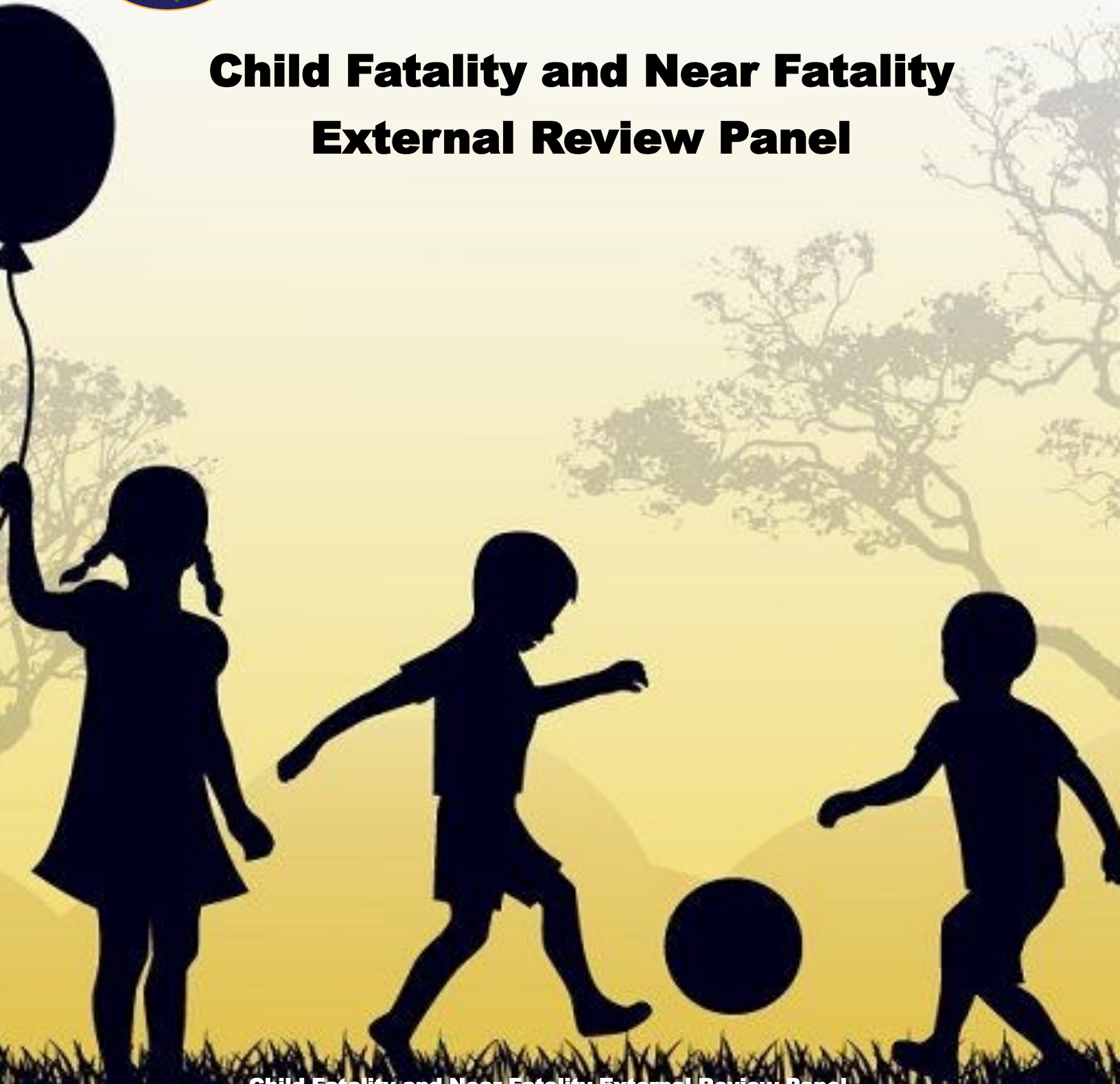




# **2023 Annual Report**

## **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**

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The External Child Fatality and Near Fatality Review Panel, hereinafter the Panel, is tasked with conducting comprehensive reviews of all child fatalities and near fatalities suspected to be the result of abuse or neglect. This multidisciplinary panel is comprised of twenty-two professionals from the medical, social services, mental health, legal, law enforcement, and other fields who work on behalf of Kentucky's children.

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 independent 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 for improvements to prevent child fatalities and near fatalities due to abuse and neglect.

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 Families and Children, 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 be 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 continued to meet monthly throughout 2023 in order to complete their case reviews. Cases were reviewed from state fiscal year 2022 (July 1, 2021, through June 30, 2022). The Panel reviewed a total of 202 cases comprised of 68 fatalities and 134 near fatalities. Of the sixty-eight fatalities, ten of those cases were reported to DCBS as near fatalities which ultimately resulted in a fatality. Six of those cases were referred to the Panel from the Department for Public Health.

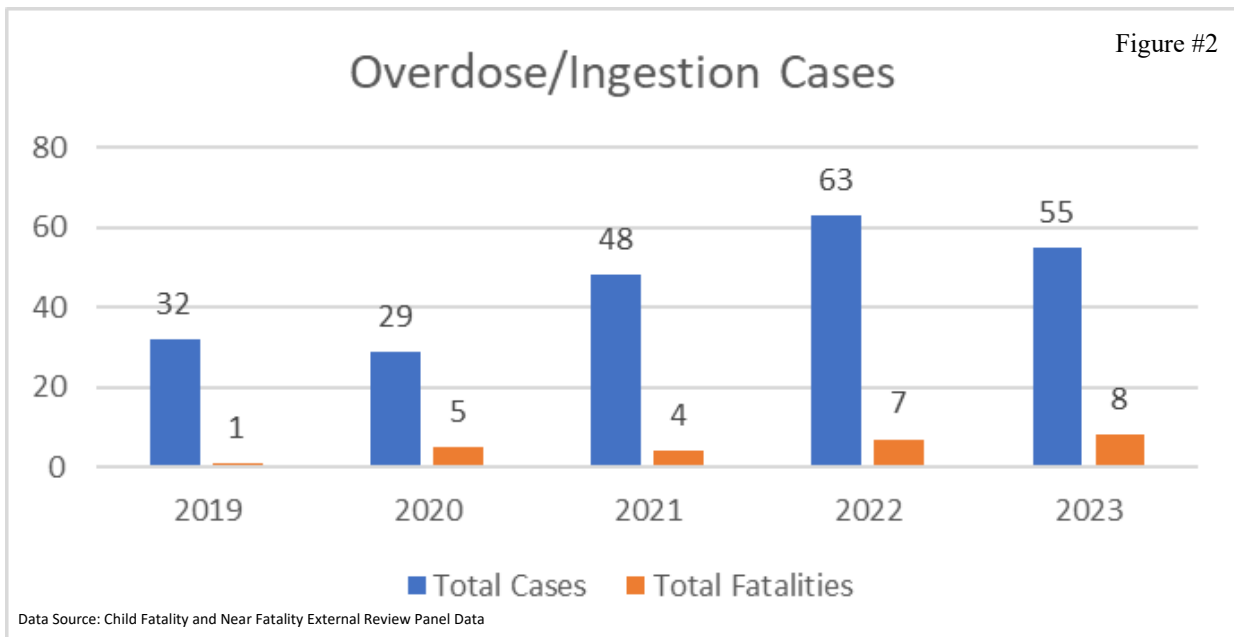
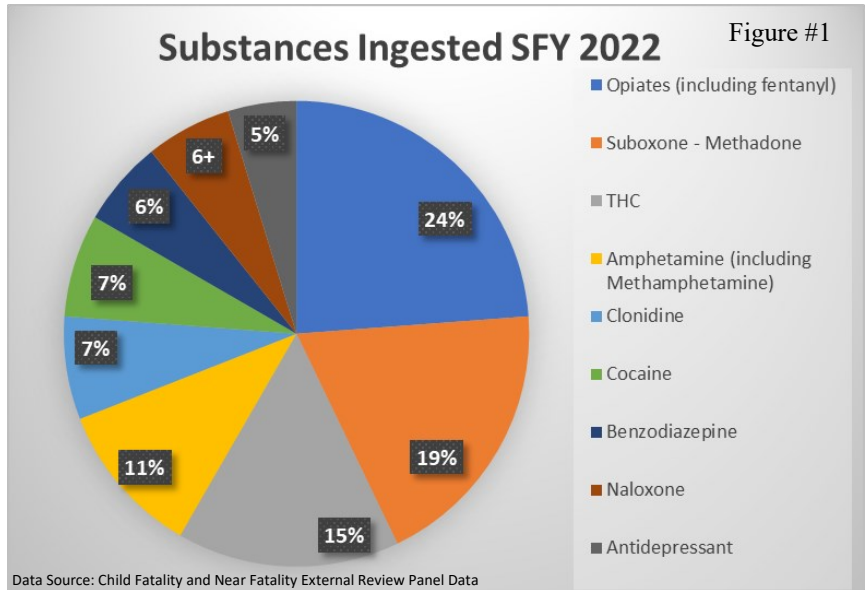
For a greater understanding of the Panel's work, all interested citizens are encouraged to read this report and to visit the Justice and Public Safety Cabinet's website (<https://justice.ky.gov/boards-commissions/cfnferp/pages/default.aspx>) for prior years' reports and case summaries.

## OVERDOSE/INGESTION CASES

Overdose/ingestion cases continue to be one of the most common types of cases reviewed by the Panel. The Panel found the majority of these cases were unintentional ingestions which are potentially preventable with proper storage of dangerous substances in the home, particularly medications and illicit drugs. Of the 55 cases reviewed, 89% of those occurred in children four years or younger. Emergency department data received from the Kentucky Injury Prevention Research Center (KIPRC), continue to show that case numbers of drug ingestions among this age group are much higher than the number reviewed by the Panel. In 2022, 721 children four years or younger were seen in the Emergency Department, with 72 children requiring inpatient hospitalization.<sup>1</sup>

As shown in Figure #1, opioids (including fentanyl), buprenorphine or methadone, and cannabis or THC containing products were among the top three types of substances ingested. The Panel has seen an increase in cannabis or THC containing products resulting in a near fatal or even fatal event.

Although ingestion cases reviewed have typically resulted in near fatality, the Panel has identified that the number of fatalities from ingestions has doubled in the past year suggesting that the potency and the drugs ingested are increasing the risk to children. (See Figure #2).



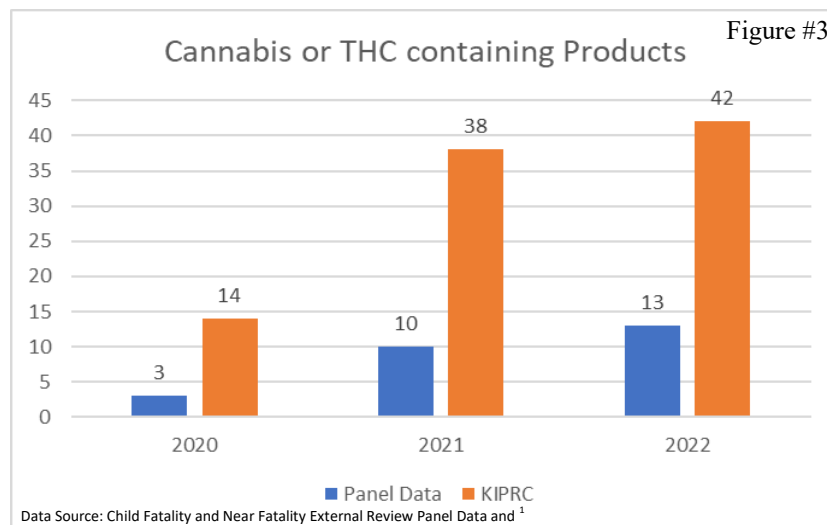
## OVERDOSE INGESTION CASES

Children living in a home with a caregiver using illicit or other dangerous substances are at a higher risk of an accidental ingestion. Among Panel cases, 37% of caregivers were involved in medication-assisted treatment (MAT), including medication for opioid use disorder (MOUD). During case discussions, the Panel identified cases where the caregivers were receiving MAT treatment but still testing positive for illicit drugs. Due to the Panel's limitations on obtaining access to MAT treatment records, we cannot always verify that the MAT provider made the appropriate referral to child protective services. Furthermore, providers have expressed frustration with referrals not being accepted by Centralized Intake.

KRS 311.601 requires the Board of Medical Licensure to adopt administrative regulations regarding continuing medical education. 201 KAR 9:310 requires a licensee who is authorized to prescribe or dispense controlled substances complete at least four and half hours of continuing education relating to the use of KASPER, pain management, addiction disorder, or a combination of two or more subjects. The Board currently has *one* approved continuing medical education course available on their website pertaining to Safe Medication Storage.

The American Academy of Pediatrics (AAP) published a recent study demonstrating a consistent increase in pediatric edible cannabis exposures over the last 5 years, with the potential for significant toxicity.<sup>2</sup> Figure # 3 illustrates an alarming increase of cannabis or THC containing products ingested by children in Kentucky. Panel members, in their professional roles, have noted an increase in pediatric ingestions regarding delta-8 and other legal hemp-derived substances. The Panel reviewed at least two fatal cases where the child had ingested these substances.

Not only have the Panel's ingestion cases substantially increased, but a paralleled trend was identified using emergency department data provided by KIPRC.<sup>1</sup> Except for one Panel case, all cases shown in Figure #3 involved children four years or younger. The recently published article by the AAP focused on children younger than 6 years of age. The Kentucky Board of Medical Licensure was recently tasked with providing continuing medical education to medicinal cannabis practitioners. The Panel would be remiss not to bring this trend to their attention.



In 10% of the ingestion cases reviewed by the Panel, unsafe sleep was documented as a characteristic. It is imperative medical providers, especially MAT providers, are educating their clients about the ABCD's in the Safe Sleep Campaign. "D" stands for danger. Be aware, not impaired. Drinking and drug use (even prescribed) impair our ability to care for a child, making bed-sharing and other unsafe sleep practices even more dangerous.

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## OVERDOSE INGESTION CASES

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F-013-22-C

This case involved the fatal opioid ingestion of a 19-month-old child. Law enforcement originally reported the death as a co-sleeping incident. However, postmortem toxicology reported the child was positive for fentanyl, norfentanyl, 4-ANPP (fentanyl precursor), and morphine. The household consisted of mother, father, index child, two adult relatives, and their related young children. Law enforcement reported they were aware of an adult overdose death that occurred at that residence two months prior to the child's death. Mother and father both reported attending MAT daily but also reported they had relapsed on heroin. Two of the other related children that resided in the home also tested positive for fentanyl. Even though DCBS had an active ongoing case on the relative children residing in the home, the report of this child's death was not initially accepted for investigation.

### Recommendations:

- 1.) The Interim Joint Committee on Families and Children should convene a workgroup with the Kentucky Board of Medical Licensure to discuss amending KRS 311.601 to require at least 1 hour of mandatory training be dedicated to educating all professionals providing services in a medication-assisted treatment setting. The education should focus on safe storage practices, educating their clients with infants on safe sleep practices, and mandatory reporting duties when caregiver drug testing reveals a relapse.
- 2.) The Kentucky Board of Medical Licensure should provide additional continuing medical education on their website regarding the signs and symptoms of opioid ingestions in children and the administration of naloxone.
- 3.) Kentucky Board of Medical Licensure should ensure proper training to medical marijuana prescribers regarding safe storage of medication and safe sleep practices.
- 4.) The Department for Community Based Services should develop a training specific to providers of MAT regarding their intake criteria and required information for mandatory reporters.
- 5.) The Department for Public Health should partner with Kentucky healthcare systems to integrate a screening for medication or illicit substance safe storage into the standard electronic health record intake for all pediatric encounters.
- 6.) The Department for Public Health should do a public service campaign targeting retailers that distribute THC containing products or Kratom about safe storage and the dangers of co-sleeping while under the influence of these products.
- 7.) The Department for Public Health should amend 902 KAR 45:190 Hemp-derived cannabinoid products; packaging and labeling requirements, to ensure the FDA warnings regarding child ingestions are clearly visible to consumers.

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## PLAN OF SAFE CARE

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Serving the families of Substance Exposed Infants (SEI), as well those diagnosed with Neonatal Abstinence Syndrome (NAS), or Neonatal Opioid Withdrawal Syndrome (NOWS), is a critical ongoing area of need in every region of the state. Year after year the Panel has documented that these children are at significant risk of serious maltreatment. The Panel has also made numerous recommendations aimed at enhancing the capacity to implement the Plan of Safe Care (POSC) as a tool to wrap services around SEIs, their parents, and caregivers. Regrettably, we now find ourselves facing little improvement in the case circumstances documented by the Panel or meaningful progress in the Commonwealth's capacity to address this complex issue.

The Plan of Safe Care (POSC), a federally mandated practice since 2003, is intended to address the needs of infants identified as being affected by or having withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder.<sup>3</sup> The goal of the POSC is to ensure the health and safety of the infant, address the treatment needs of the parents, and support the family and caregivers. Best practice requires the POSC to be developed with input from the parents and caregivers in a multidisciplinary collaborative setting. This approach is critical to promoting long term child safety in families struggling with addiction and other complex needs. These complex needs extend beyond the obvious need for drug treatment, but also include services needed to address issues such as parent education, vocational training, housing assistance, and medical care of the infant, etc. The collaborative and multidisciplinary focus of the POSC provides the necessary structure to coordinate the efforts of providers serving the family and children.

Comprehensive data regarding NAS in Kentucky is produced by the Cabinet for Health and Family Services, Department for Public Health, utilizing data from the Kentucky Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry.<sup>4</sup> This report makes several findings which inform and support the recommendations made by the Panel.

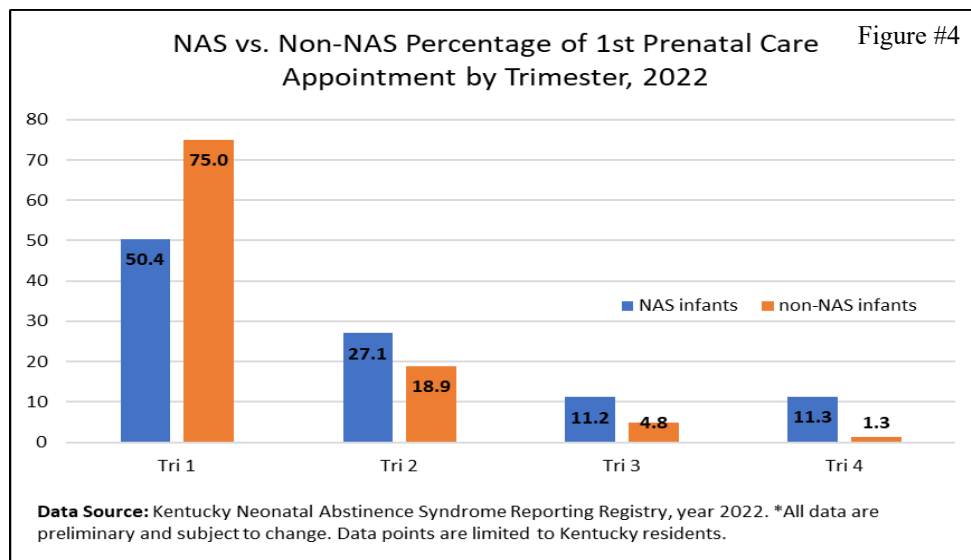
### **Important findings include the following:**

- ⇒ In CY 2022, 849 children were reported as diagnosed with NAS. An additional 787 children were identified as SEI, but without NAS symptoms. The cases reviewed by the Panel are a small subset of all SEI and NAS cases in Kentucky.
- ⇒ The incidence and rate of NAS has remained relatively stable for the last five years (2018-2022).
- ⇒ The rate of NAS in Kentucky is far above the national average.
- ⇒ There is wide variation in the rate of NAS among regions within Kentucky. The rate in rural counties is nearly double that of urban counties.
- ⇒ A wide variety of drugs were found within NAS cases. Amphetamines, including methamphetamine, were the most reported substance in 2022. Buprenorphine, a Medication for Opioid Use Disorder (MOUD) was the most common opioid. Significant increases in fentanyl exposure were noted in the last four years. More than 32.6% of NAS cases involved exposure to cannabinoids.
- ⇒ Compared to non-NAS infants, NAS babies are almost three times as likely to require a NICU stay. The average length of NICU stay for NAS babies is over three times that of non-NAS infants.

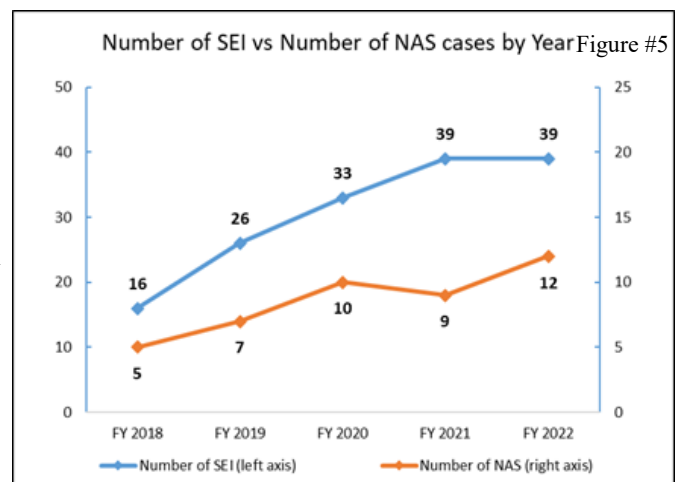
## PLAN OF SAFE CARE

- ⇒ Approximately 58% of NAS cases involved polysubstance use, meaning the infant was exposed to more than one type or category of substances. About a third of those cases involved exposure to three or more substances.
- ⇒ Almost half of NAS mothers were prescribed MOUDs to treat addiction. As indicated by the presence of other drugs, only 42% of these women were considered compliant with MOUD treatment.
- ⇒ The NAS Reporting Data systems is limited by compliance issues among birthing hospitals which can negatively impact data quality.

Data gathered from the NAS Registry also provides important findings regarding prenatal care among mothers of NAS infants. (See Figure #4) The quality of prenatal care, as measured by the initiation of prenatal care and the number of visits from initiation to birth, is lower for mothers of NAS babies. Despite these negative findings, closer examination of this data reveals an opportunity to improve outcomes for SEIs. Over 75% of mothers of NAS babies will have their 1<sup>st</sup> prenatal appointment by the 2<sup>nd</sup> trimester. This presents the ideal opportunity to engage mothers in services early in the pregnancy.

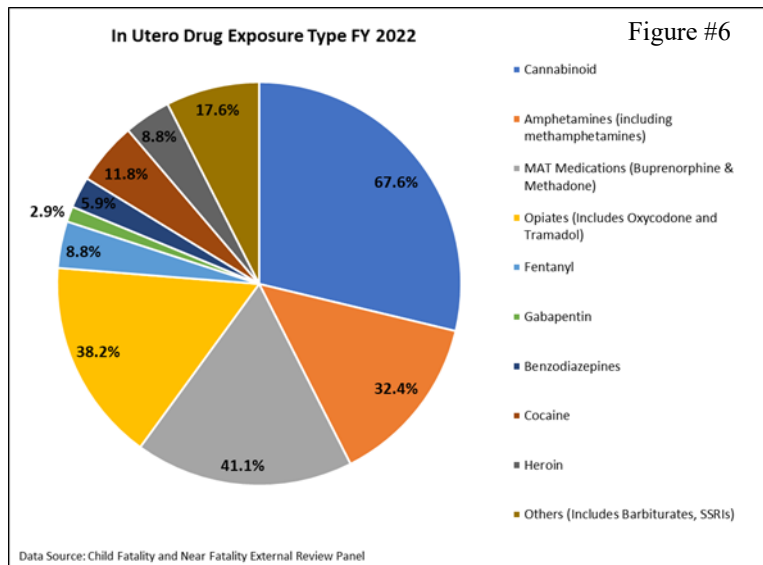


In SFY 2022, the Panel reviewed 39 cases in which the index child was exposed to substances prenatally; this represented 19.3% of all cases reviewed. Of these 39 SEI infants, 12 presented with symptoms of withdrawal and were diagnosed with NAS. Twenty-three (58.9%) of these infants required a NICU stay. As noted in Figure #5, the incidence of SEI and NAS has more than doubled in the last five years among Panel cases. While not a specific data element collected by the Panel, anecdotal evidence from case reviews indicate it is not unusual for a chemically dependent mother to give birth to a SEI on more than one occasion.



## PLAN OF SAFE CARE

The children in Panel cases were exposed to a variety of substances, both prescribed and illicit. The range of substances is illustrated in Figure #6. Consistent with findings noted in the NAS Reporting registry data, most infants were prenatally exposed to multiple substances. Specifically, more than half (63%) were exposed to more than one substance. Nearly a third (34%), were exposed to three or more substances. When all types of opioids are combined (opiates, fentanyl, heroin, MAT) it accounts for 53.8% of Panel cases. The presence of MAT services were identified as a family characteristic in fourteen of the SEI and NAS cases reviewed by the Panel.



In SFY 2022, the Panel identified 11 cases, involving substance exposed infants, which were found to be lacking a comprehensive POSC. This represented 28.2% of all SEI case reviewed by the Panel. As a result, comprehensive assessments, linkages with medical care providers, collaboration among service providers, and the full array of support services needed by these children and families were often absent. Eight of the 11 cases without a POSC were fatalities. The issue of unsafe sleep was overrepresented in the SEI/NAS cases. Of the 39 SEI and NAS cases, 18 were fatalities. Of those fatalities, 61.1% had unsafe sleep factors identified.

While a CPS referral is often made to DCBS when a SEI is identified, these referrals frequently do not meet criteria for investigation, because a positive drug test result in the infant is required for case acceptance. The Panel finds this ill-advised, given that the infant was clearly exposed to the substance if mother's drug testing was positive, a positive result for the infant is irrelevant. According to data from the NAS Reporting Registry, 80% of NAS cases (679) were reported to DCBS in 2022. Of those, 64% (434) were accepted for investigation. SFY 2023 preliminary data, received from DCBS indicates 2,121 CPS reports involving SEI were received. Of those, 597 were substantiated, and 97 were identified as services needed. Therefore, 1427 (67.3%) of the referrals did not receive ongoing services from DCBS. According to data published by the U.S. Department of Health and Humans Services, 19.1% of SEI infants in Kentucky with screened-in CPS reports had a Plan of Safe Care. The national average is 70.4%.<sup>5</sup>

In response to ongoing concerns regarding the lack of POSC for SEI and NAS infants, the Panel convened a subcommittee to study this issue and develop recommendations. The subcommittee consisted of Panel members, subject matter experts, and Panel staff. As part of its work, the subcommittee reviewed model practices from numerous states, obtained and reviewed data from the NAS Reporting Registry, and attended a webinar provided by the National Center of Substance Abuse and Child Welfare.



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## PLAN OF SAFE CARE

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The subcommittee developed a recommendation for immediate action, as well as long-term action steps. The immediate action step is already being pursued. This step involved developing a process to utilize an existing Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) program serving at-risk pregnant women. The program, called KY-Moms MATR (Maternal Assistance Towards Recovery), will begin serving families referred to DCBS as SEI, but not accepted for investigation. DCBS leadership and DBHDID program staff are currently developing referral procedures and an implementation plan. While this is an important step in addressing an existing gap, it certainly does not address the full need.

The long-term steps envisioned by the committee involve developing a plan, based on the experiences of other states, to create and implement model POSC practices statewide. As part of the review of model practices in other states, the committee identified several elements foundational to an effective POSC in Kentucky. Those include the following:

- ◆ Engagement of high-level policymakers in supporting and leading the effort to develop and implement a best practice model in Kentucky. This effort should be informed by program experts, community partners, and individuals with lived experience.
- ◆ Develop a practice model focusing on identification and engagement of mothers utilizing substances early in pregnancy.
- ◆ Approaching families in a non-judgmental and supportive manner, with holistic and supportive services.
- ◆ Provision of holistic case management services utilizing a multidisciplinary and collaborative model.
- ◆ Development of POSC with mothers currently engaged in MOUD/MAT programs.
- ◆ Development of an explicit informed consent to the POSC in order to share information amongst all providers involved with the family.
- ◆ Allowing for “ownership” of the POSC to be held by the most appropriate agency based on the family’s needs (i.e., CPS, health care, home visitation, etc.), with development of agency specific protocol.
- ◆ Development of a communication plan and materials as a tool to educate and obtain buy-in from hospitals, medical care providers, substance use disorder treatment providers, etc.

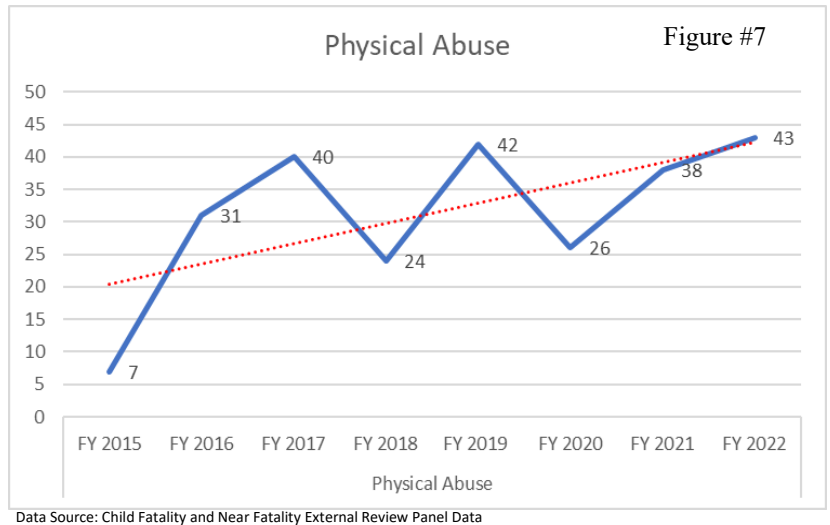
### Recommendations:

1.) The Panel recommends the Kentucky Governor’s Office convene a task force with the goal of developing and implementing a robust Plan of Safe Care to address the needs of substance exposed infants and their caregivers across the Commonwealth. The task force should consist of House & Senate members, Executive Branch personnel, External Child Fatality and Near Fatality Review Panel members, and community stakeholders.

2.) The Cabinet for Health and Family Services, in conjunction with the Kentucky Hospital Association, should identify barriers to reporting SEI/NAS cases to the Kentucky Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry and implement actionable steps to improve compliance by February 1<sup>st</sup>, 2025.

## PHYSICAL ABUSE

As shown in Figure #7, the Panel reviewed more cases of physical abuse this year than ever before. The majority of these cases resulted in a near fatal event (78%). Even more concerning, 23% were determined to be torture. The Panel defines torture as at least two physical assaults (occurring over at least two incidents) or one extended assault which would cause prolonged physical pain, emotional distress, bodily injury, or death, and when in the presence of two or more forms of psychological maltreatment. Sadly, 70% of all physical abuse cases reviewed by the Panel were suspected to be caused by the child's biological parent(s).



KRS 620.040 requires multidisciplinary teams (MDTs) to review all child sexual abuse cases. Local MDTs review investigations, assess service delivery, and facilitate efficient and appropriate disposition of cases through the criminal justice system. The same need exists for all fatal and near fatal physical abuse cases. Some local MDTs have already taken the initiative to review physical abuse cases in addition to sexual abuse cases, but the need exists statewide. Reviewing all fatal and near fatal physical abuse cases would alleviate communication barriers agencies often face when handling these complex cases.

It is well established children exposed to domestic violence are at increased risk for physical abuse and other forms of child maltreatment.<sup>6</sup> According to the 2021 Child Maltreatment report, Kentucky reported domestic violence as a characteristic in 54.4% of child maltreatment cases.<sup>5</sup> Similarly, domestic violence was documented as a characteristic in 47% of all physical abuse cases reviewed by the Panel.

The U.S. Preventive Services Task Force recommends screening all women of reproductive age for intimate partner violence (IPV) and provide or refer individuals who screen positive to ongoing support services.<sup>7</sup> Medical providers have expressed concern that these screenings are often missing in the social history section of the child's medical record. Not every child in Kentucky has a local pediatrician and often establishes care with a family practice physician or nurse practitioner. Kentucky needs to ensure these primary care providers are safely conducting IPV screenings for caregivers, referring individuals with positive screenings to support services and documenting information securely.

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk.<sup>8</sup> It's the Panel's understanding the SDoH screening includes intimate partner violence, which will be valuable information to providers. However, the Panel is unclear if a patient who receives a positive IPV screening is receiving any educational information regarding resources available or educating the caregiver about the increased risk of harm to their children.

Exposure to IPV is distressing to children and is associated with a host of mental health symptoms both in childhood and in later life. In today's society, many children have more than two parents, and may be exposed to violence by noncustodial parents, paramours, grandparents, or fictive kin. It is imperative, prevention programs focus on reducing the amount of violence to which children are exposed through school-based education, parenting education, and public awareness campaigns.<sup>9</sup>

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## PHYSICAL ABUSE

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F-027-22-C

This case involved the homicide of a four-year-old child. After a lengthy investigation, the mother provided information which led to the child's body being discovered in a rural area. The family pet was also found deceased. Due to decomposition, an immediate cause of death could not be determined. Blunt force trauma to the extremities was noted, as well as a fracture to the right femur and right radius. When the body was discovered, a referral was made to Centralized Intake. However, it was not accepted for investigation. The report was called in again the following day and accepted for investigation. The mother eventually reported ongoing severe physical abuse of the child by the paramour. The paramour refused to allow the mother to take the child for medical treatment. The paramour had a lengthy history of domestic violence assaults on prior partners, his own mother, and animals. Paramour and mother pled guilty to a variety of charges.

### Recommendations:

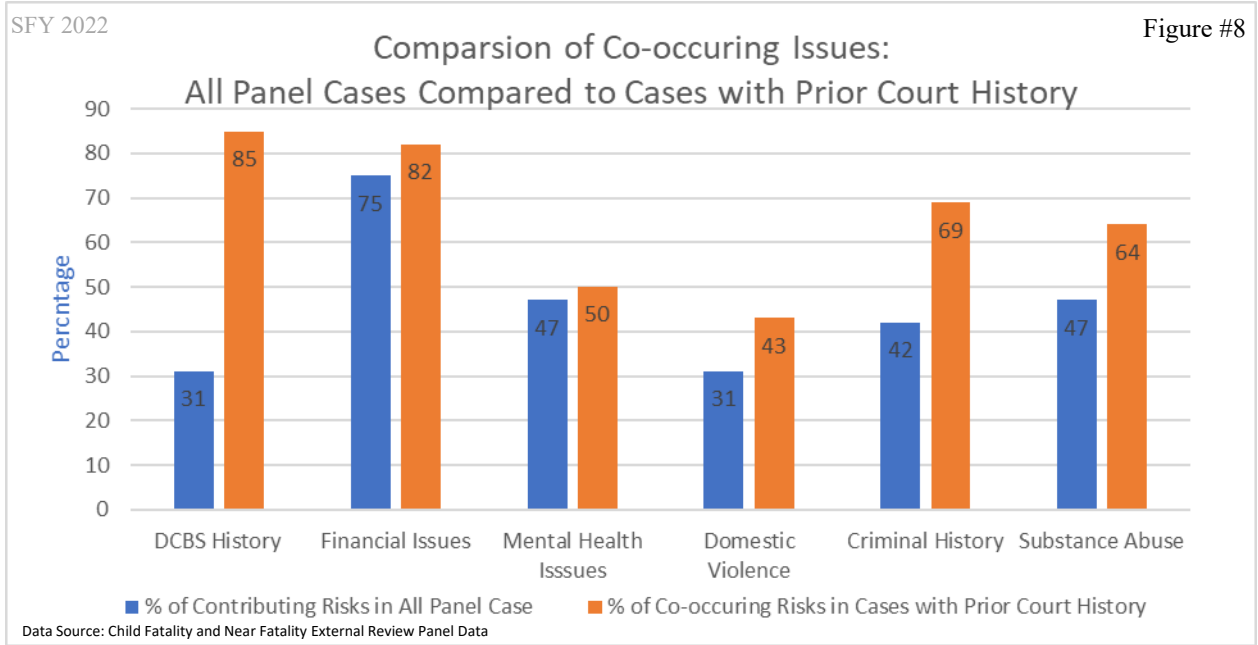
- 1.) The Kentucky Multidisciplinary Commission on Child Sexual Abuse and the Kentucky Attorney General's Office should examine the feasibility and make a proposal to the Judiciary Committee to amend KRS 431.600 to require multidisciplinary teams to review all fatal or near fatal child physical abuse investigations.
- 2.) The Kentucky Multidisciplinary Commission on Child Sexual Abuse shall amend their protocol to include all fatal and near fatal child physical abuse cases.
- 3.) The Kentucky Board of Medical Licensure and Kentucky Board of Nursing should encourage all primary care providers who care for children to complete an Intimate Partner Violence screening safely with their caregivers, to refer to resources for those with a positive screening, and to securely document those results.
- 4.) The Cabinet for Health and Family Services, Equity and Determinants Health Branch should create an educational handout for those individuals who screen positive for Intimate Partner Violence on the social determinants health screening. The information should include resources available throughout the Commonwealth and risk factors to children in the home.

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## FAMILY RECOVERY COURT

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For the seventh straight year, the Panel continues to recommend the full implementation of Family Recovery Courts across Kentucky. In 2022, the Panel recommended the Administrative Office of the Courts 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. As previously mentioned, any agency that receives a recommendation from the Panel shall, within ninety (90) days respond with a written notice of whether they do or do not intend to implement the recommendation and provide explanation. Unfortunately, the Panel did not receive a written response from the Administrative Office of the Courts.



Over half (56%) of all cases reviewed by the Panel had a prior court history. Cases that involved substance misuse by a caregiver occurred at a higher rate in cases with prior court history. (See figure #8) Current research show parents in Family Recovery Courts were 25%-35% more likely to complete treatment than in traditional dependency proceedings. Additionally, children spent 3-6 fewer months in out-of-home placement than traditional courts.<sup>10</sup> It is apparent, domestic violence occurred at a higher rate in cases with prior court history. Panel members have had discussions regarding the lack of consistency throughout jurisdictions regarding the disposition in these types of cases. It appears there may exist communication barriers amongst judges due to how information is captured in the current CourtNet system. Members would like to explore potential solutions to these concerns with the Administrative Office of the Courts.

**Recommendation:**

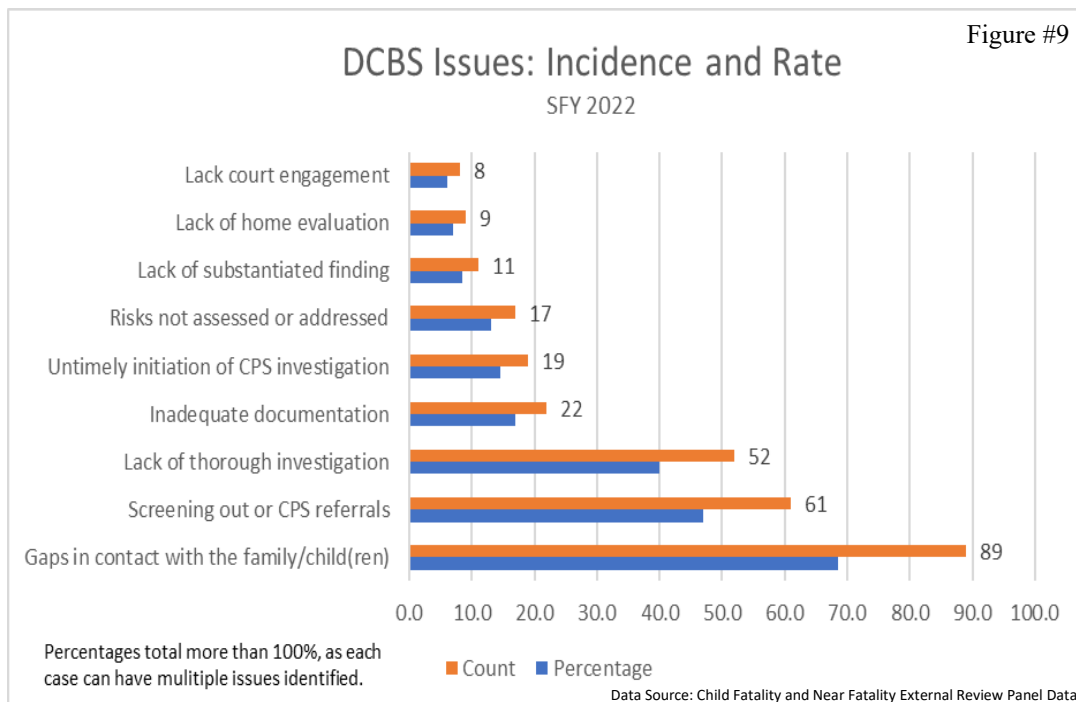
- 1.) The Administrative Office of the Courts should comply with the requirements of KRS 620.055(10) (c) and provide the Panel with an official response to the 2022 Annual Report recommendation.
  
- 2.) The Panel hereby requests the Administrative Office of the Courts to prepare and present information regarding any barriers identified in Kentucky which may prevent the full implementation of Family Recovery Courts.

## DEPARTMENT FOR COMMUNITY BASED SERVICES

In SFY 2022, 68% of cases were found to have prior history with the Department for Community Based Services (DCBS), also commonly referred to as Child Protective Services (CPS). While prior history does not equate to agency error, further exploration is required. The Panel examines the nature and extent of prior involvement through a prevention and system improvement lens. When opportunities for improvement are identified, the Panel denotes them as “DCBS Issues.” The Panel found DCBS issues were present in 64.3% (130) of all cases reviewed. It should be noted that issues can be found in casework practice prior to, or after the fatality or near fatal incident occurred, or both. When considering DCBS issues, the Panel explores them in the context of casework quality. While not fully inclusive, the following is a list of concerns identified most frequently:

- Gaps in contact with the family/child(ren)
- Screening out CPS referrals
- Lack of thorough investigation
- Inadequate documentation
- Untimely initiation of CPS investigation
- Risks not assessed or addressed
- Lack of substantiated finding
- Lack of home evaluation
- Lack of court engagement

Figure #9 provides the rate and incidence at which these issues are identified. The Panel considers these quality casework issues critical to risk reduction in CPS cases. Some, but not all, of these factors will be discussed individually.

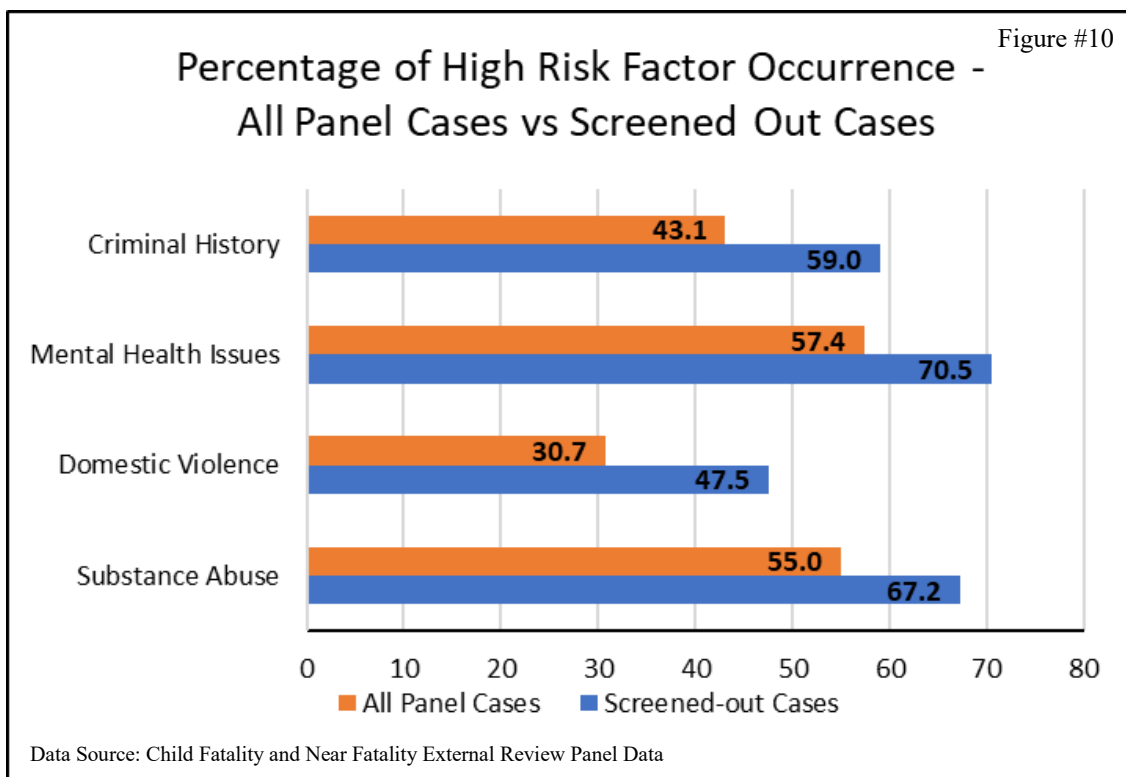


## DEPARTMENT FOR COMMUNITY BASED SERVICES

The issue identified most frequently within DCBS issues is Gaps in Contact with the Family/Child(ren). Providing face to face contacts, virtual contacts (during COVID restrictions), and home visits is foundational to quality practice. DCBS Standards of Practice (SOP) requires monthly contact with the child, parents, and/or caregivers. Unfortunately, this is not occurring in many of the cases reviewed by the Panel. It's possible that visits occur and are not documented for a variety of reasons.

As noted, in Figure #9, 61 cases involved CPS referrals being screened out prior to the fatal or near fatal incident. The screening out of CPS reports has been a longstanding concern identified by the Panel, having been addressed multiple times since 2013. It is important to recognize not all screened out CPS reports are problematic. There are referrals which do not meet the statutory definition of abuse, neglect, or dependency.

A portion of CPS reports appropriately screened out are believed to involve families who need preventive services but have not risen to the level of a CPS investigation. The data in Figure #10 compares high risk factors (substance abuse, domestic violence, mental health issue, and criminal history) found in all Panel cases with cases which have had prior referrals screened out. Cases with prior screened out referrals have higher risk factors compared to all Panel cases. This finding supports the assertion these families need preventative services. DCBS has begun a Community Response pilot in seven counties to connect these families with voluntary services to address risks before they escalate. As an outcome of the Panel subcommittee addressing the Plan of Safe Care, DCBS is developing protocol to link mothers with voluntary services when referrals involving substance exposed infants are not accepted for investigation. This effort will also provide needed services to at risk families.



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## DEPARTMENT FOR COMMUNITY BASED SERVICES

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Despite these encouraging steps, the issue of screening out CPS reports remains of significant concern. This concern has been reinforced beyond the data and case examples provided in this report. Panel members have discussed their own difficulties in getting reports accepted by DCBS Central Intake, sometimes describing time consuming efforts to make a CPS report. Panel members making CPS referrals are professionals, often physicians and judges. During the Panel's June 2023 meeting, DCBS staff discussed improving their iTWIST system to track referrals that were originally screened out but ultimately accepted for investigation after a supervisory review. This data will be imperative to improve their current screening processes. In the weeks before the publication of this report, concerns regarding screened out CPS referrals were heard at a Kentucky General Assembly, House Standing Committee on Families and Children on January 11, 2024. The Committee heard testimony from two Family Court Judges, who voiced concerns strikingly familiar to those identified by the Panel for the last several years. The Committee agreed to host a workgroup with DCBS and community partners to address these concerns. The Panel will share their findings and recommendations regarding this issue with the workgroup.

Related to the issue of screened out CPS reports, are concerns regarding the accurate designation of fatal or near fatal reports. In these situations, the reports (typically called into Central Intake) may be accepted for investigation but not designated as a fatality or near fatality. While certainly not the sole incident, Case Number F-059-22-PH is an example. If this case had not been referred by the State Sudden Unexpected Death in Infancy (SUDI) Team, it would have remained unknown to the Panel. This, and other similar cases, raises the concern that not all of these cases are being referred to the Panel.

### F-059-22-PH

This case involved the death of a five-month-old in an unsafe sleep environment. The coroner reported the death was "suspicious" due to unexplained physical injuries to the child, but they could not say with certainty until the autopsy was completed. The report was accepted as a physical abuse investigation, without a fatal designation. The index child and the sibling were placed with a relative as part of an open CPS case at the time of the death. Upon DCBS investigation of the home with the coroner, environment was described as "deplorable". The DCBS frontline worker made a new report to Central Intake, but it was not accepted as fatality investigation. A urine sample on the relative was positive for methylenedioxymethamphetamine (MDMA), methamphetamine/amphetamine, cocaine, and marijuana. The spouse of the relative was not drug screened nor assessed as part of the investigation. Although physical abuse and neglect were substantiated, a fatal designation was never applied.

An issue of concern tracked by the Panel, but not as directly related to reduction of risk, is the length of time from receipt of the fatality to completion of the investigation. The statewide average is nine months and two days. When examined by the DCBS Service Region, the average range varies from two and half months, to one year and two months. Sixty-three cases (31.1%) took more than a year to complete. While these cases are complex, due to the need to gather autopsy and other records, it is a rarity when this is the driver of the delays beyond a matter of months. Delays in completing the investigations result in cases not being submitted to the Panel in a timely manner, but more importantly, families being left unsure of the disposition of the investigation for extended periods of time.

NF-117-22-NC

This case involved a four-month-old infant that sustained abusive head trauma. The child was transported by EMS to a local children's hospital. Head CT results demonstrated left cerebral convexity subdural hematoma. DCBS, law enforcement and forensics were involved in the case. The child was discharged to the care of grandparents with a Prevention Plan. Forensics concluded the injuries were diagnostic of abusive head trauma. Records provided by DCBS documented only one interview with the parents. Three months after the forensics report was finalized, the worker attempted to file a petition. The petition was not accepted by Family Court due to length of time since the injury. The assigned worker left the agency, and it was unclear when the child was returned to the parents. Over a year and half after the event, a new worker assigned to the case contacted the parents and offered in-home services, which they declined, and the case was closed.

As previously noted, every issue identified in Figure #9 is not addressed in this narrative, however, it is important to note the Panel has attempted to address the root cause or “driver” behind many of these issues. It stands to reason, and is supported by anecdotal evidence, many of these issues (gaps in contact, untimely initiation, poor documentation, etc.) are a result of staffing issues such as vacancies, turnover, and burnout. It was common to find statements in DCBS records reflecting staffing issues. For instance, case records would note the documentation is being completed by a worker not assigned to the case using the notes of the prior worker. Presumably, this was occurring due to staffing issues. While the Administration and General Assembly have taken important steps to addressing staffing issues, the cases reviewed by the Panel were from SFY 2022 (July 2021 – June 2022). At that time, the effort to address staffing issues were not fully implemented and DCBS was still struggling with post-COVID staffing issues.

DCBS conducts Systems Safety Review (SSR) processes intended to address the statutory requirement to conduct an internal review pursuant to KRS 620.050(12)(b). These SSR process reports, on occasion, will identify staff issues as concerns. These reports rarely provide specific caseload information. Despite multiple prior requests, the Panel has not been provided caseload information specific to the county, team, or staff involved in the cases reviewed by the Panel.

F-056-22-PH

This case involved the SUDI death of a two-month-old child, further complicated by allegations of medical neglect and head injuries. The incident was initially reported to DCBS on the day of the death but not accepted. The assigned detective informed DCBS “on-call” staff that the index child had been a substance exposed infant placed with their great grandparent. DCBS staff subsequently contacted the detective to let them know, after a supervisory consult, staff would not be coming to the home or hospital. The detective further explained the great grandparent was overwhelmed caring for these young children. Staff again said they would talk to their supervisor, but it would probably not meet criteria. The detective reported not hearing back from DCBS. After receiving the autopsy results, the detective called the original “on-call” DCBS worker to inform them of the head injuries. The detective was told to call Central Intake and submit the new information. Nineteen days after the death, the report was accepted and assigned, but did not receive a fatal designation. A CPS ongoing case was open at the time of the death, but the Central Office System Safety Review was not notified until a month after the fatality. In addition, the CPS investigation did not address concerns regarding medical neglect due to the failure to seek treatment for the head injuries.



## DEPARTMENT FOR COMMUNITY BASED SERVICES

Panel members and staff have discussed these recommendations, and the issues driving them, with DCBS management staff. These discussions have been productive; allowing the Panel to better understand the complexities and challenges of the DCBS system. DCBS management staff have been receptive to Panel concerns, open to suggestions, and willing to explore options. The Panel looks forward to working collaboratively with DCBS in examining options to implement these recommendations.

### Recommendations:

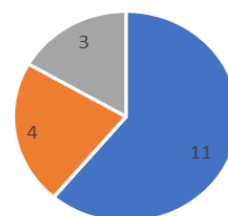
- 1.) Regarding the issue of screened out CPS referrals, the Panel recommends DCBS explore practice changes to ensure referrals from professional reporting sources, the age of victim, and prior CPS involvement be a weighted consideration in Central Intake decision making.
- 2.) DCBS should continue to expand iTWIST improvements, as well as data collection efforts, to identify screened out CPS referrals which were ultimately accepted after further review and/or reports accepted within 60 days containing similar allegations. DCBS shall update the Panel on iTWIST changes and data collected.
- 3.) DCBS should share information with the Panel regarding any data they currently have on wait times and potential improvement plans to address high volume call times.
- 4.) DCBS should revise Central Intake practice to ensure referrals received after hours undergo a thorough supervisory review within the two-to-four-hour timeframe.
- 5.) DCBS should implement a process to ensure the Systems Safety Staff receive timely notification of all fatal and near fatal referrals, regardless of the designation applied to the report.
- 6.) DCBS should explore creating a specialized branch or other processes within Centralize Intake to focus on handling referrals made by a professional reporting source.
- 7.) To better understand the drivers behind the quality casework related issues, it is recommended DCBS provide the Panel with county, team, and/or individual caseload information for the cases reviewed by the Panel in which concerns are identified.

## CHILD-ACCESS PREVENTION LAWS

In SFY 2022, the Panel received eighteen cases involving firearm injuries: 11 fatalities and seven near fatalities. Eleven of the firearm incidents were accidental or unintentional in nature, four were child suicides, and three were homicides. All three homicides were classified as apparent murder-suicide incidents. (Figure #11)

Figure #11

Firearm Cases by Type  
SFY 2022 n=18

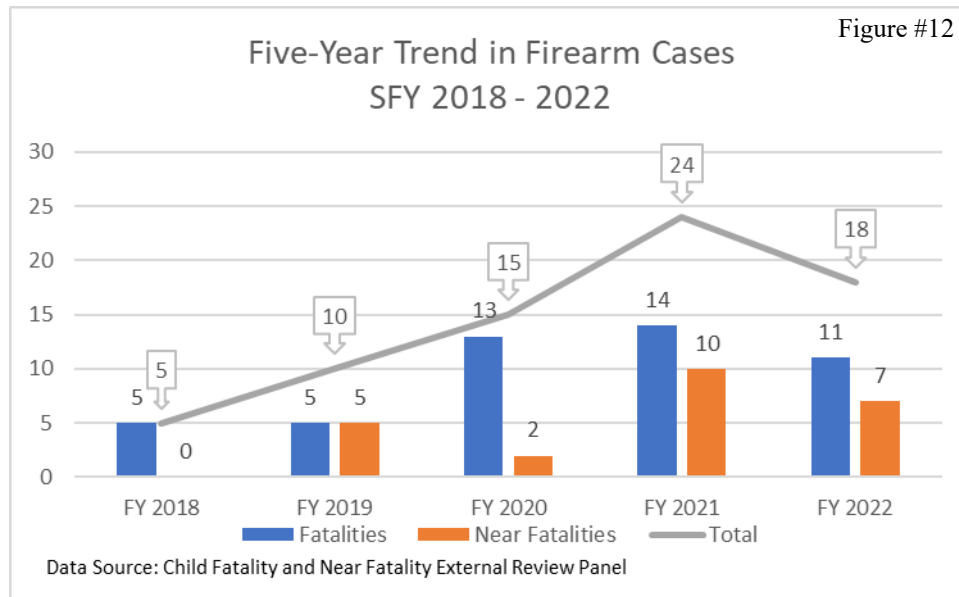


■ Gunshot accident ■ Gunshot Suicide ■ Gunshot Homicide

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

## CHILD-ACCESS PREVENTION LAWS

Five-year trends in Panel cases document a significant overall increase in the number of firearm injuries. (See Figure #12) In total, the Panel has reviewed 72 firearm incidents in the last five years; 48 deaths, and 24 near fatalities. Children involved in the near fatal cases are often left with lifelong devastating injuries. Based on data received from the Kentucky Injury Prevention and Research Center (KIPRC), Panel cases are a small subset of the total impact of firearm injuries in Kentucky. According to KIPRC, during the five-year period (CY 2018-2022) 31 children, ages birth to 12, died in firearm incidents. KIPRC also reported 154 children, age 12 and under, were treated in the emergency department, and 48 received inpatient care. During this same period, 221 children, ages 13-18 died in firearm related incidents.<sup>11</sup>



Most firearms cases reviewed by the Panel are classified as both accidental and neglectful due to the child having unsafe access to deadly means. Young children are more likely to be involved in these types of cases. The average age of the victim is 10 years, 6 months old. Of the eleven accidental cases, five involved children under the age of five, and two children were between five and 11 years of age. The remaining four children were ages 12 through 17.

F-044-22-C

This case involved a four-year-old child that was playing outside with mother. When mother went in the home briefly, the index child got into the mother's boyfriend's car (not typically left at the home) and located a loaded handgun in the glove compartment. The child fatally shot himself in the neck.

As in previous years, the overriding prevention opportunity identified by the Panel was related to the safe storage of firearms. Safe storage best practice involves securing firearms unloaded and locked, with ammunition stored separately. The Panel characterizes improper firearm storage as "unsafe access to deadly means." This risk factor, or characteristic, was identified in 83% of firearm related cases. Within the accidental firearm incidents, improper storage was identified in 90% of those cases.

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## CHILD-ACCESS PREVENTION LAWS

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The scenarios found among accidental gunshot cases are often similar. They involve parents who believe they have secured weapons adequately by “hiding” them, putting them out of reach, or considering them safely stored when in the vehicle glove compartment or other out of sight locations. Often, in an apparent oversight, caregivers may forget to put the firearm away, leaving it easily accessible. Parents also frequently report they were unaware the children knew where the firearm was stored and believed their children “knew” not to touch a gun. Contrary to the beliefs of many parents, research demonstrates most children know where guns are stored, and will touch a firearm if provided the opportunity despite education to not touch the firearm.<sup>12,13</sup>

F-002-22-C

This case involved a fourteen-year-old child who was fatally, and unintentionally, shot in the head by a peer of the same age. The children had discovered the firearm in the parents’ bedroom and were playing with it when the incident occurred. The parents reported the loaded firearm was hidden in their room. They were not aware the child knew where the firearm was located. Additionally, the parents reported they had spoken to their child about the importance of never touching a firearm.

Safe storage of firearms is a crucial protective factor when examining youth suicide prevention efforts. This assertion is readily apparent in the Panel’s case review data: in all suicide by firearm cases reviewed, the Panel identified unsafe access to firearms as a risk factor.

Child-Access Prevention (CAP) laws, sometimes called safe storage laws, create penalties for individuals who fail to properly store a firearm in a manner that is not easily accessible to children. Safe Storage laws require firearm owners to secure and lock firearms. Most states have enacted some variation of CAP and/or safe storage legislation. There is evidence these efforts are effective.<sup>14</sup> While the Panel recognizes there is a disagreement regarding a number of issues related to firearms, this particular piece of the puzzle should not be divisive: keeping children safe from access to firearms should be an issue we can all agree upon.

### Recommendations:

1.) The Kentucky General Assembly, through the Judiciary Committee, should research national legislative models pertaining to Child-Access Prevention and Safe Storage Laws with the goal of developing legislative action to encourage and support safe storage practices.

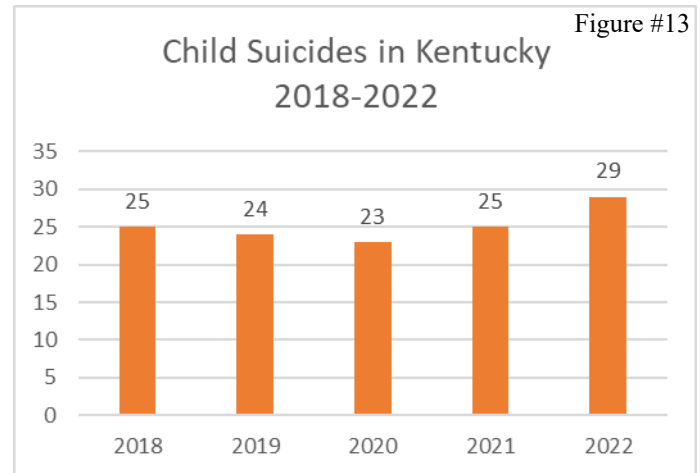
## YOUTH SUICIDES

The Panel reviewed seven suicide cases from SFY 2022. Five of the cases involved the fatality of the child and the remaining two cases resulted in near fatal injuries. As previously stated, four cases included a firearm as the method of injury; all four cases resulted in a fatality. Two cases were caused by intentional overdose, neither resulting in death. The remaining case involved a fatal ligature hanging. The age of the children involved in these cases ranges from eight to 16 years old. The average age of the child was 13 years, 7 months.

Sadly, the number of suicide cases reviewed by the Panel is a fraction of the total number of child suicide deaths in Kentucky. Figure #13 provides the number of child suicide deaths per year over the last five years. Perhaps the most distressing aspect of this data is the statewide incidence of child suicide in 2022, is almost six times the number of suicide deaths reviewed by the Panel that same year.

Examination of characteristics identified within the Panel cases provides some insight into these incidents. “Unsafe access to deadly means” was identified in six of the seven cases. Safe storage of firearms and medication has been addressed previously in this report. Mental health issues were identified in the child in six of the seven cases. Among caregivers, mental health issues were identified in five of the seven cases.

A more comprehensive and robust examination of all child suicide cases is needed to aid in the development of effective prevention strategies. The utilization of a psychological autopsy is a recognized strategy to better understand the complexity of these tragedies.<sup>15</sup> This process involves the reconstruction of events leading to death and has been known to give a comprehensive view of the influencing factors and can support efforts in developing prevention strategies. The psychological autopsy is conducted by trained staff, certified by the American Association of Suicidology.



Data Source: Kentucky Department for Public Health, Kentucky Office of Vital Statistics, Death certificate data, years 2018-2022. \*All data are preliminary and subject to change. Data points are limited to Kentucky residents.

### F-049-22-NC

This case involved the death of a 14-year-old boy due to a self-inflicted gunshot wound to the head. He resided with his grandparents who reported no unusual behaviors or suicidal indicators prior to the death. The child had a prior mental health diagnoses (ADD and anxiety) and was prescribed medication by his primary care physician. He was intermittently involved in counseling over the last several years, with no indicators of self-harm documented. Several firearms were found in the home, including rifles and ammunition kept unsecured in the child's bedroom. The caregivers had prior mental health diagnoses, and some physical health limitations. Unsafe access to deadly means was identified as a case characteristic. The Panel noted the death of a child, without prior indicators of suicidal ideation, illustrated the need for implementation of psychological autopsies in Kentucky.

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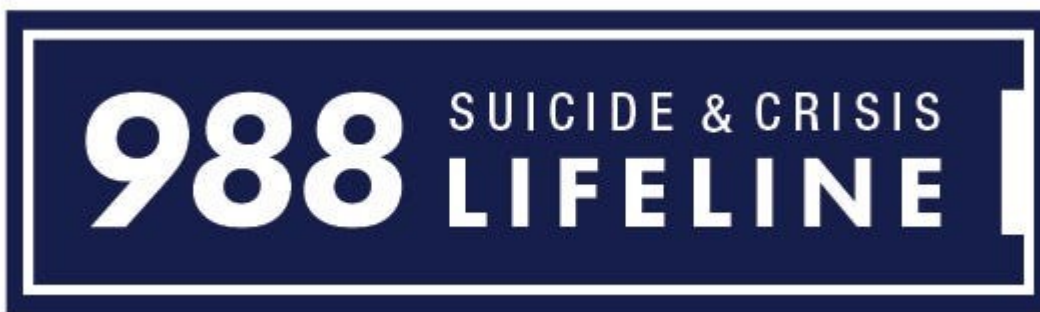
## YOUTH SUICIDES

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This is the fourth consecutive year the Panel has addressed the need for psychological autopsies in Kentucky. In its 2022 report, the Panel recommended the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) develop a budget proposal to implement a statewide utilization of the psychological autopsies in Kentucky, and to explore grants to offset associated costs. The written response to this recommendation described DBHDID as the “state mental health authority,” outlined collaborative efforts made to address suicide, and acknowledged psychological autopsy would be a welcome addition to existing services. However, DBHDID did not agree it was the correct agency to administer such an effort. The department did offer to assess best practices in other states to develop an appropriate implementation proposal that identifies needed resources and expenditures, along with appropriate participating or administrating agencies. Further, DBHDID reported being unaware of any current grant solicitations regarding this recommendation but would integrate the issue into further planning efforts going forward. The Panel acknowledges the commendable work already accomplished by this department but still believes DBHDID is the appropriate agency to implement the psychological autopsies.

### Recommendation:

- 1.) The Panel recommends if the Department for Behavioral Health, Developmental and Intellectual Disabilities does not believe they are the appropriate entity to implement the psychological autopsy, they should identify the recommended agency.
- 2.) The Panel recommends DBHDID, complete the offered assessment of best practices in other states and present that information, along with any recommendations to the Panel by September 2024.



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## REFERENCES

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- <sup>1</sup> Farrey, A., Mirzaian, M., Webb, A. (2023). “Kentucky Resident Child and Adolescent Poisoning Injuries and Suspected Poisoning Cases, 2017-2022.” Kentucky Injury Prevention and Research Center and Kentucky Poison Control Center.
- <sup>2</sup> Tweet MS, Nemanich A, Wahl M. Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017-2021. *Pediatrics*. 2023; 151(2): e2022057761.
- <sup>3</sup> Child Welfare Information Gateway. (2020). Plans of safe care for infants with prenatal substance exposure and their families. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.
- <sup>4</sup> DPH NAS Report: Kentucky Cabinet for Health and Family Services (CHFS). (2023). Neonatal Abstinence Syndrome in Kentucky: Annual Report on 2021 Public Health Neonatal Abstinence Syndrome (NAS) Reporting Registry.
- <sup>5</sup> U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2023). Child Maltreatment 2021. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>
- <sup>6</sup> Appel & Holden, 1998; Edleson, 1999; Herrenkohl et al., 2008; Jouriles et al., 2008; Osofsky, 2003.
- <sup>7</sup> US Preventive Services Task Force. Screening for Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: US Preventive Services Task Force Final Recommendation Statement. *JAMA*. 2018;320(16):1678–1687. doi:10.1001/jama.2018.14741.
- <sup>8</sup> <https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html>
- <sup>9</sup> <https://www.ojp.gov/pdffiles1/ojdp/232272.pdf>
- <sup>10</sup> <https://www.justicespeakersinternational.com/family-drug-treatment-court/>
- <sup>11</sup> Murphy, A., Mirzaian, M. (2023). Kentucky Pediatric Firearm Injury-Related Deaths, Emergency Department Visits, and Inpatient Hospitalizations, 2018–2022. Kentucky Injury Prevention and Research Center.
- <sup>12</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>13</sup> Hardy MS. Teaching firearm safety to children: failure of a program. *J Dev Behav Pediatr*. 2002;23(2):71-76.
- <sup>14</sup> "Child Access Prevention". Giffords Law Center to Prevent Gun Violence. Retrieved 2024-01-16.
- <sup>15</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.

## DEMOGRAPHICS

### COUNTY OF INCIDENT

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 2021 have been combined, please refer to previous Annual Reports for a complete breakdown.

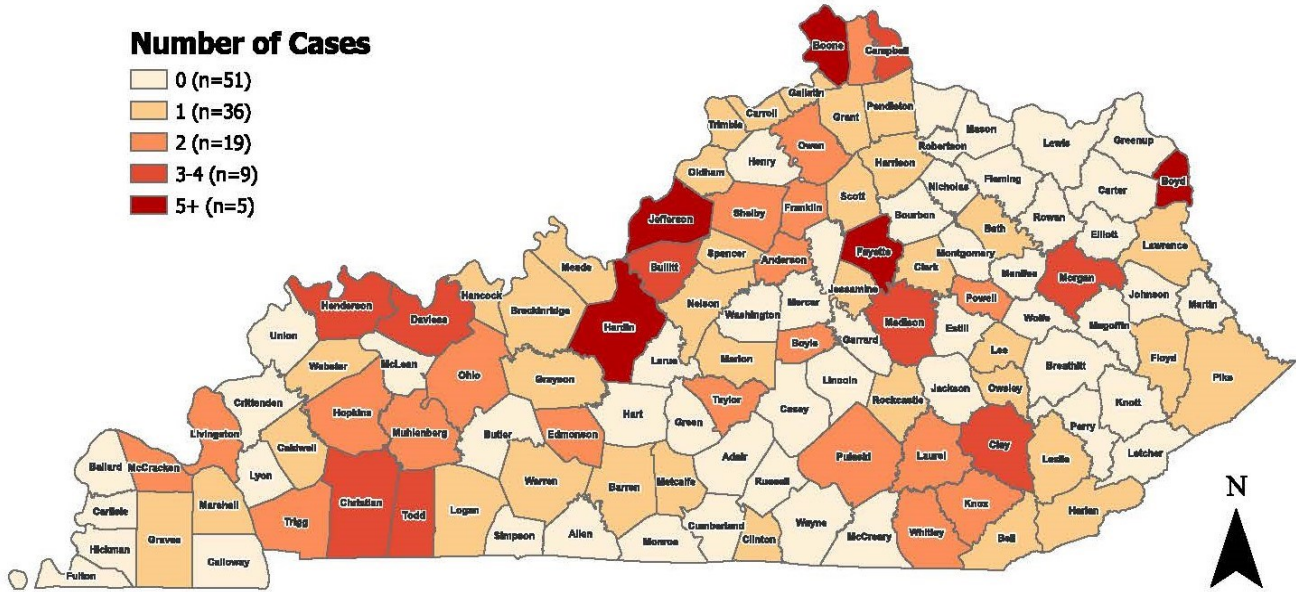
**County of Incident Among All Cases Reviewed in SFY 14-21 and SFY22**

County	Combined SFY 14-21	SFY 2022	County	Combined SFY 14-21	SFY 2022	County	Combined SFY 14-21	SFY 2022
Adair	11	0	Graves	6	1	Menifee	3	0
Allen	5	0	Grayson	9	1	Mercer	3	0
Anderson	5	2	Green	5	0	Metcalfe	1	1
Ballard	3	0	Greenup	7	0	Monroe	4	0
Barren	13	1	Hancock	3	1	Montgomery	4	0
Bath	4	1	Hardin	42	5	Morgan	4	3
Bell	14	1	Harlan	7	1	Muhlenberg	6	2
Boone	26	6	Harrison	5	1	Nelson	13	1
Bourbon	3	0	Hart	3	0	Nicholas	1	0
Boyd	17	6	Henderson	20	3	Ohio	7	2
Boyle	6	2	Henry	6	0	Oldham	7	1
Bracken	1	0	Hickman	2	0	Owen	6	2
Breathitt	1	0	Hopkins	13	2	Owsley	3	1
Breckinridge	9	1	Jackson	1	0	Pendleton	7	1
Bullitt	17	3	Jefferson	278	68	Perry	4	0
Butler	2	0	Jessamine	8	1	Pike	13	1
Caldwell	4	1	Johnson	2	0	Powell	5	2
Calloway	6	0	Kenton	39	2	Pulaski	18	2
Campbell	16	3	Knott	3	0	Robertson	1	0
Carlisle	2	0	Knox	19	2	Rockcastle	3	1
Carroll	8	1	Larue	12	0	Rowan	3	0
Carter	3	0	Laurel	30	2	Russell	4	0
Casey	7	0	Lawrence	4	1	Scott	14	1
Christian	21	3	Lee	1	1	Shelby	7	2
Clark	6	1	Leslie	1	1	Simpson	5	0
Clay	15	3	Letcher	3	0	Spencer	2	1
Clinton	3	1	Lewis	4	0	Taylor	5	2
Crittenden	2	0	Lincoln	8	0	Todd	3	4
Cumberland	1	0	Livingston	0	2	Trigg	5	2
Daviess	44	4	Logan	8	1	Trimble	6	1
Edmonson	1	2	Madison	15	4	Union	7	0
Estill	3	0	Magoffin	1	0	Warren	28	1
Fayette	46	13	Marion	10	1	Washington	4	0
Fleming	4	0	Marshall	9	1	Wayne	3	0
Floyd	5	1	Martin	3	0	Webster	6	1
Franklin	20	2	Mason	6	0	Whitley	10	2
Gallatin	1	1	McCracken	12	2	Wolfe	2	0
Garrard	2	0	McCreary	8	0	Woodford	6	0
Grant	9	1	McLean	1	0	<b>Total Cases</b>	<b>1,224</b>	<b>202</b>
			Meade	11	1			

Data Source: Child Fatality and Near Fatality External Review Panel

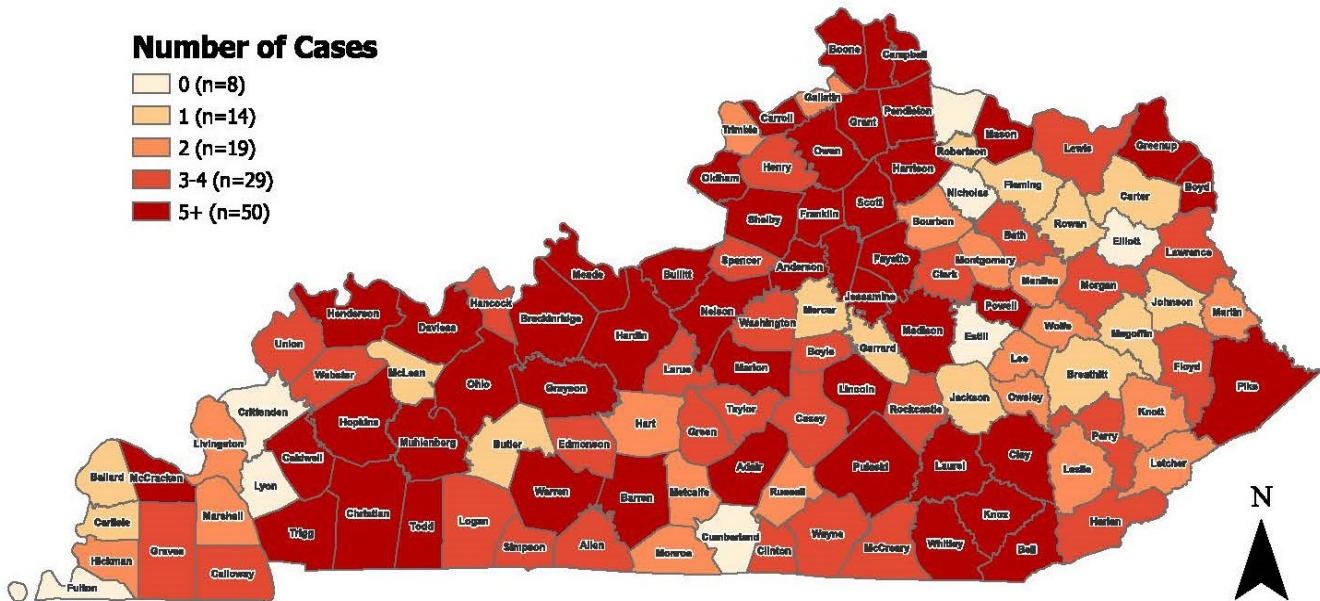
## COUNTY OF INCIDENT

### Cases Reviewed by County of Incident 2022



Prepared January 2024.  
Data Source: Child Fatality Near Fatality External Review Panel  
202 total cases for the fiscal year 2022.

### Cases Reviewed by County of Incident 2018-2022



Prepared January 2024.  
Data Source: Child Fatality Near Fatality External Review Panel  
935 total cases for the fiscal years 2018-2022.



## DEMOGRAPHICS

### Gender of All Index Children Reviewed SFY 2018—2022

Gender	2018		2019		2020		2021		2022	
	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent
Male	87	64%	113	62%	110	55%	124	58%	111	55%
Female	49	36%	69	38%	90	45%	91	42%	91	45%
<b>Total</b>	<b>136</b>		<b>182</b>		<b>200</b>		<b>215</b>		<b>202</b>	

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

### Race of All Index Children Reviewed SFY 2018—2022

Race	2018		2019		2020		2021		2022	
	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent
Black	19	14%	34	19%	35	18%	43	20%	40	20%
White	95	70%	124	68%	144	72%	142	66%	128	63%
Asian	1	< 1%	0	0	1	<1%	0	0	1	1%
Biracial	20	15%	20	11%	16	10%	26	12%	30	15%
Pacific Islander	0	0%	0	0%	0	0%	0	0%	1	1%
Other	1	< 1%	4	2%	4	<1%	4	2%	2	1%
<b>Total</b>	<b>136</b>		<b>182</b>		<b>200</b>		<b>215</b>		<b>202</b>	<b>100%</b>

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

### Ethnicity of All Index Children Reviewed SFY 2018—2022

Ethnicity	2018		2019		2020		2021		2022	
	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent
Hispanic	4	3%	12	7%	10	5%	8	4%	13	6%
Non-Hispanic	131	96%	159	87%	190	95%	193	90%	173	86%
Unknown	1	1%	11	6%			14	0.06	16	8%
<b>Total</b>	<b>136</b>		<b>182</b>		<b>200</b>		<b>215</b>		<b>202</b>	<b>100%</b>

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

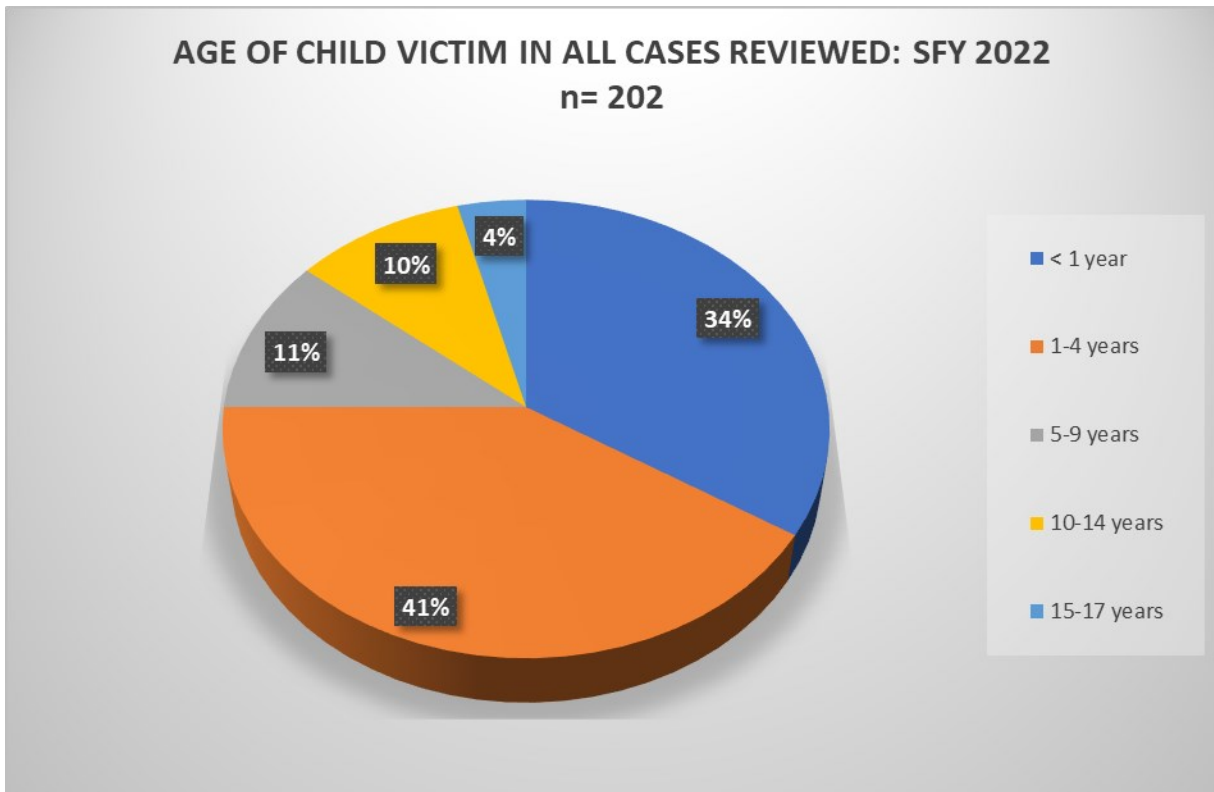
## DEMOGRAPHICS

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 of Child Victim in All Cases Reviewed**  
State Fiscal Years 2018—2022

Age	2018		2019		2020		2021		2022	
	# Cases	Percent	# Case	Percent	# Case	Percent	# Case	Percent	# Case	Percent
< 1 year	37	27%	69	38%	63	31%	70	33%	69	34%
1-4 years	65	48%	55	30%	75	37%	73	34%	82	41%
5-9 years	15	11%	16	9%	24	12%	25	12%	22	11%
10-14 years	10	7%	18	10%	20	10%	29	13%	21	10%
15-17 years	9	7%	24	13%	18	10%	18	8%	8	4%
<b>Total</b>	<b>136</b>		<b>182</b>		<b>200</b>		<b>215</b>		<b>202</b>	

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 2022 (SFY22) case reviews. Each case may encompass multiple categories and findings.

### Final Categorization All Cases SFY22 n= 202

Category	Fatalities	Near Fatalities	Total
Neglect	47	93	140
Overdose/ingestion	8	47	55
Physical Abuse	10	33	43
Abusive Head Trauma	3	27	30
Drowning\near drowning	15	3	18
SUDI	14	1	15
Gunshot accidental	6	5	11
Blunt Force Trauma-not inflicted MVC	3	5	8
Suicide Child	5	2	7
Apparent murder/suicide	5	2	7
Blunt Force Trauma-not inflicted	1	5	6
Failure to Thrive	0	5	5
Natural Causes\nmedical diagnosis	2	2	4
Gunshot (suicide)	4	0	4
Gunshot (homicide)	1	2	3
Burn	1	2	3
Ligature hanging	3	0	3
Other	0	2	2
Undetermined	2	0	2
Sexual abuse/human trafficking	0	1	1
Smoke inhalation/fire	0	0	0
Traumatic asphyxia	0	0	0

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

\*Cases may be captured in more than one category. "Other" includes near strangulation (car window) (1) and emotional abuse (1).

## KEY FINDINGS SFY22

- The most commonly found family characteristics in a fatality/near fatality in order of precedence for FY22 cases reviewed:
  - Financial Issues (75%)
  - DCBS History (68%)
  - DCBS Issues (64%)
  - Environmental neglect (49%)
  - Substance abuse (caregiver) (47%)
  - Mental Health Issues (caregiver) (47%)
- Neglect (general) was the most common Panel determination.
- 85% of all Overdose/ingestion cases involved a family with financial issues.
- 75% of all cases reviewed involved a child four (4) year of age or younger.
- 60% of all cases with a Panel Determination of Neglect (medical) involved a medically fragile child.
- 47% of Abusive Head Trauma cases involved a caregiver with a criminal history.
- 88% of all Blunt Force Trauma – not inflicted, MVC cases involved an impaired caregiver.
- 88% of all Suicide cases involved unsafe access to deadly/potentially deadly means.
- 61% of all Physical abuse cases involved a caregiver with a mental health issue.

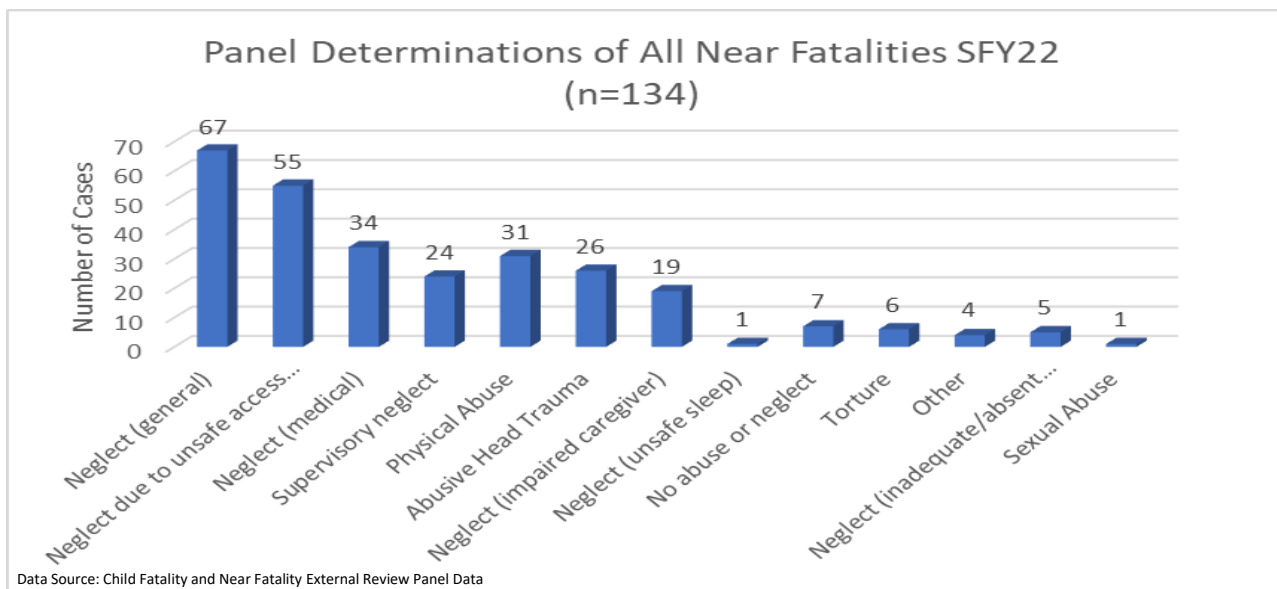
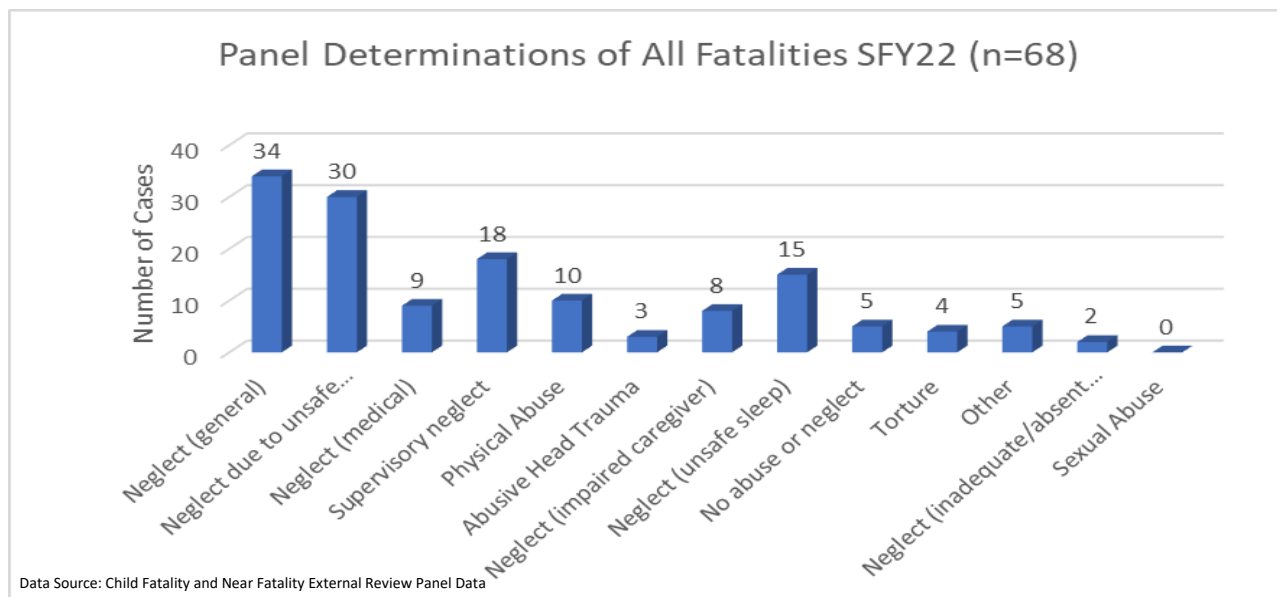
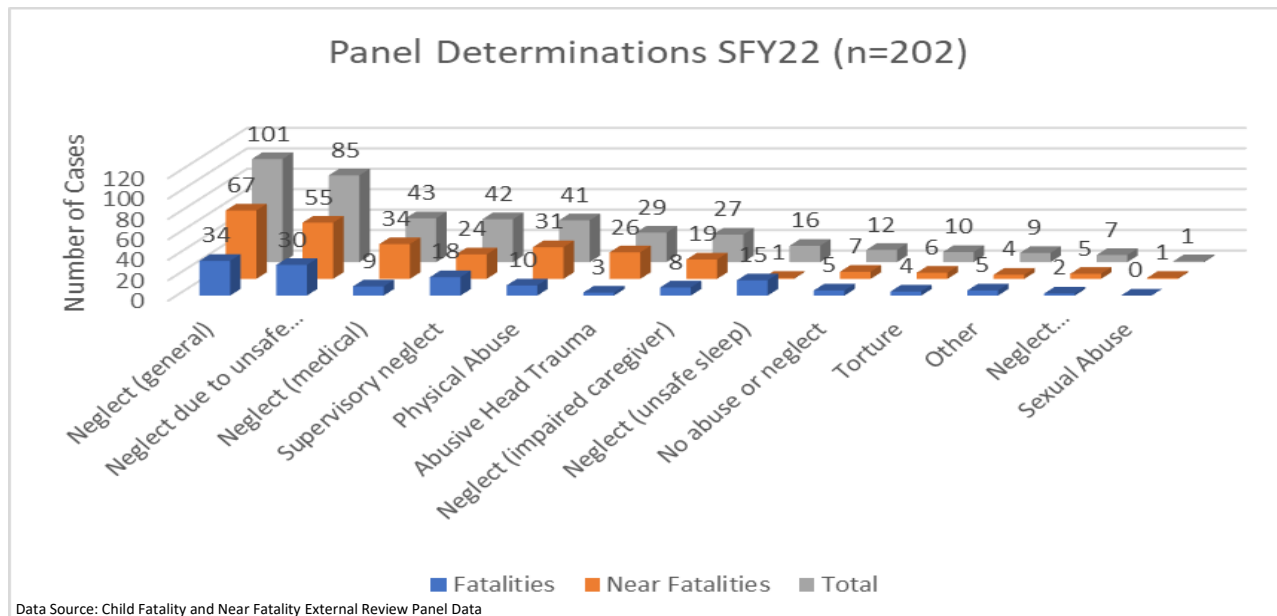
### Panel Determinations All Cases SFY22

Panel Determinations	Fatalities	Near Fatalities	Total
Neglect (general)	34	67	101
Neglect due to unsafe access to deadly/potentially deadly means	30	55	85
Neglect (medical)	9	34	43
Supervisory neglect	18	24	42
Physical Abuse	10	31	41
Abusive Head Trauma	3	26	29
Neglect (impaired caregiver)	8	19	27
Neglect (unsafe sleep)	15	1	16
No abuse or neglect	5	7	12
Torture	4	6	10
Other	5	4	9
Neglect (inadequate/absent child restraint in a motor ve-	2	5	7
Sexual Abuse	0	1	1

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

\*Cases may be represented in multiple categories. Other includes undetermined (4), murder (2), nutritional (1), emotional (1), and language/medical issue (1).

## Findings Specific to Fiscal Year 2022



Family Characteristics	Fatality	Near Fatality	Total
Financial Issues	46	106	152
DCBS History	40	97	137
DCBS Issues	42	88	130
Environmental neglect	32	67	99
Substance abuse (caregiver)	28	67	95
Substance abuse (in home)	29	65	94
Mental Health issues (caregiver)	36	58	94
Unsafe access to deadly means	33	55	88
Criminal History (caregiver)	20	64	84
Criminal history (in the home)	21	62	83
Other	30	52	82
Domestic Violence	16	46	62
Medical issues/management	15	39	54
Law Enforcement Issues	24	27	51
Medically Fragile child	15	36	51
Medical neglect	10	39	49
Supervisional neglect	20	26	46
Housing Instability	18	28	46
Impaired caregiver (any indication)	9	32	41
Bystander issues/opportunities	18	19	37
Lack of treatment (mental health or substance)	13	22	35
Statutory Issues	23	8	31
Overwhelmed caregiver	5	26	31
MAT involvement	6	21	27
Mental Health issues (child)	10	16	26
Coroner Issues	26	0	26
Lack of Family Support System	7	15	22
Evidence of poor bonding	2	17	19
Education/childcare issues	8	10	18
Substitute caregiver at the time of event	7	8	15
Lack of regular child care	5	10	15
Cognitive disability (caregiver)	0	14	14
Cognitive disability (child)	5	9	14
Neglectful Entrustment	7	6	13
Family Violence	3	10	13
Serial Relationships	4	9	13
Out of State CPS history	8	4	12
Unsafe sleep (other)	7	3	10
Unsafe sleep (bed sharing)	9	0	9
Failure to Thrive	0	9	9
Language/Cultural Issues	2	6	8
Inadequate restraint	2	5	7
Substance abuse (child)	5	2	7
Judicial process	4	2	6
Unsafe sleep (co-sleeping/non-bed surface)	3	1	4
Commonwealth/County Attorney issues	2	1	3
Lack of sleep plan	1	2	3
Perinatal depression (caregiver)	1	1	2
In-home Service Provider Issues	1	0	1

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

## Findings Specific to Fiscal Year 2022

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 88% of those fatalities were potentially preventable. Among the near fatality cases, 91% were determined to be potentially preventable. Overall the Panel found 90% of these incidents may have been prevented.

**Potentially Preventable Fatalities and Near Fatalities SFY22**  
n = 202

	# of Cases	Total	Percent
Fatalities	60	68	<b>88%</b>
Near Fatalities	122	134	<b>91%</b>
Total	182	202	<b>90%</b>

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

### Most Common Category Among Cases with a Panel Determination of Neglect (general) (n = 101)

Category	# of Cases	% Cases
Neglect	90	89%
Overdose/ingestion	50	50%
Gunshot	13	13%
Physical abuse	9	10%
SUDI/near-SUDI/Brief Resolved Unexplained Event	7	7%
Drowning/near-drowning	7	7%
Suicide	6	6%
Failure to Thrive	4	4%
Blunt force trauma - not inflicted MVC	3	3%
Abusive Head Trauma	2	2%

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

## Findings Specific to Fiscal Year 2022

### Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Neglect (n=140)

Family Characteristics	# of Cases	% of Cases
Financial Issues	107	76%
DCBS History	103	74%
DCBS Issues	98	70%
Environmental neglect	87	62%
Unsafe access to deadly means	82	59%
Substance abuse (in home)	74	53%
Substance abuse (caregiver)	73	52%
Mental Health issues (caregiver)	67	48%
Other	64	46%
Criminal history (in the home)	58	41%
Criminal History (caregiver)	57	41%
Domestic Violence	43	31%
Medical neglect	42	30%
Medically Fragile child	39	28%
Supervisional neglect	38	27%
Medical issues/management	37	26%

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

Other includes: COVID (40), child access prevention law (2), lack of transportation (10), nutritional neglect (3), lack of alternative response (2), gender identity (2), poison control issue, emotional abuse, animal cruelty, formula shortage, lack of helmet, lack of MDT review, lack of panel referral, and probation & parole issues.



## Findings Specific to Fiscal Year 2022

### Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Overdose/ingestion (n=55)

Family Characteristics	# of Cases	% of Cases
Environmental neglect	53	96%
Unsafe access to deadly means	53	96%
Financial Issues	47	85%
DCBS History	39	71%
DCBS Issues	37	67%
Substance abuse (caregiver)	36	65%
Substance abuse (in home)	35	63%
Criminal History (caregiver)	30	55%
Criminal history (in the home)	30	55%
Mental Health issues (caregiver)	27	49%
Other	23	42%
Domestic Violence	18	33%
MAT involvement	17	31%
Law Enforcement Issues	16	30%
Housing Instability	15	27%
Impaired caregiver (any indication)	13	23%
Supervisional neglect	13	23%
Bystander issues/opportunities	11	20%
Lack of treatment (mental health or substance)	11	20%

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

Other includes: COVID (19), lack of transportation (2), lack of alternative response, gender identity, poison control issue, lack of panel referral, and probation & parole issues.

## Findings Specific to Fiscal Year 2022

### Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Physical Abuse (n=43)

Family Characteristics	# of Cases	% of Cases
Financial Issues	35	81%
DCBS History	31	72%
DCBS Issues	27	62%
Mental Health issues (caregiver)	27	62%
Substance abuse (caregiver)	25	58%
Substance abuse (in home)	23	53%
Criminal History (caregiver)	22	51%
Criminal history (in the home)	21	48%
Domestic Violence	20	47%
Other	15	35%
Bystander issues/opportunities	14	33%
Medical neglect	12	28%
Medical issues/management	12	28%
Housing Instability	11	26%
Evidence of poor bonding	11	26%

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

Other includes: COVID (10), lack of transportation (2), animal cruelty, lack of MDT review, and lack of batterers intervention program and victim services.

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## PANEL MEMBERS

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

Senator Danny Carroll, District 2  
Senate Families and Children Committee Chair

Representative Samara Heavrin, District 18  
House Families and Children Committee Chair

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

Lesa Dennis, Commissioner  
Department of Community Based Services

Detective Jason Merlo  
Kentucky State Police

Lori Aldridge, Co-Chair, Program Director  
Tri-County CASA

Dr. Henrietta Bada,  
Department for Public Health

Dr. Jaime Pittenger Kirtley  
Janna Estep Jordan  
Prevent Child Abuse Kentucky

Dr. William Ralston  
Kentucky State Medical Examiner

Heather McCarty, Regional Program Manager  
Family Resource and Youth Service Centers

Honorable Libby Messer  
Fayette Family Court Judge

Janice Bright, RN  
Department for Public Health

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

Steve Shannon  
Kentucky Association of Regional Programs, Inc.

Geoff Wilson  
Association of Addiction Professionals

Dr. Elizabeth Salt  
Citizen Foster Care Review Board

Hon. Olivia McCollum, Assistant County Attorney  
Boone County Attorney's Office

Olivia Spradlin, Senior Program Specialist  
ZeroV

Dr. Danielle Anderson, Assistant Professor of Psychiatry  
Supportive Mental Health and Addiction Recovery  
Treatment

Dr. David Lohr  
Child & Adolescent Psychiatry

Mark Hammond,  
President, Kentucky Coroners' Association

## MEMBERS WHO LEFT THE PANEL IN 2023

Isela Arras, Chief Operating Officer  
Kentucky Coalition Against Domestic Violence

## PANEL STAFF

Elisha Mahoney, Executive Staff Advisor  
Justice & Public Safety Cabinet

Joel Griffith, Case Analyst  
Justice & Public Safety Cabinet

Cynthia Curtsinger  
Pediatric Forensic Case Analyst

Logan McChesney, Administrative Assistant  
Justice & Public Safety Cabinet

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-001-22-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Law enforcement issues; MAT involvement; Mental health issues (caregiver); Neglectful entrustment; Other; Statutory Issues; Substance abuse by caregiver (current); Substance abuse (in home); Unsafe sleep (bed sharing); Unsafe sleep (other); Overwhelmed Caregiver; Judicial process issues	some visits were virtual, court, and other older sibling struggled with NTI, due to COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-002-22-C	Gunshot (accidental); Neglect	DCBS history; DCBS issues; Environmental neglect; Statutory Issues; Other; Substance abuse (child); Unsafe access to deadly means	The parents thought the children were not aware the guns were kept, and believed teaching about gun safety would deter children from touching firearms	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-003-22-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	DCBS history; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other); Unsafe access to deadly means		Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-005-22-NC	Undetermined (cause of death or near-death event)	DCBS issues; Financial issues; Law enforcement issues		Other	Manner undetermined/foul play not ruled out

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-006-22-NC	Gunshot (accidental)	Substance abuse (child); DCBS issues; Financial issues; Mental health issues (child); Law enforcement issues; Other	Due to COVID restriction P&P did not make home visits	No abuse or neglect	Apparently accidental; Potentially preventable
F-007-22-C	Drowning/near-drowning; Neglect	DCBS history; DCBS issues; Coroner issues; Domestic Violence; Environmental neglect; 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; Potentially preventable
F-008-22-C	Ligature hanging	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Supervisional neglect; Unsafe access to deadly means		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
F-009-22-NC	Neglect; Drowning/near-drowning	Bystander issues/opportunities; Lack of Sleep Plan; Other; Unsafe other - some contacts access to deadly means; Supervisional neglect	virtual due to COVID restrictions	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
F-010-22-NC	Abusive head trauma; Physical abuse	Financial issues; Other; Coroner issues; Medical neglect	some contacts were virtual due to COVID restrictions	Abusive head trauma; Physical abuse; Torture; Neglect (medical)	Potentially preventable
F-011-22-C	Drowning/near-drowning; Neglect	Cognitive disability (child); DCBS history; Medically fragile child; Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-012-22-C	SUDI/near-SUDI/apparent life-threatening event; Neglect	DCBS history; DCBS issues; Financial issues; Law enforcement issues; Mental health issues (caregiver); Statutory Issues; Substance abuse (child); Substance abuse (in home); Supervisional neglect; Unsafe sleep (bed sharing)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep); Supervisory neglect	Potentially preventable; Apparently accidental
F-013-22-C	Neglect; Overdose/ingestion	DCBS history; DCBS issues; Bystander issues/opportunities; Environmental neglect; Criminal history (caregiver); Criminal history (in the home); Financial issues; Housing instability; Impaired caregiver; Law enforcement issues; MAT involvement; Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Neglectful entrustment; Medical issues/management	COVID restrictions related to virtual visits and job loss	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
F-014-22-NC	Suicide (child); Gunshot (suicide)	DCBS issues; Environmental neglect; Law enforcement issues; Statutory Issues; 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

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-015-22-C	Neglect; Overdose/ ingestion	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Law enforcement issues; Medical neglect; Mental health issues (caregiver); Out of State CPS History; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Unsafe sleep (bed sharing)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical); Neglect (unsafe sleep); Neglect due to unsafe access to deadly/potentially deadly means	Potentially preventable
F-016-22-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event	DCBS history; DCBS issues; Coroner issues; Criminal history (caregiver); 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); Law enforcement issues; Medically fragile child; Other; Serial relationships; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe sleep (other); Medical issues/ management; Neglectful entrustment; Judicial process issues	COVID - court hearings and other contacts virtual	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep); Supervisory neglect	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-017-22-NC	Gunshot (accidental); Neglect	DCBS issues; Coroner issues; Statutory Issues; Other; Environmental neglect; Financial issues; Law enforcement issues; Unsafe access to deadly means	A comprehensive examination of all firearm injuries among children in Kentucky should be conducted, with the goal of developing evidence-based prevention strategies.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-018-22-NC	Apparent murder/suicide; Physical abuse	Mental health issues (caregiver); Mental health issues (child)		Physical abuse	
F-019-22-NC	Apparent murder/suicide; Physical abuse	Mental health issues (caregiver)		Physical abuse	
F-020-22-C	Physical abuse; Neglect	DCBS issues; DCBS history; Bystander issues/opportunities; Education/child care issues; Financial issues; Medical neglect; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Out of State CPS History		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse; Torture	Potentially preventable



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-021-22-C	Neglect; Overdose/ ingestion	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Family violence; Financial issues; Housing instability; Lack of family support system ; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Other; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Education/child care issues; Medical issues/management; In-Home Service Provider Issues	COVID restrictions - almost all contacts throughout the life of the case were virtual	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable; Apparently accidental
F-022-22-NC	Ligature hanging; Suicide (child); Neglect	Bystander issues/ opportunities; Education/child care issues; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Mental health issues (child); Other; Statutory Issues; Substance abuse (child); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Lack of family support system ; Medical issues/management	transgender child, COVID contributed to disruption in counseling	Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect (medical)	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-023-22-C	Gunshot (homicide); Physical abuse; Neglect; Overdose/ ingestion; Apparent murder/suicide	Bystander issues/ opportunities; Commonwealth/County Attorneys; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Family violence; Financial issues; Mental health issues (caregiver); Mental health issues (child); Neglectful entrustment; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Environmental neglect; Coroner issues; Housing instability; Judicial process issues		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Physical abuse; Torture	Potentially preventable
F-024-22-C	Abusive head trauma; SUDI/ near-SUDI/ apparent life-threatening event	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; MAT involvement; Medically fragile child; Mental health issues (caregiver); Serial relationships; Statutory Issues; Substance abuse by caregiver (current); Substance abuse (in home); Unsafe sleep (bed sharing)		Neglect (unsafe sleep); Abusive head trauma	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-025-22-NC	Overdose/ ingestion; Neglect	DCBS issues; Environmental neglect; Financial issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; 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; Potentially preventable
F-026-22-C	Neglect; Overdose/ ingestion	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS issues; Environmental neglect; Financial issues; Housing instability; Lack of family support system ; Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Other	Probation and Parole - Mother was put on probation April 2020, with no contact/ services documented in until two months after the child's death - March 2023.	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
F-027-22-C	Physical abuse; Neglect	DCBS history; DCBS issues; Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Financial issues; Housing instability; Medical neglect; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Coroner issues; Other	Animal cruelty	Neglect (medical); Physical abuse; Torture	Potentially preventable
F-028-22-C	Abusive head trauma	Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver)		Abusive head trauma; Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-029-22-C	Neglect; Drowning/near-drowning	DCBS history; DCBS issues; Domestic Violence; Financial issues; Overwhelmed Caregiver; Supervisional neglect; Judicial process issues; Coroner issues		Supervisory neglect	Apparently accidental; Potentially preventable
F-030-22-C	Neglect; Drowning/near-drowning	DCBS history; DCBS issues; Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Housing instability; Impaired caregiver; MAT involvement; Medically fragile child; Mental health issues (caregiver); Out of State CPS History; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Medical issues/management; Unsafe sleep (bed sharing); Law enforcement issues		Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
F-031-22-C	Neglect; Blunt force trauma - not inflicted MVC	DCBS issues; DCBS history; Domestic Violence; 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); Supervisional neglect; Unsafe access to deadly means; Neglectful entrustment; Environmental neglect	home visits during the open phase of the case were virtual due to COVID restrictions and transportation	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

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-032-22-NC	Drowning/near-drowning; Neglect	Cognitive disability (child); Medically fragile child; Mental health issues (caregiver); Mental health issues (child); Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
F-033-22-C	SUDI/near-SUDI/apparent life-threatening event	Bystander issues/opportunities; Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Medical issues/management; Medically fragile child; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe sleep (cosleeping on a non-bed surface)	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep); Supervisory neglect	Apparently accidental; Potentially preventable
F-034-22-C	Gunshot (suicide); Neglect; Suicide (child)	DCBS history; Environmental neglect; DCBS issues; Financial issues; Medical issues/management; Mental health issues (caregiver); Mental health issues (child); Neglectful entrustment; Substitute caregiver at time of event ; Supervisional neglect; Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-035-22-C	Drowning/near-drowning	Coroner issues; Criminal history (in the home); DCBS history; Domestic Violence; Lack of family support system ; Law enforcement issues; Medically fragile child; Supervisional neglect; Unsafe access to deadly means		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
F-036-22-C	Neglect	DCBS history; DCBS issues; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Mental health issues (caregiver); Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Other; Medical issues/ management	lack of transportation	Neglect (medical)	Potentially preventable
F-037-22-C	Blunt force trauma - not inflicted MVC; Neglect	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Coroner issues; Domestic Violence; Family violence; Housing instability; Impaired caregiver; Law enforcement issues; MAT involvement; Mental health issues (caregiver); Overwhelmed Caregiver; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Inadequate restraint; Medical issues/ management		Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-038-22-NC	Apparent murder/suicide; Physical abuse	Bystander issues/opportunities; Domestic Violence; Financial issues; Lack of family support system ; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Out of State CPS History		Physical abuse; Other	Potentially preventable
F-039-22-NC	Apparent murder/suicide; Physical abuse	Bystander issues/opportunities; Domestic Violence; Financial issues; Lack of family support system ; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Out of State CPS History		Physical abuse; Other	Potentially preventable
F-040-22-C	Drowning/near-drowning; Neglect	DCBS history; DCBS issues; Supervisional neglect; Unsafe access to deadly means; Environmental neglect		Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-041-22-C	Gunshot (accidental); Neglect	Bystander issues/opportunities; Unsafe access to deadly means; Statutory Issues		Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-042-22-C	Neglect	Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Impaired caregiver; Medical issues/management; Medical neglect; Other; Out of State CPS History; Unsafe sleep (other)	Nutritional neglect	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Potentially preventable
F-043-22-NC	SUDI/near-SUDI/apparent life-threatening event; Neglect	Mental health issues (caregiver); Unsafe sleep (other)		Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-044-22-C	Gunshot (accidental); Neglect	DCBS history; Environmental neglect; Financial issues; Law enforcement issues; Mental health issues (caregiver); Statutory Issues; 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; Potentially preventable
F-045-22-C	Overdose/ingestion	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Medically fragile child; Coroner issues; Medical issues/management		Other	Manner undetermined/foul play not ruled out
F-046-22-C	Drowning/near-drowning	Cognitive disability (child); DCBS history; DCBS issues; Medically fragile child; Mental health issues (child); Other; Out of State CPS History; Supervisional neglect; Unsafe access to deadly means	COVID	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-047-22-C	Drowning/near-drowning; Neglect	Coroner issues; Environmental neglect; Financial issues; Unsafe access to deadly means; Supervisional neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-048-22-NC	Drowning/near-drowning; Neglect	Financial issues; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Coroner issues		Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-049-22-NC	Gunshot (suicide); Neglect; Suicide (child)	Coroner issues; Environmental neglect; Mental health issues (child); Mental health issues (caregiver); Statutory 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)	Potentially preventable
F-050-22-C	Neglect; Drowning/near-drowning	DCBS issues; DCBS history; Coroner issues; Financial issues; Mental health issues (caregiver); Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
F-051-22-NC	Drowning/near-drowning	DCBS issues; Financial issues; Unsafe access to deadly means; Language/cultural issues; Coroner issues		No abuse or neglect	Apparently accidental; Potentially preventable
F-052-22-NC	Drowning/near-drowning	DCBS issues; Unsafe access to deadly means; Financial issues; Language/cultural issues; Coroner issues		No abuse or neglect	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-053-22-C	Gunshot (accidental); Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Environmental neglect; Financial issues; Housing instability; Law enforcement issues; Mental health issues (child); Statutory Issues; Substance abuse (child); Unsafe access to deadly means; Other	COVID/NTI contributed to truancy issues, Sibling - mental health issues	Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
F-054-22-PH	Neglect; SUDI/ near-SUDI/ apparent life-threatening event	DCBS issues; DCBS history; Coroner issues; Criminal history (caregiver); Criminal history (in the home); Financial issues; Medically fragile child; Mental health issues (caregiver); Statutory Issues; Unsafe sleep (bed sharing); Unsafe sleep (other); Medical issues/ management; Substance abuse (in home); Substance abuse by caregiver (current)	This is at least the second SUIDI incident involving use of a co-sleeper. Is there enough information to recommend release of a cautionary notice regarding these items?	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-055-22-PH	Neglect; Overdose/ ingestion; SUDI/near- SUDI/apparent life-threatening event	Bystander issues/ opportunities; DCBS history; DCBS issues; Coroner issues; Environmental neglect; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medically fragile child; Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Law enforcement issues	This case would not have come to the Panel's attention if not for the referral from DPH. This prompts the question, "Are there other cases not being brought to the Panel's attention." A similar incident (F-063-21-PH) occurred in FY 2021 and was discussed in a prior Panel meeting. This occurrence is certainly not intentional but remains an area of concern. It is recommended Panel staff and SSR staff meet to discuss the drivers behind this finding and recommendations to address the issue	Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-056-22-PH	Neglect; SUDI/ near-SUDI/ apparent life- threatening event; Physical abuse	DCBS history; DCBS issues; Coroner issues; Financial issues; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Statutory Issues; Unsafe sleep (cosleeping on a non-bed surface); Substance abuse by caregiver (current); Lack of regular child care; Medical neglect; MAT involvement; Law enforcement issues	COVID restrictions resulted in virtual contacts in prior contacts - Lack of MDT review for physical abuse cases	Neglect (medical); Neglect (unsafe sleep)	Manner undetermined/foul play not ruled out

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
F-057-22-PH	SUDI/near-SUDI/apparent life-threatening event; Neglect	Coroner issues; Law enforcement issues; DCBS history; Financial issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other); Criminal history (in the home); Criminal history (caregiver); Supervisory neglect		Neglect (unsafe sleep); Supervisory neglect	Apparently accidental; Potentially preventable
F-058-22-PH	Neglect; SUDI/near-SUDI/apparent life-threatening event	Unsafe sleep (bed sharing); Financial issues; Housing instability		Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
F-059-22-PH	Neglect; SUDI/near-SUDI/apparent life-threatening event; Physical abuse	DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; Mental health issues (caregiver); Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Physical abuse; Neglect (unsafe sleep)	Potentially preventable; Apparently accidental
NF-001-22-C	Blunt force trauma - not inflicted MVC; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (impaired caregiver)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-002-22-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Law enforcement issues; Medical neglect; Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Substance abuse (in home); Unsafe access to deadly means	contacts 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	Apparently accidental; Potentially preventable
NF-003-22-C	Overdose/ ingestion; Neglect	DCBS history; DCBS issues; Environmental neglect; Financial issues; MAT involvement; Other; Unsafe access to deadly means	Contacts during some phases of the open case were made virtually due to COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-004-22-C	Physical abuse; Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Bystander issues/opportunities; Cognitive disability (caregiver); Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Neglectful entrustment; Supervisional neglect; Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect; Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-005-22-NC	Neglect; Overdose/ ingestion	Environmental neglect; 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; Potentially preventable
NF-006-22-C	Neglect; Blunt force trauma - not inflicted MVC	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Inadequate restraint; Bystander issues/ opportunities		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-007-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Evidence of poor bonding; Financial issues; Impaired caregiver; Medical issues/management; Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current)	COVID	Abusive head trauma; Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-008-22-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Lack of family support system ; Law enforcement issues; MAT involvement; Medical neglect; 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; Family violence	COVID restrictions impacting employment, virtual contacts, etc - Lack of transportation	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-009-22-NC	Physical abuse	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Law enforcement issues; MAT involvement; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Medical issues/ management		Physical abuse	
NF-010-22-C	Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Law enforcement issues; MAT involvement; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect	Lack of transportation	Supervisory neglect	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-011-22-C					
		DCBS history; DCBS issues; Financial issues; Housing instability; Lack of regular child care; Law enforcement issues; Lack of Sleep Plan; Medical issues/management; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Failure to thrive	As a result of COVID restrictions and exposures interviews were conducted virtually and/or postponed, court actions were delayed, etc., and lack of transportation	Abusive head trauma	Potentially preventable
NF-012-22-C	Abusive head trauma				
	Natural causes/ medical diagnosis	Other	(Death of grandfather and subsequent possible exposure of index child due to COVID)	No abuse or neglect	
NF-013-22-NC					
	Abusive head trauma; Physical abuse	Financial issues		Abusive head trauma; Physical abuse	Potentially preventable
NF-014-22-C					
	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Failure to thrive; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse	Potentially preventable
NF-015-22-C					



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-016-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Financial issues; Housing instability; Lack of family support system ; Lack of treatment (mental health or substance abuse); Law enforcement issues; Medically fragile child; Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means	COVID restriction resulted contributed to gaps in services	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-017-22-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Criminal history (caregiver); Criminal history (in the home); Financial issues		No abuse or neglect	Apparently accidental; Potentially preventable
NF-018-22-C	Abusive head trauma; Physical abuse	DCBS issues; Domestic Violence; Law enforcement issues; Medical issues/ management; Other; Overwhelmed Caregiver	COVID	Physical abuse; Abusive head trauma	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-019-22-NC	Suicide (child); Neglect; Overdose/ ingestion	Education/child care issues; Environmental neglect; Mental health issues (child); Mental health issues (caregiver); Other; Substance abuse (child); Unsafe access to deadly means	COVID restrictions/ NTI thought to contribute to issues	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable
NF-020-22-C	Failure to thrive/ malnutrition; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Failure to thrive; Financial issues; Impaired caregiver; MAT involvement; Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Other; Overwhelmed Caregiver; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current)	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-021-22-NC	Neglect; Blunt force trauma - not inflicted (farm machinery, ATV, fall)	DCBS issues; Impaired caregiver; Law enforcement issues; Mental health issues (child); Mental health issues (caregiver); Substance abuse by caregiver (current); Inadequate restraint; Substance abuse (in home)		Neglect (inadequate/absent child restraint in motor vehicle); Neglect (impaired caregiver)	Apparently accidental; Potentially preventable
NF-022-22-NC	Abusive head trauma; Physical abuse	Bystander issues/opportunities; Criminal history (caregiver); Financial issues; Medical neglect; Mental health issues (caregiver); Overwhelmed Caregiver; Substitute caregiver at time of event		Abusive head trauma; Physical abuse	Potentially preventable
NF-023-22-C	Neglect	DCBS history; DCBS issues; Financial issues; Medical neglect; Medically fragile child; Other	COVID	Neglect (medical)	Potentially preventable
NF-024-22-NC	Neglect; Overdose/ingestion	DCBS issues; Environmental neglect; Financial issues; MAT involvement; Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect	some visit delayed due to COVID restrictions	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-025-22-C	Abusive head trauma; Burn; Neglect; Physical abuse	DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Law enforcement issues; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current); Statutory Issues		Abusive head trauma; Neglect (medical); Physical abuse; Torture	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers	
NF-026-22-C	Neglect	Physical abuse; Sexual abuse/human trafficking; Abusive head trauma;	Bystander issues/opportunities; DCBS history; DCBS issues; Education/child care issues; Family violence; Financial issues; Lack of family support system ; Mental health issues (caregiver); Other; Serial relationships; Substitute caregiver at time of event ; Supervisional neglect	COVID resulted in earlier virtual contacts, and financial stress	Abusive head trauma; Physical abuse; Torture; Sexual abuse	Potentially preventable
NF-027-22-NC	Neglect		DCBS history; Domestic Violence; Financial issues; Medical neglect; Mental health issues (caregiver); Other; Out of State CPS History	COVID	Neglect (medical)	Potentially preventable
NF-028-22-C	Neglect	Blunt force trauma - not inflicted (farm machinery, ATV, fall);	Cognitive disability (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Impaired caregiver; Law enforcement issues; Medical issues/management; Mental health issues (caregiver); Other; Supervisional neglect	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Supervisory neglect	Apparently accidental; Potentially preventable
NF-029-22-C	Neglect		DCBS history; DCBS issues; Education/child care issues; Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (child)		Neglect (medical)	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-030-22-C	Drowning/near-drowning; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-031-22-NC	Neglect; SUDI/near-SUDI/apparent life-threatening event	DCBS issues; Medically fragile child; Mental health issues (caregiver); Other; Unsafe sleep (cosleeping on a non-bed surface)	COVID restrictions resulted in virtual contacts	Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
NF-032-22-C	Abusive head trauma; Physical abuse	Cognitive disability (caregiver); DCBS history; Failure to thrive; Financial issues; Housing instability; Lack of regular child care; Lack of Sleep Plan; Medically fragile child; Overwhelmed Caregiver; Mental health issues (caregiver)		Abusive head trauma; Physical abuse; Torture	Potentially preventable
NF-033-22-NC	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Language/cultural issues		No abuse or neglect	Apparently accidental
NF-034-22-NC	Neglect; Overdose/ingestion	Environmental neglect; Financial issues; MAT involvement; Mental health issues (caregiver); Statutory Issues; 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; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-035-22-C	Neglect; Overdose/ ingestion; Physical abuse	Bystander issues/ opportunities; 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); MAT involvement; Medical issues/ management; Medical neglect; Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Environmental neglect	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Physical abuse	Apparently accidental; Potentially preventable
NF-036-22-C	Neglect; Overdose/ ingestion	Cognitive disability (caregiver); Criminal history (caregiver); DCBS history; DCBS issues; Environmental neglect; Financial issues; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means		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

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-037-22-C	Neglect	DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Financial issues; 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); Supervisional neglect	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical); Supervisory neglect	Apparently accidental; Potentially preventable
NF-038-22-NC	Natural causes/medical diagnosis	Financial issues		No abuse or neglect	
NF-039-22-C					
NF-040-22-C	Neglect	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Financial issues; Impaired caregiver; Lack of family support system ; Law enforcement issues; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical)	Potentially preventable
NF-041-22-C	Neglect	DCBS history; DCBS issues; Financial issues; Lack of treatment (mental health or substance abuse); Language/cultural issues; Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (child)		Neglect (medical)	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-042-22-C	Abusive head trauma; Physical abuse	Evidence of poor bonding; Financial issues; Housing instability; Impaired caregiver; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other)		Abusive head trauma; Physical abuse	Potentially preventable
NF-043-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; MAT involvement; Medical issues/management; Medical neglect; Medically fragile child; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect; Other	COVID - virtual visits, loss of employment and housing	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable
NF-044-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; MAT involvement; Medically fragile child; Mental health issues (caregiver); Other; Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	Poison Control Response resulted in confusion with SW and family.	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



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-045-22-C	Failure to thrive/ malnutrition	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Failure to thrive; Financial issues; Housing instability; Lack of family support system ; Medical issues/management; Medical neglect; Medically fragile child; Other	Lack of transportation	Neglect (impaired caregiver); Neglect (medical)	Potentially preventable
NF-046-22-C	Failure to thrive/ malnutrition	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Failure to thrive; Financial issues; Housing instability; Lack of family support system ; Medical issues/management; Medical neglect; Medically fragile child; Other	Lack of transportation	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Potentially preventable
NF-047-22-C	Suicide (child); Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Environmental neglect; 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

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-048-22-C	Gunshot (accidental); Neglect	DCBS issues; DCBS history; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Law enforcement issues; MAT involvement; Medical issues/management; Other; Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Neglectful entrustment	COVID restrictions resulting in virtual contacts, service, court, etc	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-049-22-C	Neglect; Overdose/ ingestion	DCBS history; Environmental neglect; MAT involvement; 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
NF-050-22-C	Overdose/ ingestion; Neglect	DCBS history; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Mental health issues (child); 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; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-051-22-C	Neglect; Overdose/ ingestion	DCBS history; Environmental neglect; Financial issues; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Mental health issues (child)		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-052-22-C	Overdose/ ingestion; Neglect	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Unsafe access to deadly means	in earlier report mother requested to meet outside due to COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Potentially preventable; Apparently accidental
NF-053-22-C	Neglect	DCBS history; DCBS issues; Education/child care issues; Financial issues; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (child)		Neglect (medical)	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-054-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Law enforcement issues; Medical issues/ management; Medically fragile child; Mental health issues (caregiver); 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; Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable
NF-055-22-C	Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; Housing instability; MAT involvement; Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Potentially preventable
NF-056-22-C	Neglect; SUDI/ near-SUDI/ apparent life- threatening event; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; 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	Potentially preventable; Apparently accidental

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-057-22-C	Neglect	DCBS history; DCBS issues; Family violence; Lack of treatment (mental health or substance abuse); Medically fragile child; Other; Overwhelmed Caregiver	Lack of transportation	No abuse or neglect	
NF-058-22-C	Neglect; Overdose/ ingestion	Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; Mental health issues (caregiver); Other; Unsafe access to deadly means	COVID	Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-059-22-C	Neglect	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Impaired caregiver; Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (child); Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (medical)	Potentially preventable
NF-060-22-NC	Abusive head trauma; Physical abuse	Cognitive disability (caregiver); DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical issues/management; Mental health issues (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-061-22-C	Neglect; Blunt force trauma - not inflicted MVC	Bystander issues/opportunities; DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Family violence; Education/child care issues; Financial issues; Housing instability; 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); Domestic Violence	COVID restrictions may have impacted follow-up contact in the 2020 investigation	Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)	Apparently accidental; Potentially preventable
NF-062-22-C	Failure to thrive/malnutrition; Neglect	Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Overwhelmed Caregiver; Failure to thrive	nutritional neglect	Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable
NF-063-22-C	Overdose/ingestion; Neglect	DCBS history; Environmental neglect; Financial 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
NF-064-22-C	Physical abuse	DCBS history; DCBS issues; Mental health issues (caregiver)		Physical abuse	Manner undetermined/foul play not ruled out
NF-065-22-NC	Abusive head trauma	DCBS issues; Judicial process issues; Commonwealth/County Attorneys		Abusive head trauma	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-066-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Housing instability; Lack of regular child care; Lack of treatment (mental health or substance abuse); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Law enforcement issues	in earlier casework children were enrolled in NTI and virtual contacts required due to COVID restrictions	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-067-22-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall); Neglect	Criminal history (caregiver); Criminal history (in the home); Financial issues; Supervisional neglect; Unsafe sleep (other)		Supervisory neglect; Neglect (unsafe sleep)	Apparently accidental; Potentially preventable
NF-068-22-NC	Undetermined (cause of death or near-death event)	Coroner issues; DCBS issues; Education/child care issues; Environmental neglect; Law enforcement issues; Supervisional neglect		Other	Manner undetermined/foul play not ruled out
NF-069-22-NC	Abusive head trauma; Neglect; Physical abuse	Criminal history (in the home); Criminal history (caregiver); DCBS issues; Medical issues/management; Medical neglect		Abusive head trauma; Neglect (medical); Physical abuse; Torture	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-070-22-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Bystander issues/opportunities; Law enforcement issues; MAT involvement; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Education/child care issues; Environmental neglect; Financial issues; Impaired caregiver; Medical neglect; Mental health issues (caregiver); Neglectful entrustment; Other; Serial relationships; Substance abuse (child); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Mental health issues (child); Medical issues/management	COVID resulting in virtual contact in prior cases, and due to family's current status - Gender identity issues	Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means; Neglect (impaired caregiver)	Potentially preventable
NF-071-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; 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; Potentially preventable



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-072-22-C	Neglect	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Financial issues; Impaired caregiver; Medical neglect; Medically fragile child; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse (in home); Substance abuse by caregiver (current)	COVID	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical)	Potentially preventable
NF-073-22-NC	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; Impaired caregiver; 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; Potentially preventable
NF-074-22-C	Other; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Other; Financial issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect	contacts during some portions of the open case were conducted virtually due to COVID restrictions	Supervisory neglect; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-075-22-C	Neglect; Overdose/ ingestion	DCBS issues; DCBS history; Environmental neglect; Language/ cultural issues; 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	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-076-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Evidence of poor bonding; Failure to thrive; Financial issues; Housing instability; Impaired caregiver; Law enforcement issues; Medical issues/management; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other)	COVID	Abusive head trauma; Neglect (impaired caregiver); Physical abuse; Neglect (general - can include leaving child with unsafe caregiver)	Potentially preventable
NF-077-22-C	Overdose/ingestion; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; MAT involvement; Medical issues/management; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Law enforcement issues		Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-078-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Evidence of poor bonding; Financial issues; Housing instability; Medical neglect; Medically fragile child; Mental health issues (caregiver); Other; Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means	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-079-22-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Mental health issues (caregiver); Other; Unsafe access to deadly means	Some contacts were virtual due to covid.	Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-080-22-C	Gunshot (homicide); Apparent murder/suicide; Physical abuse	DCBS history; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Other; Overwhelmed Caregiver; Substance abuse by caregiver (current); Substance abuse (in home)	index child was COVID positive at time of incident complicating treatment - children in the home victims of sexual abuse	Physical abuse	Potentially preventable
NF-081-22-C	Gunshot (accidental); Neglect	DCBS history; DCBS issues; Environmental neglect; Lack of regular child care; Mental health issues (child); Overwhelmed Caregiver; Statutory Issues; Substitute caregiver at time of event ; 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; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-082-22-C	Neglect; Overdose/ ingestion	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; MAT involvement; Medically fragile child; Mental health issues (caregiver); Out of State CPS History		Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-083-22-C	Abusive head trauma; Physical abuse	DCBS history; Other; Perinatal depression (caregiver)	COVID positive	Abusive head trauma; Physical abuse	Potentially preventable
NF-084-22-C	Burn	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)		Physical abuse	Potentially preventable
NF-085-22-NC	Neglect; Overdose/ ingestion	Environmental neglect; MAT involvement; 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
NF-086-22-NC	Natural causes/ medical diagnosis	Criminal history (caregiver); DCBS history; Domestic Violence; Financial issues; Substance abuse by caregiver (current)		No abuse or neglect	Manner undetermined/foul play not ruled out

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-087-22-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Medical issues/ management; Mental health issues (caregiver); Serial relationships		Abusive head trauma; Physical abuse	Potentially preventable
NF-088-22-C	Neglect	Cognitive disability (child); DCBS history; DCBS issues; Domestic Violence; Financial issues; Lack of regular child care; Medical neglect; Other; Overwhelmed Caregiver	COVID	Neglect (medical)	Potentially preventable
NF-089-22-C	Neglect	DCBS issues; Language/ cultural issues; Medical issues/management; Medical neglect; Medically fragile child		Neglect (medical)	Potentially preventable
NF-090-22-C	Neglect; Drowning/near-drowning	DCBS history; DCBS issues; Financial issues; Mental health issues (caregiver); Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect; Medical issues/ management; Environmental neglect	The index child tested positive for COVID, limiting face to face interaction. Also prior WIC services were virtual due to COVID.	Supervisory neglect; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-091-22-C	Neglect	Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Lack of family support system ; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Mental health issues (child); Neglectful entrustment; Other; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect	Nutritional neglect	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (medical); Supervisory neglect	Potentially preventable
NF-092-22-C	Overdose/ingestion; Neglect	Criminal history (caregiver); Criminal history (in the home); Environmental neglect; Financial issues; MAT involvement; Other; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly	Index child was positive for COVID when incident occurred	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Potentially preventable; Apparently accidental
NF-093-22-C	Ligature hanging	DCBS history; Education/child care issues; Financial issues; Coroner issues; Statutory Issues		No abuse or neglect	Apparently accidental
NF-094-22-NC	Neglect; Overdose/ingestion	DCBS issues; Environmental neglect; Mental health issues (caregiver); Unsafe access to deadly means; Substitute caregiver at time of event		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-095-22-C	Abusive head trauma; Neglect	Bystander issues/ opportunities; DCBS history; DCBS issues; Domestic Violence; Evidence of poor bonding; Financial issues; Medical neglect; Medically fragile child; Other; Substitute caregiver at time of event ; Medical issues/ management	Covid impacted index child's health and mother claimed it impacted her employment.	Abusive head trauma; Neglect (medical)	Potentially preventable
NF-096-22-NC	Blunt force trauma - not inflicted MVC	Cognitive disability (caregiver); Criminal history (caregiver); Financial issues; Impaired caregiver; Substance abuse by caregiver (current); Substance abuse (in home); Inadequate restraint		Neglect (inadequate/absent child restraint in motor vehicle)	Apparently accidental; Potentially preventable
NF-097-22-C	Natural causes/medical diagnosis; Neglect	Bystander issues/ opportunities; Commonwealth/County Attorneys; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Education/ child care issues; Evidence of poor bonding; Financial issues; Housing instability; Lack of regular child care; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Other; Substance abuse (in home)	COVID - Lack of transportation	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-098-22-C	Abusive head trauma; Physical abuse	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Environmental neglect; Evidence of poor bonding; Financial issues; Medically fragile child; Mental health issues (caregiver); Unsafe sleep (cosleeping on a non-bed surface)		Abusive head trauma; Physical abuse	Potentially preventable
NF-099-22-NC	Neglect; Overdose/ ingestion	Criminal history (in the home); Criminal history (caregiver); DCBS issues; Environmental neglect; Financial issues; Mental health issues (caregiver); Out of State CPS History; 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; Potentially preventable
NF-100-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Substance abuse (in home); Substance abuse by caregiver (current); Neglectful entrustment; Law enforcement issues		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Physical abuse	Potentially preventable



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-101-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma	Potentially preventable
NF-102-22-C	Gunshot (accidental); Neglect	DCBS history; DCBS issues; Environmental neglect; Financial issues; Mental health issues (caregiver); Statutory Issues; 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; Potentially preventable
NF-103-22-C	Neglect	Financial issues; Lack of family support system ; Language/cultural issues; Medical issues/management; Medically fragile child		No abuse or neglect	
NF-104-22-C	Neglect	Bystander issues/opportunities; Financial issues; Medical issues/management; Medical neglect; Medically fragile child; Other; Overwhelmed Caregiver	Nutritional neglect	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-105-22-C	Neglect; Overdose/ ingestion	Bystander issues/ opportunities; DCBS history; DCBS issues; 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); Unsafe access to deadly means; Out of State CPS History	mother reported losing employment due to COVID - lack of transportation	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable
NF-106-22-C	Neglect; Overdose/ ingestion	Bystander issues/ opportunities; DCBS history; DCBS issues; Domestic Violence; Environmental neglect; Family violence; Financial issues; Housing instability; Mental health issues (caregiver); Overwhelmed Caregiver; Serial relationships; Supervisory neglect; Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-107-22-C	Overdose/ ingestion; Neglect	DCBS history; DCBS issues; Environmental neglect; Financial issues; MAT involvement; Mental health issues (caregiver); Other; Overwhelmed Caregiver; Unsafe access to deadly means	Need for statewide alternative response system	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-108-22-C	Neglect; Gunshot (accidental)	DCBS history; Environmental neglect; Education/child care issues; Mental health issues (child); 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
NF-109-22-C	Blunt force trauma - not inflicted MVC	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Education/child care issues; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Inadequate restraint; Lack of family support system ; Law enforcement issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle); Supervisory neglect	Apparently accidental; Potentially preventable
NF-110-22-C	Neglect; Overdose/ ingestion	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS issues; Environmental neglect; Financial issues; Housing instability; Impaired caregiver; Medical issues/management; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means	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

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-111-22-C	Neglect		DCBS history; DCBS issues; Education/child care issues; Financial issues; Lack of family support system ; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (child); Overwhelmed Caregiver; Supervisional neglect	Neglect (medical); Supervisory neglect	Potentially preventable
NF-112-22-C	MVC	Neglect; Blunt force trauma - not inflicted	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Environmental neglect; Financial issues; Impaired caregiver; Lack of family support system ; Lack of regular child care; Lack of treatment (mental health or substance abuse); Medical neglect; Overwhelmed Caregiver; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Medical issues/ management; Inadequate restraint	Neglect (medical); Neglect (inadequate/absent child restraint in motor vehicle); Neglect (impaired caregiver)	Apparently accidental; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-113-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Financial issues; Lack of family support system ; Lack of regular child care; Law enforcement issues; Other; Substance abuse (in home); Substance abuse by caregiver (current)	Lack of batterers intervention program and victims services	Abusive head trauma; Physical abuse	Potentially preventable
NF-114-22-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; Housing instability; Medical issues/management; Mental health issues (caregiver); Overwhelmed Caregiver; Substance abuse by caregiver (current); Substitute caregiver at time of event		Abusive head trauma; Physical abuse	Potentially preventable
NF-115-22-C	Abusive head trauma; Physical abuse; Neglect	DCBS history; DCBS issues; Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Domestic Violence; Evidence of poor bonding; Environmental neglect; Family violence; Financial issues; Lack of regular child care; Medical neglect; Medically fragile child; Serial relationships		Abusive head trauma; Neglect (medical); Physical abuse; Torture	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-116-22-C	Neglect; Other	Other	DCBS history; DCBS issues; Environmental neglect; Financial issues; Housing instability; Medical neglect; Medically fragile child; Overwhelmed Caregiver; Law enforcement issues; Emotional abuse	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Other	Potentially preventable
NF-117-22-NC	Abusive head trauma; Physical abuse	DCBS issues; Law enforcement issues; Medical issues/management		Abusive head trauma; Physical abuse	
NF-118-22-C	Neglect		Cognitive disability (child); DCBS issues; Domestic Violence; Financial issues; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child)	Neglect (medical)	Potentially preventable
NF-119-22-C	Neglect		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Impaired caregiver; Medical issues/management; Medical neglect; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current)	Neglect (medical)	Potentially preventable
NF-120-22-C	Neglect; Overdose/ingestion		DCBS issues; Environmental neglect; Financial issues; Substitute caregiver at time of event ; 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; Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-121-22-C	Neglect; Overdose/ ingestion	DCBS history; Environmental neglect; Financial issues; Domestic Violence; MAT involvement; 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; Potentially preventable
NF-122-22-C	Gunshot (homicide); Physical abuse; Apparent murder/suicide	DCBS history; DCBS issues; Domestic Violence; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities		Physical abuse	Potentially preventable
NF-123-22-C	Overdose/ ingestion; Neglect	DCBS history; Environmental neglect; Financial 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
NF-124-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS issues; Domestic Violence; Environmental neglect; Family violence; Financial issues; Housing instability; Impaired caregiver; Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		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
NF-125-22-C	Abusive head trauma	DCBS history; DCBS issues; Financial issues		Abusive head trauma	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-126-22-C	Neglect	Physical abuse; Other; Housing instability	DCBS history; DCBS issues; Evidence of poor bonding; Family violence; Financial issues; Impaired caregiver; Lack of family support system ; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Transportation	Neglect (impaired caregiver); Physical abuse; Torture	Potentially preventable
NF-127-22-C	Failure to thrive/ malnutrition	Overwhelmed Caregiver	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS issues; Failure to thrive; Financial issues; Medical issues/management; Medically fragile child; Mental health issues (caregiver);	Neglect (general - can include leaving child with unsafe caregiver); Other	Potentially preventable
NF-128-22-NC	Blunt force trauma - not inflicted (farm machinery, ATV, fall); Neglect	DCBS issues; Bystander issues/opportunities; Domestic Violence; Environmental neglect; Other; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Law enforcement issues	Child - and siblings - not wearing protective headgear/helmets	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-129-22-C	Burn	Supervisional neglect	DCBS history; DCBS issues; Environmental neglect; Financial issues; Lack of regular child care; Law enforcement issues; Medical issues/management; Other; Covid - Lack of transportation	Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect	Apparently accidental; Potentially preventable



## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-130-22-C	Gunshot (accidental); Neglect	DCBS history; DCBS issues; Domestic Violence; Family violence; Financial issues; Mental health issues (caregiver); Statutory Issues; Substance abuse by caregiver (current); Substance abuse (in home); 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)	Apparently accidental; Potentially preventable
NF-131-22-C	Abusive head trauma; Physical abuse	Financial issues; Mental health issues (caregiver)		Other	Manner undetermined/foul play not ruled out
NF-132-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Domestic Violence; Family violence; Financial issues; Housing instability; Cognitive disability (child); Environmental neglect; Law enforcement issues; Medical issues/ management; Medical neglect; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		Neglect (medical); Neglect due to unsafe access to deadly/potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-133-22-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; Domestic Violence; Financial issues; Housing instability; Medically fragile child; Overwhelmed Caregiver		Abusive head trauma; Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-134-22-C	Neglect; Drowning/near-drowning	DCBS history; DCBS issues; Financial issues; Housing instability; Mental health issues (caregiver); Perinatal depression (caregiver); Statutory Issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Environmental neglect; Education/child care issues; Other	Prior CPS reports, surrounding inadequate housing, environmental concerns, and poverty reflect the need for an alternative response system	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-135-22-C	Neglect	DCBS history; Financial issues; Housing instability; Lack of family support system; Language/cultural issues; Medical neglect; Medically fragile child; Other	Lack of transportation	Other	Apparently accidental; Potentially preventable
NF-136-22-NC	Gunshot (suicide); Neglect; Suicide (child)	Environmental neglect; Bystander issues/opportunities; Lack of regular child care; Lack of treatment (mental health or substance abuse); Out of State CPS History; Statutory Issues; Unsafe access to deadly means; Medical neglect; Mental health issues (child); DCBS history		Neglect due to unsafe access to deadly/potentially deadly means	Potentially preventable
NF-137-22-C	Neglect	Cognitive disability (child); DCBS history; Financial issues; Medically fragile child; Other	transportation & formula shortage	No abuse or neglect	

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-138-22-C	Neglect; Overdose/ ingestion	DCBS history; Domestic Violence; Environmental neglect; Financial issues; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		Neglect due to unsafe access to deadly/potentially deadly means; Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)	Apparently accidental; Potentially preventable
NF-139-22-C	Neglect; Overdose/ ingestion	Bystander issues/opportunities; DCBS history; Environmental neglect; Financial issues; 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; Potentially preventable
NF-140-22-NC	Neglect; Drowning/near-drowning	Criminal history (in the home); Criminal history (caregiver); Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means		Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	Apparently accidental; Potentially preventable
NF-141-22-C	Physical abuse	Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; Evidence of poor bonding; Financial issues; Impaired caregiver; Medical neglect; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)		Physical abuse	Potentially preventable

## CASE REVIEWS FOR FISCAL YEAR 2022

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Other Qualifiers
NF-142-22-C	Neglect	DCBS history; DCBS issues; Bystander issues/opportunities; Cognitive disability (child); Environmental neglect; Financial issues; Housing instability; Lack of family support system ; Lack of regular child care; Medical neglect; Medically fragile child; Other; Overwhelmed Caregiver; Law enforcement issues	COVID complicated mother's ability to get to medical appointments – could not bring siblings, transportation	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	Potentially preventable
NF-143-22-C	Neglect; Overdose/ ingestion	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means		Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	Potentially preventable; Apparently accidental
NF-144-22-C	Neglect; Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Financial issues; Impaired caregiver; Lack of regular child care; Lack of treatment (mental health or substance abuse); Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Judicial process issues	The court ordered a substance evaluation if parents test positive for anything accept marijuana. Is this consistent with research regarding cannabis use disorders?	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



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