Prevention Plan with CPS. The child had underlying medical conditions and a new contusion was documented on the child upon arrival to the ED the day of the event. A hair toxicology was positive for methamphetamine, amphetamine, benzoylecgonine, cocaine, and THC. A year after the child's death, the autopsy was received and noted the cause of death was determined to be related to prior medical issues. Without investigating the child's history of medical neglect, substance exposure, prior nonaccidental head trauma, and a newly noted contusion, the law enforcement investigation was closed.

#### REFERENCES

<sup>1</sup> Commission to Eliminate Child Abuse and Neglect Fatalities. (2016). Within our reach: A national strategy to eliminate child abuse and neglect fatalities. Washington, DC: Government Printing Office

<sup>2</sup> Public Health Neonatal Abstinence Syndrome Reporting Registry, 2020 Births, Annual Report 2020. CHFS, Kentucky Department for Public Health, Division of Maternal and Child Health https://www.chfs.ky.gov/agencies/dph/dmch/Documents/NASReport.pdf

<sup>3</sup> Child Welfare Information Gateway. (2020). Plans of safe care for infants with prenatal substance exposure and their families. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/topics/systemwide/laws-policies/ statutes/ safecare/

<sup>4</sup>2021 Overdose Fatality Report, Kentucky Office of Drug Control Policy. <u>https://odcp.ky.gov/</u> <u>Reports/2021%20Overdose%20Fatality%20Report%20(final).pdf</u>

<sup>5</sup>2021 Youth Risk Behavior Survey, Kentucky Department of Education <u>https://education.ky.gov/curriculum/WSCC/data/Pages/Youth-Risk-Behavior-Survey-(YRBS).aspx</u>

<sup>6</sup> Khan FA, Anand B, Devi MG, Murthy KK. Psychological autopsy of suicide-a cross-sectional study. Indian J Psychiatry. 2005 Apr;47(2):73-8. doi: 10.4103/0019-5545.55935. PMID: 20711285; PMCID: PMC2918303.

<sup>7</sup> <u>"Child Access Prevention"</u>. Giffords Law Center to Prevent Gun Violence. Retrieved 2023-01-09.

<sup>8</sup> Azad, Hooman Alexander; Monuteaux, Michael C.; Rees, Chris A.; Siegel, Michael; Mannix, Rebekah; Lee, Lois K.; Sheehan, Karen M.; Fleegler, Eric W. (2020-05-01). "Child Access Prevention Firearm Laws and Firearm Fatalities Among Children Aged 0 to 14 Years, 1991-2016". JAMA Pediatrics. 174 (5): 463– 469.

<sup>9</sup> Carmel Salhi, Deborah Azrael, Matthew Miller, "Parent and Adolescent Reports of Adolescent Access to Household Firearms in the United States," JAMA Network Open, (2021).

<sup>10</sup> Kiesha Fraser Doh, et al., The Relationship Between Parents' Reported Storage of Firearms and Their Children's Perceived Access to Firearms: A Safety Disconnect, 60 CLINICAL PEDIATRICS 42 (2021)

<sup>11</sup> Priyathama Vellanki, Guillermo E. Umpierrez; Increasing Hospitalizations for DKA: A Need for Prevention Programs. *Diabetes Care* 1 September 2018; 41 (9): 1839–1841. <u>https://doi.org/10.2337/dci18-0004</u>

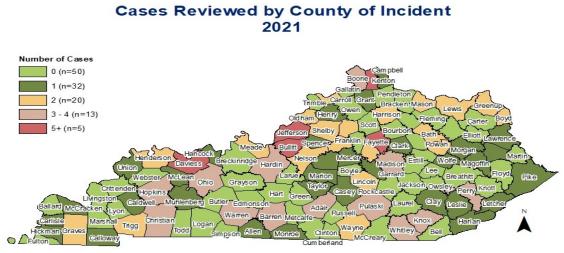
	Combined		ient Among All	Combined			Combined	
County	SFY 14-20	SFY 2021	County	SFY 14-20	SFY 2021	County	SFY 14-20	SFY 2021
Adair	7	4	, Graves	4	2	, Menifee	1	2
Allen	4	1	Grayson	9	0	Mercer	2	1
Anderson	3	2	Green	5	0	Metcalfe	1	0
Ballard	3	0	Greenup	5	2	Monroe	3	1
Barren	9	4	Hancock	2	1	Montgomery	4	0
Bath	2	2	Hardin	38	4	Morgan	3	1
Bell	14	0	Harlan	6	1	Muhlenberg	5	1
Boone	22	4	Harrison	3	2	Nelson	11	2
Bourbon	3	0	Hart	3	0	Nicholas	1	0
Boyd	15	2	Henderson	18	2	Ohio	4	3
Boyle	6	0	Henry	5	1	Oldham	5	2
Bracken	1	0	Hickman	1	1	Owen	6	0
Breathitt	1	0	Hopkins	10	3	Owsley	3	0
Breckinridge	9	0	Jackson	1	0	Pendleton	7	0
Bullitt	10	7	Jefferson	208	70	Perry	1	3
Butler	2	0	Jessamine	6	2	, Pike	12	1
Caldwell	3	1	Johnson	1	1	Powell	5	0
Calloway	5	1	Kenton	34	5	Pulaski	15	3
Campbell	15	1	Knott	3	0	Robertson	1	0
Carlisle	1	1	Knox	16	3	Rockcastle	3	0
Carroll	6	2	Larue	12	0	Rowan	3	0
Carter	3	0	Laurel	30	0	Russell	4	0
Casey	6	1	Lawrence	3	1	Scott	14	0
Christian	18	3	Lee	1	0	Shelby	5	2
Clark	5	1	Leslie	0	1	, Simpson	5	0
Clay	14	1	Letcher	2	1	Spencer	1	1
Clinton	3	0	Lewis	2	2	Taylor	4	1
Crittenden	2	0	Lincoln	6	2	, Todd	3	0
Cumberland	1	0	Logan	8	0	Trigg	3	2
Daviess	34	10	Madison	12	3	Trimble	6	0
Edmonson	1	0	Magoffin	0	1	Union	6	1
Estill	3	0	Marion	9	1	Warren	24	4
Fayette	40	6	Marshall	9	0	Washington	3	1
Fleming	4	0	Martin	3	0	Wayne	1	2
Floyd	5	0	Mason	4	2	Webster	6	0
Franklin	18	2	McCracken	11	1	Whitley	6	4
Gallatin	1	0	McCreary	8	0	Wolfe	1	1
Garrard	1	1	McLean	0	1	Woodford	6	0
Grant	8 and Near Fatality Ex	1	Meade	9	2	Total Cases	1,009	215

#### County of Incident Among All Cases Reviewed in SFY 14-20 and SFY21

SharePoint allows the Panel to track demographic information for each case reviewed. The data shows fatal and near fatal events due to child abuse and neglect occur throughout every region of the Commonwealth. The chart below indicates the number of cases per county of incident. State Fiscal Year 2014 through 2020 have been combined, please

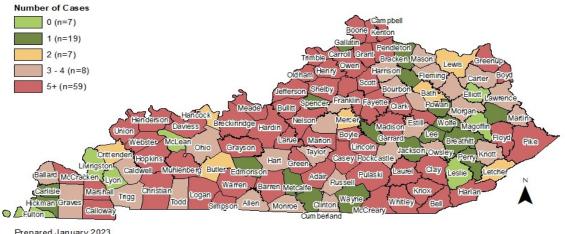
**COUNTY OF INCIDENT** 

refer to previous Annual Reports for a complete breakdown.



Prepared January 2023. Data Source: Child Fatality Near Fatality External Review Panel 215 total cases for the fiscal year 2021.

# Cases Reviewed by County of Incident 2014-2020



Prepared January 2023. Data Source: Child Fatality Near Fatality External Review Panel 1,009 total cases for the fiscal years 2014-2020.

## **DEMOGRAPHICS**

#### Gender of All Index Children Reviewed SFY 2017-2021

	20	17	20	18	20	19	20	20	20	21
Gender	# Cases	Percent								
Male	75	56%	87	64%	113	62%	110	55%	124	58%
Female	59	44%	49	36%	69	38%	90	45%	91	42%
Total	134		136		182		200		215	

Data Source: Child Fatality and Near Fatality External Review Panel Data

#### Race of All Index Children Reviewed SFY 2017—2021

	20	)17	20	18	20	)19	20	20	20	21
Race	# Cases	Percent								
Black	22	17%	19	14%	34	19%	35	18%	43	20%
White	94	70%	95	70%	124	68%	144	72%	142	66%
Asian	0	0%	1	< 1%	0	0	1	<1%	0	0
Biracial	7	5%	20	15%	20	11%	16	10%	26	12%
Other	11	8%	1	< 1%	4	2%	4	<1%	4	2%
Total	134		136		182		200		215	100%

Data Source: Child Fatality and Near Fatality External Review Panel Data

#### Ethnicity of All Index Children Reviewed SFY 2017-2021

	20	17	20	18	20	)19	20	20	20	21
Ethnicity	# Cases	Percent								
Hispanic	12	9%	4	3%	12	7%	10	5%	8	4%
Non-										
Hispanic	122	91%	131	96%	159	87%	190	95%	193	90%
Linknown										
Unknown			1	1%	11	6%			14	0.06
Total	134	100%	136	100%	182	100%	200	100%	215	100%

Data Source: Child Fatality and Near Fatality External Review Panel Data

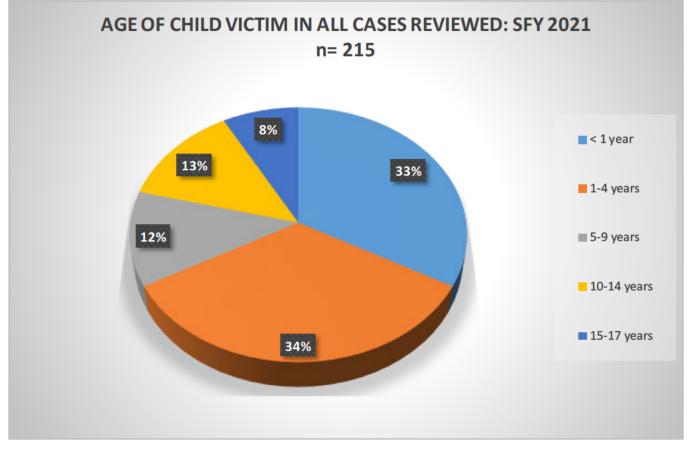
## DEMOGRAPHICS

The Panel has continuously found that children four years of age or younger are at higher risk for a fatal/ near fatal event due to child maltreatment. Since 2014, 75% of all cases reviewed by the Panel were children four years or younger. Prevention efforts should continue to target these higher risk age groups.

Age	20	17	20	18	20	19	20	20	20	21
	# Cases	Percent	# Cases	Percent	# Case	Percent	# Case	Percent	# Case	Percent
< 1 year	60	45%	37	27%	69	38%	63	31%	70	33%
1-4 years	48	36%	65	48%	55	30%	75	37%	73	34%
5-9 years	7	5%	15	11%	16	<b>9</b> %	24	12%	25	12%
10-14 years	11	8%	10	7%	18	10%	20	10%	29	13%
15-17 years	8	6%	9	7%	24	13%	18	10%	18	8%
Total	134		136		182		200		215	

#### Age of Child Victim in All Cases Reviewed State Fiscal Years 2017—2021

Data Source: Child Fatality and Near Fatality External Review Panel Data



#### Data Source: Child Fatality and Near Fatality External Review Panel Data

#### **FINDINGS AND DETERMINATIONS**

The Panel designates the categorization or type of case, identifies the family characteristics associated with the fatality or near fatality, and makes a final determination of whether abuse or neglect exists and its type. The following pages provide findings specific to state fiscal year 2021 (SFY21) case reviews. Each case may encompass multiple categories and findings.

#### Final Categorization All Cases SFY21 n= 215

n= 215							
Category	Fatalities	Near Fatalities	Total				
Neglect	44	91	135				
Overdose/ingestion	7	56	63				
Physical Abuse	8	30	38				
Abusive Head Trauma	4	23	27				
SUDI	19	0	19				
Natural Causes\medical diagnosis	3	10	13				
Drowning\near drowning	9	3	12				
Blunt Force Trauma-not inflicted MVC	4	7	11				
Blunt Force Trauma-not inflicted	0	11	11				
Suicide Child	7	3	10				
Gunshot (homicide)	4	6	10				
Other	4	4	8				
Gunshot accidental	3	4	7				
Gunshot (suicide)	7	0	7				
Burn	3	3	6				
Failure to Thrive	1	4	5				
Smoke inhalation/fire	3	1	4				
Apparent murder/suicide	2	2	4				
Undetermined	2	0	2				
Traumatic asphyxia	1	0	1				
Ligature hanging	0	0	0				
Sexual abuse/human trafficking	0	0	0				
Data Source: Child Fatality and Near Fatality External Review Panel Data	•						

Data Source: Child Fatality and Near Fatality External Review Panel Data

\*Cases may be captured in more than one category. "Other" includes hyperthermia (1), ligature strangulation (1), stabbing (1), positional asphyxia (1), emotional abuse (1), nutritional neglect (3), asphyxia (1) and at home birth (1).

## **KEY FINDINGS SFY21**

→	The most commonly found family characteristics in a fatality/near fatality in order of precedence for FY21 cases reviewed:	$\rightarrow$	67% of all cases reviewed involved a child four (4) year of age or younger
	-Other (COVID restrictions impact) (73%)	$\rightarrow$	68% of all cases with a Panel Determination of Neglect due to unsafe access to deadly means were overdose/ingestion cases
	-Financial Issues (73%)		-
	–DCBS History (71%)	$\rightarrow$	52% of Abusive Head Trauma cases involved
	-DCBS Issues (58%)		substance abuse and criminal history in the home
	-Substance abuse (caregiver) (50%)	$\rightarrow$	91% of all Blunt Force Trauma – not inflicted, MVC cases involved an impaired caregiver
	-Criminal history (caregiver) (49%)		g
→	Neglect (general) was the most common Panel determination	$\rightarrow$	90% of all Suicide cases involved unsafe access to deadly/potentially deadly means
$\rightarrow$	Of the SUDI cases, 63% had coroner issues identified	<b>→</b>	51% of all Physical abuse cases involved caregivers with a criminal history

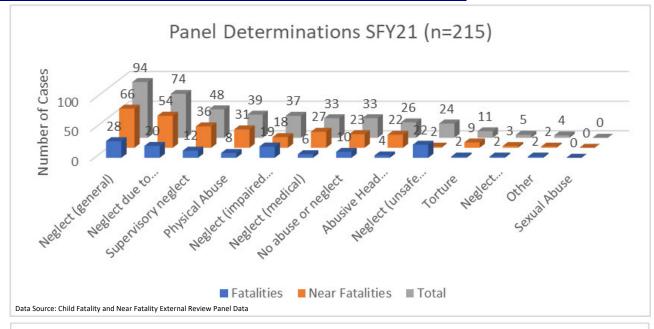
Panel Determinations All Cases SFY21							
Panel Determinations	Fatalities	Near Fatali- ties	Total				
Neglect (general)	28	66	94				
Neglect due to unsafe access to deadly/potentially deadly means	20	54	74				
Supervisory neglect	12	36	48				
Physical Abuse	8	31	39				
Neglect (impaired caregiver)	19	18	37				
Neglect (medical)	6	27	33				
No abuse or neglect	10	23	33				
Abusive Head Trauma	4	22	26				
Neglect (unsafe sleep)	22	2	24				
Torture	2	9	11				
Neglect (inadequate/absent child restraint in a motor vehicle	2	3	5				
Other	2	2	4				

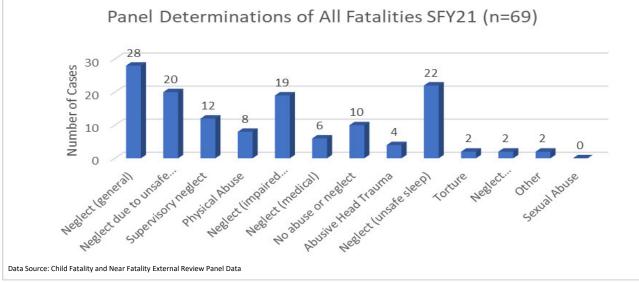
#### **Panel Determinations All Cases SFY21**

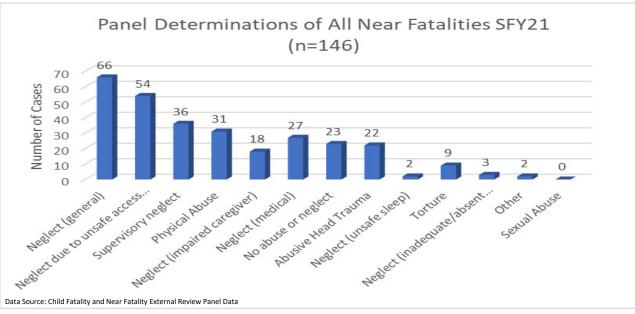
Data Source: Child Fatality and Near Fatality External Review Panel Data

\*Cases may be represented in multiple categories. Other includes ligature strangulation (1), stabbing (1), nutritional neglect (3), and emotional abuse (2).

### **Findings Specific to Fiscal Year 2021**







Kentucky Child Fatality and Near Fatality External Review Panel

Family Characteristics	Fatality	Near Fatality	Total
Other	54	104	158
Financial Issues	48	108	156
DCBS History	52	101	153
DCBS Issues	43	81	124
Substance abuse (caregiver)	40	67	107
Criminal History (caregiver)	33	73	106
Substance abuse (in home)	39	65	104
Mental Health issues (caregiver)	34	68	102
Criminal history (in the home)	33	69	102
Environmental neglect	28	62	90
Domestic Violence	23	57	80
Unsafe access to deadly means	21	55	76
Lack of treatment (mental health or substance)	24	44	68
Supervisional neglect	14	40	54
Medical issues/management	17	34	51
Law Enforcement Issues	23	26	49
Impaired caregiver (any indication)	23	26	48
Housing Instability	15	30	45
Medically Fragile child	13	32	45
Bystander issues/opportunities	13	28	41
Medical neglect	7	31	38
Mental Health issues (child)	13	0	38
Statutory Issues	20	16	36
Overwhelmed caregiver	11	23	34
Substitute caregiver at the time of event	11	21	32
MAT involvement	5	24	29
Coroner Issues	26	0	26
Lack of regular child care	6	14	20
Neglectful Entrustment	7	11	18
Lack of Family Support System	5	11	18
Unsafe sleep (bed sharing)	11	6	17
Evidence of poor bonding	5		
Family Violence		12	17
Cognitive disability (caregiver)	6 4	9	15
Education/childcare issues	6	11 9	15
	3	10	15 13
Cognitive disability (child)	7	6	
Judicial process		-	13
Perinatal depression (caregiver)	3	8	11
Serial Relationships	5	5	10
Language/Cultural Issues	1	8	9
Out of State CPS history	1 r	7	8
Unsafe sleep (other)	5	2	7
Inadequate restraint	3	4	7
Commonwealth/County Attorney issues	4	3	7
Unsafe sleep (co-sleeping/non-bed surface)	6	1	7
Failure to Thrive	1	5	6
Substance abuse (child)	3	3	6
In-home Service Provider Issues	3	3	6

26

## **Findings Specific to Fiscal Year 2021**

The chart below shows the number of cases for which the finding included circumstances that made the incident potentially preventable. Of the 69 cases involving a child fatality, the Panel determined that 87% of those fatalities were potentially preventable. Among the near fatality cases, 92% were determined to be potentially preventable. Overall the Panel found that 90% of these incidents may have been prevented.

Potentially Preventable Fatalities and Near Fatalities SFY21 n = 215						
	# of Cases	Total	Percent			
Fatalities	60	69	87%			
Near Fatalities	134	146	92%			
Total	194	215	90%			

Data Source: Child Fatality and Near Fatality External Review Panel Data

#### Most Common Category Among Cases with a Panel Determination of Neglect (general) (n=94)

Category	# of Cases	% Cases
Neglect	87	93%
Overdose/ingestion	52	55%
Gunshot	15	16%
Suicide	10	11%
SUDI/near-SUDI/Brief Resolved Unexplained Event	7	7%
Physical abuse	6	6%
Failure to Thrive	5	5%
Abusive Head Trauma	4	4%
Other	3	3%
Blunt force trauma - not inflicted MVC	3	3%

Data Source: Child Fatality and Near Fatality External Review Panel Data

\*Cases may be represented in multiple categories. Other includes ligature strangulation (1), stabbing (1), emotional abuse (1), nutritional neglect (2).

# Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Neglect (n=135)

Family Characteristics	# of Cases	% of Cases
DCBS History	105	78%
Other	105	78%
Financial Issues	103	76%
DCBS Issues	84	62%
Substance abuse (caregiver)	78	
Environmental neglect	78	
Substance abuse (in home)	77	
Criminal History (caregiver)	73	
Criminal history (in the home)	71	
Mental Health issues (caregiver)	68	
Unsafe access to deadly means	68	50%
Lack of treatment (mental health or substance)	52	39%
Domestic Violence	47	35%
Supervisional neglect	46	35%
Law Enforcement Issues	38	28%
Medical issues/management	34	
Impaired caregiver (any indication)	34	
Housing Instability	31	
Medical neglect	31	

Data Source: Child Fatality and Near Fatality External Review Panel Data

# Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Physical Abuse (n=38)

Family Characteristics	# of Cases	% of Ca	ises
Other		31	82%
Financial Issues		28	74%
DCBS History		23	61%
DCBS Issues		23	61%
Substance abuse (caregiver)		21	55%
Criminal History (caregiver)		20	53%
Mental Health issues (caregiver)		20	53%
Domestic Violence		20	53%
Criminal history (in the home)		19	50%
Substance abuse (in home)		18	47%
Bystander issues/opportunities		17	45%
Lack of treatment (mental health or substance)		14	37%
Housing Instability		10	26%
Medical neglect		9	24%
Evidence of poor bonding		9	24%
Impaired caregiver (any indication)		8	21%

Data Source: Child Fatality and Near Fatality External Review Panel Data

#### **PANEL MEMBERS**

Hon. Melissa Moore Murphy, Chair Judge, Fayette District Court

Dr. Melissa Currie Child Abuse Pediatrician Norton Children's Pediatric Protection Specialists Professor and Kosair Charities Endowed Chair for Pediatric Forensic Medicine University of Louisville School of Medicine

Isela Arras, Chief Operating Officer Kentucky Coalition Against Domestic Violence

> Lori Aldridge, Program Director Tri –County CASA

Dr. Jaime Pittenger Kirtley Prevent Child Abuse Kentucky

Honorable Libby Messer Fayette Family Court Judge

Dr. Christina Howard, Child Abuse Pediatrician University of Kentucky Department of Pediatrics

> Geoff Wilson Association of Addiction Professionals

Lesa Dennis, Commissioner Department of Community Based Services

> Detective Jason Merlo Kentucky State Police

Dr. Henrietta Bada, Department for Public Health

Dr. William Ralston Kentucky State Medical Examiner

Janice Bright, RN Department for Public Health

Steve Shannon Kentucky Association of Regional Programs, Inc.

> Dr. Elizabeth Salt Citizen Foster Care Review Board

Dr. David Lohr Child & Adolescent Psychiatry

Mark Hammond, President, Kentucky Coroners' Association

#### **MEMBERS WHO LEFT THE PANEL IN 2022**

Sen. Ralph Alvarado, Kentucky Senate, Senate Health and Welfare Committee Chair

Rep. Kimberly Moser, Kentucky House of Representative Health and Welfare Committee Chair

> Marta Miranda-Straub, Commissioner Department of Community Based Services

Hon. Dawn Blair Hardin County Attorney

Betty Pennington Family Resource and Youth Services Centers

#### **PANEL STAFF**

Elisha Mahoney, Executive Staff Advisor Justice & Public Safety Cabinet

> Cynthia Curtsinger Pediatric Forensic Case Analyst

Joel Griffith, Case Analyst Justice & Public Safety Cabinet

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-002-21-NC	Neglect; Other	Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-003-21-C	Neglect; Drowning/near -drowning	DCBS history; Financial issues; Mental health issues (caregiver); Other; Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means	Mother was laid off	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Potentially preventable; Apparently accidental
F-004-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Financial issues; Impaired caregiver; Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe sleep (bed sharing); Cor- oner issues		Neglect (impaired caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-004-22-C	Overdose/ ingestion; Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Law enforcement issues; Environmental neglect; Financial issues; Impaired caregiver; Medical issues/ management; Other; Overwhelmed Caregiver; Statutory Issues; Substance abuse (in home); Unsafe sleep (bed sharing); Substance abuse by caregiver (current)	(COVID restrictions resulted in virtual services such as HANDS and substance abuse services	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

CASE RE	IEWS FOR	FISCAL YEAR 2021		-	
Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-005-21-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Vio- lence; Financial issues; Lack of treatment (mental health or substance abuse); Medically fragile child; Mental health issues (caregiver); Environmental neglect; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Mental health issues (child); Other	incident occurred during COVID resulting in some virtual services and schooling		Manner undetermined/foul play not ruled out
F-006-21-C	Natural causes/ medical	, Medically fragile child		No obuso or poglast	
F-006-21-C		Supervisional neglect; Unsafe access to deadly means		No abuse or neglect Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially
F-009-21-C	Drowning/near -drowning; Neglect	Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; Other; Supervisional neglect; Unsafe access to deadly means	mother was unemployed and some contacts were virtual due to COVID	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
F-010-21-C	Gunshot (suicide); Neglect; Suicide (child)	DCBS history; Domestic Violence; Environmental neglect; Family violence; Mental health issues (caregiver); Mental health issues (child); Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable

Casa Numba	r Catagorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-011-21-C	Blunt force trauma - not	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Law enforcement issues; Neglectful entrustment; Other; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Inadequate restraint DCBS history; Impaired	COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)	Apparently
F-012-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	caregiver; Other; Substance abuse (in home); Substance abuse	death, the older children were attending school	Neglect (unsafe sleep); Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
F-013-21-C	Neglect; Drowning/near -drowning	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Perinatal depression (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Coroner issues; Law enforcement issues	COVID restrictions in place, virtual FTM	Supervisory neglect	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-014-21-NC	Gunshot (accidental); Neglect	Bystander issues/ opportunities; DCBS issues; Education/child care issues; Environmental neglect; Financial issues; Impaired caregiver; Lack of Sleep Plan; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current)	Some case contacts were conducted	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver)	accidental; Potentially
F-015-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	DCBS issues; DCBS history; Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (co-sleeping on a non-bed surface); Coroner issues	Due to COVID restrictions, court hearings were	Neglect (impaired caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-017-21-NC	life- threatening	DCBS issues; Financial issues; Housing instability; Medical issues/management; Mental health issues (caregiver); Other; Unsafe sleep (co-sleeping on a non-bed surface)	Lack of transportation	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

Kentucky Child Fatality and Near Fatality External Review Panel

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-018-21-C	SUDI/near-	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Judicial process issues; Law enforcement issues; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe sleep (other)	COVID	Neglect (general - can include leaving child with unsafe	Apparently accidental;
F-019-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Substitute caregiver at time of event; Unsafe sleep (bed sharing); Coroner issues		Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-020-21-NC	Gunshot (homicide); Physical abuse	Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current)	during COVID	Physical abuse	Potentially preventable
F-021-21-C	Drowning/near -drowning; Neglect	Bystander issues/ opportunities; DCBS history; Environmental neglect; Mental health issues (caregiver); Unsafe access to deadly means; Supervisional neglect; DCBS issues; Other; Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current)	appear law enforcement, coroner, or DCBS questioned any caretaker regarding the injuries	Neglect (general - can include leaving child with unsafe	Manner undetermined/foul play not ruled out

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-022-21-C	Suicide (child); Gunshot (suicide); Neglect	Bystander issues/ opportunities; DCBS history; DCBS issues; Other; Environmental neglect; Lack of treatment (mental health or substance abuse); Medical neglect; Statutory Issues; Unsafe access to deadly means	The children were at home on NTI due to COVID restrictions, some contacts were virtual, etc.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Neglect (medical)	Potentially preventable
F-023-21-C	Gunshot (accidental); Neglect	Coroner issues; DCBS issues; Law enforcement issues; Environmental neglect; Impaired caregiver; Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		Neglect (impaired caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
F-024-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Housing Instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (child); Substance abuse (in home); Medical neglect	1)COVID restrictions in place at time of incident resulted in telephonic initiation of the report, and the children attended school virtually. 2) There is a need for training of the purpose of coroner notification to DCBS and development of a standardized process		Apparently accidental; Potentially preventable
F-025-21-NC	Gunshot (suicide);	Environmental neglect; Mental health issues (child); Other; Statutory Issues; Unsafe access to deadly means	incident occurred during COVID restrictions resulting in virtual counseling - parents were also working from home.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable

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Casa Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-026-21-C	Neglect; Other	Coroner issues; DCBS history; DCBS issues; Financial issues; Law enforcement issues; Other; Supervisional neglect; Unsafe sleep	COVID	Neglect (unsafe sleep); Supervisory neglect	Apparently accidental; Potentially preventable
F-027-21-C	Natural causes/ medical diagnosis; Neglect	DCBS history; DCBS issues; Education/child care issues; Financial issues; Medical issues/ management; Medical neglect; Other	COVID restrictions resulting in necessity for virtual contacts	Neglect (medical)	Potentially preventable
F-028-21-C	Drowning/near -drowning	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Evidence of poor bonding; Family violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Serial relationships; Substance abuse by caregiver (current)		No abuse or neglect	
F-029-21-C	Blunt force trauma - not inflicted MVC	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Impaired caregiver; Inadequate restraint; Law enforcement issues; Medical issues/ management; Mental health issues (caregiver); Neglectful entrustment; Other; Substance abuse by caregiver (current)	COVID restrictions limited in-person assessments	Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)	• • •

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	SUDI/near- SUDI/apparent life- threatening	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Impaired caregiver; Lack of family support system ; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current);		Neglect (impaired caregiver); Neglect	Apparently accidental; Potentially
F-030-21-NC	-	Unsafe sleep (other)	restrictions	(unsafe sleep)	preventable
F-031-21-C	Neglect; Overdose/ ingestion; Suicide (child)	Bystander issues/ opportunities; DCBS history; Environmental neglect; Lack of treatment (mental health or substance abuse); Mental health issues (child); Other; Statutory Issues; Unsafe access to deadly means; Overwhelmed Caregiver	sessions being conducted virtually due to COVID restrictions- according to MGF, this was a	can include leaving child with unsafe caregiver); Neglect due to unsafe	Potentially preventable
F-032-21-NC	Gunshot (homicide); Apparent murder/ suicide; Physical abuse	Other	Children were attending school virtually due to COVID	Physical abuse	Potentially preventable
	Apparent murder/ suicide; Gunshot (homicide); Physical abuse		Children were attending school virtually due to COVID	Physical abuse	Potentially preventable

Kentucky Child Fatality and Near Fatality External Review Panel

Bystander issues/ opportunities; DCBS history; DCBS issues; Environmental neglect; Financial issues; Housing instability; Lack of regular child care; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in court and visits home); Substance abuse impacted by COVID Potentially   F-034-21-C Physical abuse by caregiver (current) court and visits home); Substance abuse impacted by COVID Potentially   F-034-21-C Physical abuse by caregiver (current) restrictions Physical abuse preventable   Criminal history (caregiver); Criminal history (in the home); DCBS history; Cognitive disability (child); Domestic Violence; Financial issues; child was attending Medically fragile child; school virtually due to Drowning/near Other; Substance abuse COVID restrictions - Apparently   F-035-21-C -drowning (in home); Oconer issues lack of transportation No abuse or neglect accidental Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Coroner issues; Financial				Family Characteristics		
Proportunities; DCBS   history; DCBS issues;   Environmental neglect;   Financial issues; Housing   instability; Lack of regular   child care; Lack of   treatment (mental health   or substance abuse);   Mental health issues   (caregiver); Other;   Overwhelmed Caregiver;   Substance abuse (in   home); Substance abuse   home); Substance abuse   impacted by COVID   Potentially   F-034-21-C   Physical abuse   by caregiver; Current)   restrictions   Physical abuse   preventable   Criminal history   (caregiver; Cognitive   disability (child);   Domestic Violence;   Financial issues;   child was attending   Medically fragile child;   school virtually due to   Drowning/near Other; Substance abuse   Coriminal history   (caregiver); Criminal   history (in the home);   DCBS history;   Cognitive   disability (child);   bottory (car	Case Number	· Categorization	•	Comments	Panel Determination	Other Qualifiers
Criminal history (caregiver); Criminal   history (in the home); DCBS history; Cognitive   disability (child); Domestic Violence;   Financial issues; child was attending   Medically fragile child; school virtually due to   Drowning/near Other; Substance abuse COVID restrictions -   F-035-21-C -drowning (in home); Coroner issues lack of transportation No abuse or neglect accidental   Criminal history (caregiver); Criminal history (in the home); DCBS history;   DCBS history; Environmental neglect; Coroner issues; Financial	F-034-21-C	Physical abuse	opportunities; DCBS history; DCBS issues; Environmental neglect; Financial issues; Housing instability; Lack of regular child care; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse	court and visits impacted by COVID	Physical abuse	•
(caregiver); Criminal   history (in the home);   DCBS history; Cognitive   disability (child);   Domestic Violence;   Financial issues; child was attending   Medically fragile child; school virtually due to   Drowning/near Other; Substance abuse COVID restrictions -   F-035-21-C -drowning (in home); Coroner issues lack of transportation No abuse or neglect accidental   Criminal history (caregiver); Criminal history (in the home); DCBS history;   Environmental neglect; Coroner issues; Financial Environmental neglect;	1-034-21-C	Filysical abuse		restrictions	Filysical abuse	preventable
F-035-21-C -drowning (in home); Coroner issues lack of transportation No abuse or neglect accidental Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Coroner issues; Financial			history (in the home); DCBS history; Cognitive disability (child); Domestic Violence; Financial issues;	-		
Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Coroner issues; Financial		Drowning/near		COVID restrictions -		Apparently
caregiver; Lack of treatment (mental health or substance abuse); Neglectful entrustment; Substance abuse (in	F-035-21-C	-drowning	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Coroner issues; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Neglectful entrustment; Substance abuse (in			accidental
home); Substance abuseNeglect (general - can include leavingby caregiver (current);can include leavingSUDI/near-Overwhelmed Caregiver;child with unsafeSUDI/apparentCommonwealth/Countycaregiver); NeglectPotentiallylife-Attorneys; Judicial(impairedpreventable;		SUDI/apparent	by caregiver (current); Overwhelmed Caregiver; Commonwealth/County		can include leaving child with unsafe caregiver); Neglect (impaired	preventable;
threatening process issues; Unsafe caregiver); Neglect Apparently	F-036-21-C	-	•		(unsafe sleep)	accidental
			,		• • • •	
F-036-21-C event; Neglect sleep (other) (unsafe sleep) accidental   Undetermined Apparently   (cause of death accidental; Mann		(cause of death				accidental; Manner undetermined/foul

Case Number	· Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-038-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Coroner issues; Domestic Violence; Environmental neglect; Financial issues; Law enforcement issues; Medical neglect; Medically fragile child; Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Unsafe sleep (bed sharing)	COVID restrictions impacted family's employment/finances, resulted in some virtual contacts, made supervisory monitoring of staff performance more difficult, etc.	(medical); Neglect	Potentially preventable
F-039-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event; Burn	DCBS history; DCBS issues; Financial issues; Unsafe sleep (bed sharing); Language/ cultural issues; Medically fragile child; Other	COVID restrictions during investigation	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-040-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; MAT involvement; Mental health issues (caregiver); Neglectful entrustment; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Medical issues/management; Statutory Issues	COVID restriction resulted in virtual contact in prior CPS reports	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-041-21-C	Blunt force trauma - not inflicted MVC; Neglect	DCBS history; DCBS issues; Criminal history (in the home); Criminal history (caregiver); Coroner issues; Financial issues; Impaired caregiver; Judicial process issues; Lack of treatment (mental health or substance abuse); Law enforcement issues; MAT involvement; Medical issues/management; Mental health issues (caregiver); Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current)	some visits/contacts held virtually due to COVID restrictions	Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
F-042-21-C	Abusive head trauma; Physical abuse	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Financial issues; Lack of regular child care; Medical issues/ management; Judicial process issues; Other; Substance abuse by caregiver (current); Substitute caregiver at time of event ; Coroner issues; Commonwealth/ County Attorneys	some family contact was conducted virtually, and court hearings were delayed and/or held virtually due to COVID restrictions	Abusive head trauma; Physical abuse	Potentially preventable
F-043-21-C	Smoke inhalation/fire	Criminal history (caregiver); Criminal history (in the home); DCBS issues; DCBS history; Environmental neglect; Financial issues; Housing instability; Mental health issues (caregiver); Substance abuse (in home); Substitute caregiver at time of event		No abuse or neglect	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-044-21-C	Natural causes/medical diagnosis	Education/child care issues; Financial issues; Medical issues/ management; Other; Substance abuse (in home); Substance abuse by caregiver (current)	the index child was attending school virtually due to COVID restrictions	No abuse or neglect	Potentially preventable
F-045-21-C	Gunshot (suicide)	Coroner issues; DCBS history; DCBS issues; Domestic Violence; Family violence; Education/child care issues; Other; Statutory Issues; Substitute caregiver at time of event ; Medically fragile child	COVID restrictions resulted in NTI	No abuse or neglect	Potentially
F-046-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event; Traumatic asphyxia	Criminal history (caregiver); DCBS history; Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of family support system ; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Bystander issues/opportunities		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired	

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	Categorization	r anny Characteristics	Comments	T and Determination	Other Quanners
	Gunshot (homicide); Physical abuse:	DCBS history; DCBS issues; Law enforcement issues; Bystander issues/ opportunities; Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); Education/child care issues; Evidence of poor bonding; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (in home); Substance abuse by caregiver (current); Environmental neglect:	The index child attended school virtually prior to fatality, school based mental health services were limited due to virtual contact limitations, court hearings were virtual, and some case	Torture; Physical abuse; Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe	Potentially
F-047-21-C	Physical abuse; Other; Neglect	Environmental neglect; Impaired caregiver	contacts were made virtually	child with unsafe caregiver); Other	Potentially preventable
	SUDI/neer	DCBS history; DCBS issues; Law enforcement issues; Bystander issues/ opportunities; Commonwealth/County Attorneys; Judicial process issues; Statutory Issues; Other; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Out of State CPS History; Substance abuse (in home);	Some case contacts, court hearings, and	Neglect (general - can include leaving child with unsafe	Annoronthi
F-048-21-C	SUDI/near- SUDI/apparent life-threatening event; Neglect	Supervisional neglect;	services were conducted virtually due to COVID restrictions	caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

	Catago		Family Characteristics	Den al Data	
Case Number	Categorization	Family Characteristics	Comments	Panel Determination	Other Qualifiers
F-049-21-C	Drowning/near -drowning	Cognitive disability (child); DCBS history; Medically fragile child; Mental health issues (child)		No abuse or neglect	Apparently accidental
F-050-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	DCBS issues; Judicial process issues; Medical issues/management; Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Other; Coroner issues; In-Home Service Provider Issues	COVID restrictions in place, contact made during the April 2021 were virtual.	Neglect (unsafe sleep); Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
F-051-21-C		DCBS history; DCBS issues; Financial issues; Medical issues/ management; Other; Perinatal depression (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); gUnsafe sleep (co-sleeping on a non-bed surface)	COVID	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

Kentucky Child Fatality and Near Fatality External Review Panel

	Cotogovinetie	Family Characteristics	Family Characteristics Comments	Panel Determination	Othou Orelifi
ase number	Categorization		Comments		Other Qualifiers
052-21-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Law enforcement issues; MAT involvement; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (co-sleeping on a non-bed surface)	3	Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)	accidental;
	Abusive head trauma;	DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Family violence; Financial issues; Housing instability; In-Home Service Provider Issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Other; Serial relationships; Substance abuse (in home); Substance abuse	COVID restrictions resulted in NTI for siblings and virtual contacts in some of	Abusive head trauma; Neglect (general - can Include leaving child with unsafe	Potentially

#### Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect: Financial issues: Housing instability; Law enforcement issues; Mental health issues (caregiver); Other; Statutory Issues; Neglect (general can include leaving Substance abuse (in home); Substance abuse child with unsafe by caregiver (current); caregiver); Neglect due to unsafe Substitute caregiver at time of event ; access to deadly/ Apparently Gunshot Supervisional neglect; child was reportedly potentially deadly accidental; (accidental); Unsafe access to deadly in child care until means; Supervisory Potentially COVID F-054-21-C Neglect means neglect preventable The beginning of **COVID** restrictions Criminal history began as the (caregiver); Criminal reunification efforts history (in the home); for index child were DCBS history; DCBS beginning, this issues; Domestic compromised Violence; Environmental contacts with the neglect; Financial issues; family, some contacts Lack of family support conducted virtually system ; Lack of due to COVID treatment (mental health restriction or substance abuse); Law Training issues enforcement issues; although the coroner notified DCBS of the Coroner issues; Mental health issues (caregiver); death, it does not Neglect (general -Mental health issues appear the coroner can include leaving (child); Other; Substance deputy understood child with unsafe abuse (in home); the rationale for the caregiver); Neglect Suicide (child); Substance abuse by contact is to obtain due to unsafe Gunshot caregiver (current); social history access to deadly/

Unsafe access to deadly information.

means; Statutory Issues

**Family Characteristics** 

**Panel Determination Other Qualifiers** 

Comments

#### **CASE REVIEWS FOR FISCAL YEAR 2021**

Case Number Categorization Family Characteristics

(suicide);

Neglect

F-055-21-C

Potentially

preventable

potentially deadly

means

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-056-21-C	Burn; Smoke inhalation/fire	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Law enforcement issues; MAT involvement; Medical issues/management; Mental health issues (caregiver); Neglectful entrustment; Other; Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Lack of regular child care	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially prevent- able
F-057-21-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Medical issues/ management; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse; Torture	Potentially preventable
F-058-21-C	Gunshot (suicide); Neglect; Suicide (child)	Cognitive disability (caregiver); DCBS history; Environmental neglect; Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (child); Substitute caregiver at time of event ; Unsafe access to deadly means; Statutory Issues	MGF dementia was complicated by COVID child prior mental health services provided virtually, etc.	Neglect due to unsafe access to deadly/potentially deadly means; , Neglect (general - can include leaving child with unsafe	Potentially preventable

Case Number	· Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-059-21-C	Smoke inhalation/fire; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Bystander issues/ opportunities; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Substance abuse (in home); Substitute caregiver at time of event ; Domestic Violence; Statutory Issues; Medical issues/ management	COVID restriction were in place resulting in virtual home visits and other services	Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
		Cognitive disability (child); Commonwealth/ County Attorneys;	Lack of		

(caregiver); Criminal
history (in the home);
DCBS history: DCBS

F-060-21-C malnutrition Overwhelmed Caregiver or law enforcement. caregiver); Other play not ruled out
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Case Number	r Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-061-21-PH	Neglect; SUDI/ near-SUDI/ apparent life- threatening	DCBS issues; Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of family support system ; MAT involvement; Medical issues/management; Medically fragile child; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (co-sleeping on a non-bed surface)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-062-21-PH	life-threatening	Coroner issues; Criminal history (caregiver); DCBS history; DCBS issues; Financial issues; Lack of family support system; Law enforcement issues; Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Unsafe sleep (other)	COVID	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-063-21-PH	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	DCBS history; DCBS issues; Bystander issues/ opportunities; Coroner issues; Evidence of poor bonding; Financial issues; Housing instability; Lack of regular child care; Lack of treatment (mental health or substance abuse); Medical issues/ management; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Perinatal depression (caregiver); Statutory Issues; Substitute caregiver at time of event ; Unsafe sleep (bed sharing)	f COVID restriction is place – other children in home on NTI And lack of transportation	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-064-21-PH	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Coroner issues; DCBS history; Financial issues; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Domestic Violence; Housing instability; DCBS issues; Unsafe sleep (bed sharing)	December 2020 investigation, virtual mental health	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-065-21-PH	(cause of death or near-death	Criminal history (caregiver); Criminal history (in the home); DCBS issues; Domestic Violence; Financial issues; Law enforcement issues; Medical neglect; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (co-sleeping on a non-bed surface)	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)	Manner undetermined/foul play not ruled out
	Blunt force trauma - not inflicted MVC	DCBS history; Education/ child care issues; Impaired caregiver; Inadequate restraint; Medically fragile child; Mental health issues (child); Substance abuse (child)		No abuse or neglect	Apparently accidental; Potentially preventable
F-067-21-PH	Overdose/ ingestion; Suicide (child)	Coroner issues; DCBS history; DCBS issues; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (child); Other; Overwhelmed Caregiver; Statutory Issues; Unsafe access to deadly means	incident occurred during COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
068-21-PH	Gunshot (suicide); Neglect; Suicide (child)	Coroner issues; DCBS history; DCBS issues; Family violence; Lack of treatment (mental health or substance abuse); Medically fragile child; Mental health issues (child); Mental health issues (caregiver); Overwhelmed Caregiver; Substitute caregiver at time of event ; Unsafe access to deadly means; Statutory Issues; Environmental neglect; Medical neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially
NF-001-21-NC	Physical abuse	Domestic Violence; Evidence of poor bonding; Medical issues/ management; Other; Overwhelmed Caregiver	Incident occurred during COVID restrictions, court hearings held virtually	Physical abuse	
NF-002-21-C		Criminal history (caregiver); Criminal history (in the home); Financial issues; Lack of regular child care; Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisional neglect; Unsafe access to deadly means	COVID restrictions in place – limited child care options	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-003-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	DCBS history; Language/ cultural issues		No abuse or neglect	Apparently accidental; Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	diagnosis;	Bystander issues/ opportunities; DCBS history; DCBS issues; Domestic Violence; Lack of family support system ; Lack of regular child care; Medical issues/management; Medical neglect; Medical neglect; Medically fragile child; Mental health issues (child); Other; Out of State CPS History; Substance abuse (in home); Substance abuse by caregiver (current);	COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical);	Potentially
NF-004-21-C NF-005-21-C	Neglect; Overdose/	Supervisional neglect Criminal history (caregiver); DCBS history; DCBS issues; Criminal history (in the home); Financial issues; Housing instability; MAT involvement; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect	impacted interactions	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially
NF-006-21-C	Other; Failure to thrive/	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Failure to thrive; Financial issues; Medical neglect; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event	resulted it virtual/ distanced meetings,	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Torture; Physical abuse; Other	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
		Criminal history (caregiver); DCBS history;			
		DCBS issues; Domestic Violence; Financial			
		issues; Housing			
		instability; Medical issues/management;			
		Medical neglect;			
		Medically fragile child; Mental health issues			
		(caregiver); Substance			Apparently
		abuse (in home); Substitute caregiver at			accidental; Potentially
NF-007-21-C	Neglect	time of event		Neglect (medical)	preventable
				Neglect (general - can include leaving	
		DCBS history;		child with unsafe	
		Environmental neglect; Financial issues;		caregiver); Neglect due to unsafe	Apparently
	Neglect;	Substitute caregiver at		access to deadly/	accidental;
NF-008-21-C	Overdose/ ingestion	time of event ; Unsafe access to deadly means		potentially deadly means	Potentially preventable
				Neglect (general -	
				can include leaving child with unsafe	
				caregiver); Supervisory	
		Financial issues;		neglect; Neglect	
	Gunshot	Supervisional neglect; Unsafe access to deadly		due to unsafe access to deadly/	Apparently accidental;
	(accidental);	means; Environmental		potentially deadly	Potentially
NF-009-21-NC	Neglect	neglect		means Supervisory	preventable
				neglect; Neglect	
		Environmental neglect;		(general - can include leaving	
		Financial issues; MAT involvement; Other;		child with unsafe caregiver); Neglect	
		Unsafe access to deadly	mother lost	due to unsafe	Apparently
	Overdose/ ingestion;	means; Supervisional neglect; Criminal history	employment/income due to COVID	access to deadly/ potentially deadly	accidental; Potentially
NF-010-21-NC	-	(caregiver)	restrictions	means	preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Evidence of poor bonding; Family violence; Financial issues; MAT involvement; Mental health issues (caregiver); Neglectful entrustment; Other	COVID restrictions impacted investigation	Abusive head trauma; Physical abuse; Torture	Potentially preventable
NF-012-21-C		DCBS history; DCBS issues; Financial issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child); Other		Neglect (medical)	Potentially preventable
	Neglect; Gunshot	DCBS history; DCBS issues; Cognitive disability (child); Criminal history (in the home); Criminal history (caregiver); Domestic Violence; Environmental neglect; Financial issues; Housing instability; Lack of regular child care; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Medically fragile child; Mental health issues (child); Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Mental health issues (caregiver); Statutory Issues		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-014-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Bystander issues/ opportunities; Domestic Violence; Environmental neglect; Financial issues; Mental health issues (caregiver); Other; Perinatal depression (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means	COVID restrictions resulted in limit group sessions at the MAT provider, virtual court hearings, etc.	access to deadly/	Apparently accidental; Potentially preventable
NF-015-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Family violence; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (child); Mental health issues (caregiver); Other; Serial relationships; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Law enforcement issues	COVID restrictions resulted in virtual	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-016-21-C	Abusive head trauma;	Bystander issues/ opportunities; DCBS history; DCBS issues; Financial issues; Mental health issues (caregiver); Other; Substitute caregiver at time of	COVID	Abusive head trauma; Physical abuse	Potentially preventable

			Family Characteristics		
NF-017-21-C	Neglect; Overdose/ ingestion; Physical abuse	Family Characteristics DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means	Comments	Panel Determination Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Physical abuse	Apparently accidental; Potentially preventable
NF-018-21-C	Overdose/	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Law enforcement issues; MAT involvement; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	COVID restrictions - virtual visits	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-019-21-C		DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Lack of family support system; Lack of regular child care; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child); Out of State CPS History; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect		Neglect (medical); Supervisory neglect	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-020-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS issues; DCBS history; Environmental neglect; Financial issues; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-021-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Lack of regular child care; Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Neglectful entrustment		Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-022-21-C	Neglect	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse by caregiver (current); Unsafe access to deadly means	COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	-
NF-023-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); Education/child care issues; Environmental neglect; Financial issues; Mental health issues (child); Other; Out of State CPS History; Substance abuse (child); Unsafe access to deadly means	COVID restrictions resulted in NTI, some virtual contacts, and stress for paramour – presumably financial	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	,

			Family Characteristics		
Case Numbe	r Categorization		Comments	<b>Panel Determination</b>	Other Qualifiers
NF-024-21-0	Other	Bystander issues/ opportunities; Coroner issues; DCBS issues; Domestic Violence; Financial issues; Housing instability; Law enforcement issues; Medical issues/ management; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially
NF-024-21-C	other	DCBS history; DCBS		Supervisory neglect	preventable
NF-025-21-0	Overdose/ ingestion; Suicide (child); Neglect	issues; Family violence; Financial issues; Environmental neglect; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Unsafe access to deadly means	COVID resulted in virtual services, visits, etc	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable
NF-026-21-0	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; MAT involvement; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Environmental neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-027-21-C	Overdose/	Cognitive disability (child); DCBS history; Other; Overwhelmed Caregiver	COVID restrictions impacted service delivery and resulted in some telephonic interviews	No abuse or neglect	Apparently accidental; Potentially

Case Number	Categor <u>ization</u>	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	Abusive head trauma;	DCBS history; DCBS issues; Bystander issues/ opportunities; Domestic Violence; Financial issues; Housing instability; In-Home Service Provider Issues; Lack of regular child care; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medically fragile child; Mental health issues (caregiver); Other; Statutory Issues;		Physical abuse; Abusive head trauma; Torture	Potentially preventable
NF-029-21- NC	Abusive head trauma	Financial issues; Housing instability; Mental health issues (caregiver); Other	other meetings were	Abusive head trauma	Potentially preventable
NF-030-21-C	Overdose/ ingestion; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Medical issues/ management; MAT involvement		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver)	accidental; Potentially
		DCBS history; DCBS issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health			Potentially
NF-031-21-C	Neglect	issues (child); Other	COVID	Neglect (medical)	preventable

# NF-034-21-C ingestion neglect contacts. means Kentucky Child Fatality and Near Fatality External Review Panel

CASE REVIEWS FOR FISCAL YEAR 2021	

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Oualifiers
NF-032-21- NC	Blunt force trauma - not inflicted (farm machinery, ATV, fall); Neglect	Bystander issues/ opportunities; Domestic Violence; Evidence of poor bonding; Medical neglect; Mental health issues (caregiver); Substance abuse (in home); Substitute caregiver at time of event ; Unsafe sleep (co- sleeping on a non-bed surface)		Neglect (medical); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
NF-033-21-C	Blunt force trauma - not inflicted MVC	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Impaired caregiver; Other; Sub- stance abuse (in home); Substance abuse by caregiver (current)	COVID restrictions impacted case	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver)	accidental; Potentially
NF-034-21-C	Neglect; Overdose/	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Supervisory	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-035-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (child); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect	Child 2 was attending kindergarten virtually due to COVID, and some virtual contacts.	access to deadly/ potentially deadly	Apparently accidental; Potentially preventable
NF-036-21-C	Overdose/ ingestion	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Evidence of poor bonding; Impaired caregiver; Lack of treatment (mental health or substance abuse); MAT involvement; Medical issues/management; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Lack of regular child care; Substance abuse (in home); Substance abuse by caregiver (current); Statutory Issues		No abuse or neglect	Apparently accidental; Potentially
NF-037-21-C	Gunshot (homicide);	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Law enforcement issues; Other	COVID restrictions impacted case - virtual visits and	Physical abuse	Potentially preventable

	IEWS FOR	FISCAL YEAR 2021		_	
Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-038-21- NC	Physical abuse; Abusive head trauma	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Education/child care issues; Financial issues; Language/cultural issues; Law enforcement issues; Medical neglect; Other; Overwhelmed Caregiver; Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse; Torture	Potentially preventable
NF-039-21-C	machinery,	Criminal history (caregiver); Financial issues; Other	COVID		Apparently
NF-040-21-C	Overdose/ ingestion	DCBS history; Environmental neglect; Impaired caregiver; MAT involvement; Medically fragile child; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	COVID Restrictions	Neglect (impaired caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-041-21- NC	Gunshot (homicide); Physical abuse	Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (in home); Substance abuse by caregiver (current)	incident occurred during COVID restrictions – virtual school	Physical abuse	Potentially preventable

Case Number	· Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-042-21-C	medical diagnosis;	Cognitive disability (caregiver); Cognitive disability (child); Commonwealth/County Attorneys; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Medical issues/ management; Medical neglect; Mental health issues (child); Other; Supervisional neglect	COVID	Neglect (medical)	Potentially preventable
NF-043-21- NC	Neglect; Overdose/ ingestion	DCBS issues; Law enforcement issues; Environmental neglect; Financial issues; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means	COVID restrictions resulted in virtual contacts and some ap- pointment cancellations	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	
NF-044-21-C	Neglect; Overdose/	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS issues; DCBS history; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of regular child care; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Oualifiers
NF-045-21- NC	Neglect; Overdose/ ingestion	Criminal history (in the home); Criminal history (caregiver); Environmental neglect; MAT involvement;	All contacts were made virtually due to COVID restrictions	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect; Neglect (general - can include leaving	
NF-046-21-C		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Evidence of poor bonding; Law enforcement issues; Medical issues/ management; Medical neglect; Medically fragile child; Other		Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable
NF-047-21-C	Neglect; Overdose/ ingestion	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; Medical neglect; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Other	court hearing, school and other contacts were conducted virtually due to COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	accidental;
NF-048-21- NC	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; DCBS issues; Financial issues; Housing instability; Other; Overwhelmed Caregiver; Perinatal depression (caregiver); Lack of treatment (mental health or substance abuse); Evidence of poor bonding; Family violence; Lack of Sleep Plan	the incident occurred during COVID restrictions resulting in virtual contacts, visits, etc., as well as delays in vaccinations	Abusive head trauma; Physical abuse	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-049-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); MAT involvement; Mental health issues (caregiver); Other; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Criminal history (caregiver); Criminal history (in the home); Medical issues/ management			Apparently accidental; Potentially preventable
	Blunt force trauma - not inflicted (farm machinery, ATV,	Inadequate restraint; Language/cultural issues; Law enforcement issues; Other; Supervisional	child were attending school virtually due to COVID restrictions	Supervisory neglect;	Apparently accidental; Potentially preventable
	Neglect	DCBS history; Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child); Other	COVID	Neglect (medical)	Potentially preventable
	Abusive head trauma; Burn; Physical abuse	Financial issues; Medically fragile child; Other	COVID	Abusive head trauma; Physical abuse	Potentially preventable
	Overdose/ ingestion Natural causes/	Cognitive disability (caregiver); DCBS history; Education/child care issues; Financial issues; Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (child)	COVID restrictions contributed to educa- tional issues, social isolation, visitation, etc. COVID restrictions		Apparently accidental; Potentially preventable
NF-055-21-C	medical diagnosis	DCBS history; Other; Unsafe sleep (bed sharing)	resulted in a virtual	No abuse or neglect	

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-056-21-C	Neglect; Overdose/ ingestion	DCBS history; Criminal history (in the home); Criminal history (caregiver); DCBS issues; Environmental neglect; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); MAT involvement; Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means; Impaired caregiver; Medical issues/management		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect; Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
NF-057-21- NC	Abusive head trauma; Neglect; Physical abuse	Bystander issues/ opportunities; DCBS issues; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Neglectful entrustment; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisional neglect	At least one court hearing was rescheduled to COVID restrictions	Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Physical abuse	Potentially preventable
NF-058-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	DCBS history; DCBS issues; Domestic Violence; Financial issues; Mental health issues (caregiver); Other; Substance abuse (in home); Substitute caregiver at time of event ; Evidence of poor bonding; Statutory Issues	COVID restrictions were in place at the time of the incident resulting in virtual services, court hearings, etc.		Apparently accidental; Potentially preventable
NF-059-21-C	Natural causes/ medical diagnosis; Neglect	DCBS issues; Financial issues; Medical neglect; Medically fragile child; Other	COVID	Neglect (medical)	Potentially preventable

CASE RE	IEWS FOR I	FISCAL YEAR 2021		_	
Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-060-21-C	Neglect; Overdose/ ingestion	Other; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; MAT involvement; Medical issues/management; Medically fragile child; Statutory Issues; Sub- stance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; DCBS history; Law enforcement issues	Contacts and other services conducted virtually due to COVID restrictions, as well as delays in vaccinations	Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	accidental; Potentially
NF-061-21-NC	medical	Financial issues; Lack of family support system; Language/cultural issues; Medical issues/ management; Medically fragile child		No abuse or neglect	Apparently accidental; Potentially preventable
NF-062-21-C		Cognitive disability (child); DCBS history; Domestic Violence; Medically fragile child; Medical neglect; Environmental neglect; Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by	NTI, court hearing, and		Potentially preventable; Apparently accidental

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-063-21-C	Neglect; Overdose/	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; MAT involvement; Medical neglect; Mental health issues (caregiver); Neglectful entrustment; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Supervisional neglect; Unsafe access to deadly means	incident occurred during COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly	Apparently accidental;
NF-064-21-C	Blunt force trauma - not inflicted MVC; Neglect	Bystander issues/ opportunities; DCBS history; DCBS issues; Domestic Violence; Financial issues; Housing instability; Impaired caregiver; Inadequate restraint; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current)	COVID restrictions resulted in virtual services, economic stress for MGGPs, virtual court hearings, etc.	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)	•••
NF-065-21- NC	Abusive head trauma	DCBS issues; Lack of Sleep Plan; Other; Medically fragile child; Overwhelmed Caregiver	COVID restrictions limited visitation in the hospital, family contacts, etc.	Abusive head trauma	Potentially preventable
NF-066-21- NC	Neglect; Overdose/ ingestion	Environmental neglect; Financial issues; Language/cultural issues; Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	Categorization	Bystander issues/	Comments	T and Determination	Other Quanners
		opportunities; DCBS			
	Abusive head	issues; Domestic Violence;		Abusive head	
		Evidence of poor bonding;		trauma; Physical	Potentially
NF-067-21-NC	•	Financial issues		abuse	preventable
NI-007-21-NC	abuse	Criminal history		abuse	preventable
		•			
		(caregiver); Criminal			
		history (in the home);			
		DCBS history; Domestic			
		Violence; Financial issues;			
		Lack of regular child care;			
		Lack of treatment (mental			
		health or substance			
		abuse); Mental health			
		issues (caregiver); Other;			
		Substance abuse (in	o		
		home); Substance abuse	Court hearings were		
	Abusive head	by caregiver (current);	held virtually due to		
	•	Statutory Issues; DCBS	COVID restrictions and	Physical abuse;	Potentially
NF-068-21-C	abuse	issues; Housing instability	lack of transportation	Abusive head trauma	preventable
		DCDC insurant Mardinal			
		DCBS issues; Medical			
		issues/management;			
		Environmental neglect;			
		Lack of treatment (mental health or substance			
		abuse); Other; Substance			
		abuse (in home); Substance abuse by		Neglect (general -	
		•		can include leaving	
		caregiver (current); Supervisional neglect;		child with unsafe	
		Unsafe access to deadly		caregiver); Neglect	
		means; Financial issues;			Apparantly
	Neglect;	Judicial process issues;	virtual contact was	due to unsafe access to deadly/potentially	
	Overdose/	Law enforcement issues;	necessary due to	deadly means;	Potentially
NF-069-21-NC	•	Neglectful entrustment	COVID restrictions	•	preventable
NI 003-21-NC		DCBS history; DCBS issues;		Supervisory neglect	preventable
		Bystander issues/			
		opportunities; Domestic			
		Violence; Environmental			
		neglect; Financial issues;			
		Lack of regular child care;			
		Medical issues/			
		management; Medically		Neglect (general -	
		fragile child; Other;		can include leaving	
		Overwhelmed Caregiver;		child with unsafe	
		Substance abuse by		caregiver); Neglect	
		caregiver (current);	COVID restrictions	due to unsafe access	Apparently
	Overdose/	Unsafe access to deadly	resulted in virtual	to deadly/potentially	•••
	ingestion;	means; Family violence;	contacts and delays in	deadly means;	Potentially
NF-070-21-C	Neglect	Medical neglect	service provision	Neglect (medical)	preventable
	inchicer .	medical neglect		including and a second s	preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-071-21- NC	Gunshot (accidental); Neglect	DCBS issues; Environmental neglect; Other; Unsafe access to deadly means; Statutory Issues	some investigative contacts virtual due to COVID restrictions), unsafe access	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe	Apparently accidental; Potentially preventable
NF-072-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Lack of treatment (mental health or substance abuse); MAT involvement; Supervisional neglect; Other; Unsafe access to deadly means	incident occurred during COVID re- strictions resulting in virtual services/ contacts, NTI, working from home with kids present, etc.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
	Physical abuse; Gunshot (homicide); Apparent	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Financial issues; Lack of family support system ; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other		Physical abuse	Potentially preventable
	Abusive head trauma;	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Housing instability; Impaired caregiver; Medical neglect; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-075-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Housing instability; Mental health issues (caregiver); Other; Perinatal depression (caregiver)	The children attended school virtually due to COVID restrictions, father job loss COVID related	No abuse or neglect	Apparently accidental
		Criminal history (in the home); Criminal history (caregiver); DCBS issues; Law enforcement issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Other; Out of State CPS History; Substitute caregiver at			Potentially
NF-076-21-NC		time of event	COVID	Neglect (medical)	preventable
NF-077-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	DCBS history; Supervisional neglect		No abuse or neglect	Apparently accidental; Potentially preventable
NF-078-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; MAT involvement; Medical issues/management; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental;
NF-079-21-NC	Abusive head trauma; Physical	Bystander issues/ opportunities; Domestic Violence; Financial issues; Mental health issues (caregiver); Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse	Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-080-21- NC	Blunt force trauma - not inflicted MVC; Neglect	Criminal history (caregiver); Criminal history (in the home); Financial issues; Impaired caregiver; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
NF-081-21-C	Abusive head	Financial issues; Medical issues/management		No abuse or neglect	Apparently accidental; Potentially
NF-082-21- NC	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Law enforcement issues; Medical issues/ management; Out of State CPS History; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Abusive head trauma; Physical abuse	Potentially preventable
NF-083-21-C	Burn; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Medical neglect; Mental health issues (caregiver); Other; Substitute caregiver at time of event	COVID restrictions	Neglect (medical); Physical abuse; Torture	Potentially preventable

Case Number	Catagorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-084-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Judicial process issues; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Neglectful entrustment; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Commonwealth/ County Attorneys	COVID restrictions leading the NTI,	Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable; Manner undetermined/foul
NF-085-21-C	Physical abuse	DCBS history; DCBS issues; Domestic Violence; Mental health issues (caregiver); Other		Physical abuse	Potentially preventable
NF-086-21-C	Blunt force trauma - not inflicted MVC; Neglect	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current)	virtual contact. Relative report restrictions were related to mother's relapse. Law enforcement mother	Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
NF-087-21-C	Neglect; Physical abuse; Burn	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Lack of family support system ; MAT involvement; Medical neglect; Mental health issues (caregiver); Other; Out of State CPS History; Substance abuse (in home); Substance abuse by caregiver (current)	2020 report involved the worker initiating the report via a phone call and virtual home visit, compromising the ability to do unannounced home visits and observe conditions. Mother also	Torture; Neglect	Potentially preventable

			Family Characteristics		
Case Number		Family Characteristics	Comments	Panel Determination	Other Qualifiers
	medical	Financial issues; Language/cultural issues;			
NF-088-21-C	diagnosis	Other	COVID	No abuse or neglect	
NF-089-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Environmental neglect; Financial issues; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Unsafe access to deadly means			-
NF-090-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Environmental neglect; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Unsafe access to deadly means; Financial issues	COVID restriction resulted in some virtual contacts, NTI for the older sibling, and employment changes for MGM	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	accidental;
NF-091-21-C	Neglect; Overdose/ ingestion	DCBS history; Environmental neglect; Financial issues; Other; Overwhelmed Caregiver; Unsafe access to deadly means	COVID restrictions in place leading to delay in services and virtual contacts	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	
	Neglect; Overdose/ ingestion	Criminal history (in the home); Criminal history (caregiver); DCBS history; Environmental neglect; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Law enforcement issues; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means Financial issues; Language/cultural issues	contact was conducted virtually when possible due to COVID restrictions	to deadly/potentially deadly means; Supervisory neglect	accidental; Potentially preventable Potentially
NF-093-21-NC	-	Language/cultural issues		No abuse or neglect	preventable
	Apparent murder/suicide; Gunshot	Mental health issues			
NF-094-21-NC	(nomicide)	(caregiver)		Physical abuse	

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-095-21-C	Neglect; Overdose/ ingestion	DCBS history; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-096-21-C	to thrive/ malnutrition;	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Failure to thrive; Financial issues; Lack of treatment (mental health or substance abuse); Medical issues/ management; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Perinatal depression (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Statutory Issues; Supervisional neglect	COVID restrictions resulted in virtual contacts	Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect	Potentially
NF-097-21-C	Abusive head	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Financial issues; Mental health issues (caregiver); Overwhelmed Caregiver; Substance abuse (in home); Substitute caregiver at time of event		Abusive head trauma	Potentially preventable

			Family Characteristics		
Case Number	Categorization	Family Characteristics	Comments	Panel Determination	Other Qualifiers
	Overdose/ ingestion;	DCBS history; DCBS issues; Law enforcement issues; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means;	Apparently accidental; Potentially
NF-098-21-C	Neglect	neglect		Supervisory neglect	preventable
NF-099-21-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; DCBS history; DCBS issues; Evidence of poor bonding; Financial issues; Impaired caregiver; Medical issues/ management; Neglectful entrustment; Other; Substance abuse by caregiver (current) Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental	COVID	Abusive head trauma; Physical abuse	Potentially preventable
		neglect; Financial issues;			Apparently
NF-100-21-C	Burn; Smoke inhalation/fire	Housing instability; Mental health issues (child)			accidental; Potentially preventable
		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Medically fragile child; Mental health Issues (child); Other; Overwhelmed Caregiver;			Potentially
NF-101-21-C	Neglect; Other	Substance abuse (in home)		Neglect (medical)	preventable

				-	
Case Number	• Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-102-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; Housing instability; Law enforcement issues; MAT involvement; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	mother reported being unemployed due to COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-103-21-C	Neglect; Overdose/ ingestion; Suicide (child)	DCBS history; Environmental neglect; Mental health issues (child); Supervisional neglect; Unsafe access to deadly means; Other	Incident occurred when COVID Protocol was in place, resulting in virtual visits.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Potentially preventable
NF-104-21-C	Neglect	DCBS history; DCBS issues; Financial issues; Housing instability; Law enforcement issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (child); Other	COVID	Neglect (medical)	Potentially preventable
NF-105-21-C	Overdose/ ingestion; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Neglect (general - can include leaving child with unsafe caregiv- er); Neglect (medical); Physical abuse; Torture	Potentially preventable

			Family Characteristics	-	
Case Number	Categorization	Family Characteristics	Comments	Panel Determination	Other Oualifiers
NF-106-21-C	Gunshot (accidental); Neglect	Criminal history (caregiver); Criminal history (in the home); Education/child care issues; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Substance abuse (in home); Statutory Issues; Unsafe access to deadly means	the children reported being enrolled in virtual learning related to COVID restrictions and displayed poor compliance -	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-107-21-C	Blunt force trauma - not inflicted MVC; Neglect; Physical abuse	DCBS issues; DCBS history; Criminal history (caregiver); Domestic Violence; Financial issues; Impaired caregiver; Inadequate restraint; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current)	some prior contacts	Neglect (impaired caregiver); Physical abuse; Neglect (inadequate/absent child restraint in motor vehicle)	Potentially preventable
	Blunt force trauma - not inflicted MVC; Neglect; Physical abuse	DCBS history; DCBS issues; Financial issues; Domestic Violence; Impaired caregiver; Inadequate restraint; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other; Substance abuse (in home); Substance abuse by caregiver (current)	some prior contacts were virtual due to COVID restrictions	Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle); Physical abuse	Potentially preventable

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Case Number	· Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-109-21-C	Neglect; Overdose/ ingestion; Failure to thrive/ malnutrition	DCBS history; DCBS issues; Criminal history (in the home); Criminal history (caregiver); Domestic Violence; Environmental neglect; Failure to thrive; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); MAT involvement; Medical issues/management; Medically fragile child; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities; Law enforcement issues; Neglectful entrustment; Overwhelmed Caregiver;	COVID restrictions resulted in virtual contacts for visits and assessments		preventable Apparently
	Overdose/	DCBS history; Domestic			accidental; Potentially
NF-110-21-C NF-111-21-C	ingestion	Violence; Financial issues Bystander issues/ opportunities; DCBS history; DCBS issues; Financial issues; Judicial process issues; Lack of family support system; Law enforcement issues; Mental health issues (caregiver); Mental health issues (child); Other		Neglect (general - can include leaving child	preventable Potentially preventable
NF-112-21-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Other; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); MAT involvement; Mental health issues (child); Mental health issues (caregiver); Supervisional neglect; Unsafe access to deadly means	Home visits and other contacts were made under COVID restrictions, family discussed pandemic related stress	Neglect (general - can include leaving child with unsafe caregiv- er); Neglect due to unsafe access to deadly/potentially deadly means;	Apparently accidental; Potentially preventable

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CASE REV	IEWS FOR I	FISCAL YEAR 2021		_	
Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-113-21-C	Abusive head trauma	Criminal history (in the home); DCBS issues; Domestic Violence; Financial issues; Medical issues/management; Perinatal depression (caregiver); Unsafe sleep (bed sharing)		Abusive head trauma	Potentially preventable
NF-114-21-C	Overdose/	Domestic Violence; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); Other	child was attending virtual school due to COVID restrictions which was reported to be difficult	No abuse or neglect	Potentially preventable
	Abusive head trauma;	DCBS history; Domestic Violence; Financial issues; Mental health issues (caregiver); Other	COVID	Physical abuse; Abusive head trauma	Potentially preventable
NF-116-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Other; Domestic Violence; Environmental neglect; Family violence; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means	COVID restrictions contributed to the need for virtual visits and delays in visits	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable; Apparently accidental
NF-117-21-C	-drowning;	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisional neglect	Due to COVID restrictions, some interviews were conducted virtually, and the children attended NTI following COVID exposures	Supervisory neglect	Apparently accidental; Potentially preventable

	/ 	Commonwealth/County Attorneys; DCBS history;			
Gunsho (homic NF-118-21-C Physica	not s	issues (caregiver); Mental health issues (child); Overwhelmed Caregiver; Substance abuse (child); Substance abuse (in	virtual court hearings, family contacts, NTI, and mental health service throughout the latter portion of services due to COVID restrictions	Physical abuse	Potentially preventable
Neglec Overdo NF-119-21-C ingestio	ct; c	(current); Substitute caregiver at time of event ; Unsafe access to	could not access virtual FTM, contacts/	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	
Neglec Overdo NF-120-21-C ingesti	ct; 5	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisional neglect;	prior assessments were completed virtually due	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially	accidental; Potentially

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-121-21-C	-	Financial issues; Other; Unsafe access to deadly means	COVID restrictions resulted NTI for children and employ- ment limitations for father	No abuse or neglect	Apparently accidental; Potentially preventable
NF-122-21-C	Neglect; Overdose/	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Lack of family support system ; Lack of regular child care; Other; Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means	COVID restrictions contributed to social isolation and virtual contact	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-123-21-C	Gunshot (homicide); Neglect	Education/child care issues; Mental health issues (child); Unsafe access to deadly means; Environmental neglect		Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable
		Cognitive disability (child); DCBS history; DCBS issues; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Mental health issues (child); Mental health issues (saragivar). Other	services were conducted virtually due to COVID	Noglact (modical)	Potentially

issues (caregiver); Other restrictions

NF-124-21-C Neglect

preventable

Neglect (medical)

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-125-21-C	Natural causes/ medical diagnosis; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Financial issues; Judicial process issues; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child); Other; Overwhelmed Caregiver; Serial relationships; Supervisional neglect	COVID	Neglect (medical); Supervisory neglect	Potentially preventable
NF-126-21-C	Overdose/ ingestion	Cognitive disability (child); Criminal history (caregiver); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Lack of family support system ; Medical neglect; Medically fragile child; Out of State CPS History; Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-127-21- NC	Neglect; Overdose/ ingestion	Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means DCBS issues; Medically	lack of transportation, COVID restrictions resulted in virtual services	Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-128-21-C	Other	fragile child		No abuse or neglect	

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-129-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; Lack of family support system ; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Housing instability; Statutory Issues; Substance abuse (in home); Substance abuse	COVID appeared to have contributed to financial strain due to job loss	No abuse or neglect	Apparently accidental; Potentially preventable
NF-130-21-C	Neglect	Cognitive disability (caregiver); Cognitive disability (child); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; In-Home Service Provider Issues; Judicial process issues; Medical process issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Other	COVID	Neglect (medical)	Potentially preventable
NF-131-21-C	Blunt force trau- ma - not inflict- ed (farm	Other; Criminal history (in the home); Criminal history (caregiver); DCBS history; DCBS issues; Cognitive disability (caregiver); Domestic Violence; Family violence; Financial issues; Housing instability; Lack of family support system ; Lack of treatment (mental health or substance abuse); Medical issues/ management; Mental health issues (caregiver); Overwhelmed Caregiver; Serial relationships; Unsafe sleep (other); Unsafe sleep (bed sharing); Perinatal depression (caregiver)	Some contacts and court hearings virtual due to COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

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			Family Characteristics	-	
Case Number	Categorization	Family Characteristics	Comments	Panel Determination	Other Qualifiers
NF-132-21-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Other; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; MAT involvement; Substance abuse by caregiver (current); Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means	COVID restrictions in place at the time of the incident resulted in virtual contacts	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-133-21-C	Neglect; Overdose/ ingestion	Environmental neglect; Financial issues; Impaired caregiver; Law enforcement issues; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	COVID restrictions resulting in children not being in childcare - family in quarantine	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); Substitute caregiver at time of event	, , , , , , , , , , , , , , , , , , , ,	Abusive head trauma; Physical abuse	Potentially preventable
NF-135-21-C	Abusive head trauma	Criminal history (caregiver); DCBS history; DCBS issues; Domestic Violence; Financial issues; Law enforcement issues; Perinatal depression (caregiver); Unsafe sleep (bedsharing)		Abusive head trauma	Potentially preventable
NF-136-21-C	Abusive head trauma; Neglect; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Evidence of poor bonding; Financial issues; Housing instability; Lack of regular child care; Lack of Sleep Plan; Language/cultural issues; Medical neglect; Other; Statutory Issues; Supervisional neglect; Family violence	Court hearing and other services were conducted virtually due to COVID restrictions	Abusive head trauma; Neglect (medical); Supervisory neglect; Physical abuse	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
	Categorization	Criminal history	Comments	T and Determination	Other Quanners
		(caregiver); Criminal			
		history (in the home);			
		DCBS history; Financial			
		issues; MAT			
NF 127 21 C	Noglast	involvement; Mental			
NF-137-21-C		health issues (caregiver)			
	Blunt force				A
NE 430 34 C	trauma - not	DCBS history; DCBS		NI	Apparently
NF-138-21-C	inflicted MVC	issues		No abuse or neglect	accidental
		Cognitive disability			
		(caregiver); Criminal			
		history (caregiver);			
		Criminal history (in the			
		home); DCBS history;			
		DCBS issues;			
		Environmental neglect;			
		Evidence of poor			
		bonding; Financial			
		issues; Impaired			
		caregiver; Lack of			
		treatment (mental			
		health or substance			
		abuse); Substance abuse			
		(in home); Substance			
		abuse by caregiver		Neglect (general -	
		(current); Medical		can include leaving	
		issues/management;		child with unsafe	
		MAT involvement;		caregiver); Neglect	•
NF-139-21-C	Neglect	Statutory Issues		(impaired caregiver)	preventable
		Criminal history			
		(caregiver); DCBS			
		history; Financial issues;			
	medical	Criminal history (in the			
NF-140-21-C	diagnosis	home)		No abuse or neglect	
		Cognitive disability			
		(child); DCBS history;			
		DCBS issues;			
		Environmental neglect;			
		Failure to thrive;			
		Financial issues;			
		Impaired caregiver; Lack			
		of family support			
		system ; Medical issues/			
		management; Medically		Neglect (general -	
		fragile child; Mental		can include leaving	
		health issues (caregiver);		child with unsafe	
		Other; Substance abuse		caregiver); Neglect	Potentially
NF-141-21-C	Neglect	by caregiver (current)	COVID	(medical)	preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-142-21-C	Overdose/ ingestion; Neglect	Financial issues			Apparently accidental; Potentially preventable
NF-143-21-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)				
NF-144-21-C	Drowning/near -drowning; Neglect	Cognitive disability (caregiver); Financial issues; Other; Unsafe access to deadly means	COVID restrictions resulted in virtual home visits and contacts	unsafe access to	Apparently accidental; Potentially preventable
NF-145-21-C	Neglect; Natural	DCBS history; DCBS issues; Domestic Violence; Financial issues; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Other; Overwhelmed Caregiver	COVID	Neglect (medical)	Potentially preventable
NF-146-21-C	Natural	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Financial issues		No abuse or neglect	
NF-147-21-C	Blunt force trauma - not inflicted (farm machinery,	Cognitive disability (caregiver); DCBS history; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current)	hearings in prior CPS case were postponed, services and visits		Apparently accidental; Potentially
NF-148-21-NC	Physical abuse	Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other); Supervisional neglect		Physical abuse	Potentially preventable

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Oualifiers
NF-149-21-C	Neglect; Overdose/	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; In-Home Service Provider Issues; Lack of treatment (mental health or substance abuse); MAT involvement; Mental health issues (caregiver); Other; Perinatal depression (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Supervisional neglect; Unsafe access to deadly means	COVID restriction	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
	Abusive head trauma; Failure to thrive/ malnutrition; Neglect;	DCBS issues; Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); Lack of regular child care; Law enforcement issues; Medical neglect; Neglectful entrustment; Other; Substitute caregiver at time of event ; Failure to thrive		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse; Torture	·



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