

**CHILD FATALITY & NEAR FATALITY EXTERNAL REVIEW PANEL
MAY 19, 2014**

Members Present: Judge Roger Crittenden, Chair; Judge Brent Hall; Detective Kevin Calhoon, Kentucky State Police (KSP); Dr. Kim McClanahan, CEO, Pathways, Inc.; Joel Griffith, Prevent Child Abuse Kentucky; Commissioner Teresa James, Department for Community Based Services, Cabinet for Health and Family Services (CHFS); Maxine Reid, Family Resource and Youth Service Centers, CHFS; Dr. Ruth Shepherd, State Child Fatality Review Team, CHFS; Allison Taylor, designee for Dr. Stephanie Mayfield, Commissioner, Department for Public Health; and Sharon Currens, Kentucky Domestic Violence Association.

Members Absent: Senator Julie Denton, Representative Tom Burch, Dr. Melissa Currie, Dr. Tracey Corey, Dr. Jamie Pittenger, Robert Walker, and Andrea Goin.

The meeting was called to order by Judge Roger Crittenden, Chair. Judge Crittenden began by introducing Mr. Michael Losavio who teaches at the University of Louisville and was previously the Director of the Administrative Office of the Courts. He mentioned Mr. Losavio also served as the Circuit Clerk in Jefferson County for a period of time during a vacancy. He explained that Mr. Lasavio may be able to provide interns this summer to help with new cases before the panel hires staff. He indicated that Secretary Brown is agreeable to using interns but noted that they would be required to sign confidentiality agreements. Judge Crittenden also mentioned that Theresa Hayden, also from the University of Louisville, might be able to assist with the research as well. Judge Crittenden also recognized LRC Program Review staff that were present. The minutes from the previous meeting were approved as submitted.

Judge Crittenden noted there are four members with expiring terms. Mr. Cannady is working with agencies to notify them to submit names to the Attorney General for appointing new members. Judge Crittenden noted that Andrea Goin has resigned her position on the panel and Robert Walker's term has expired and he has asked to not be reappointed. Judge Crittenden noted that Mr. Walker continued to serve working on the memorandum of understanding right up to the last day of his appointment.

Judge Crittenden commented on the draft of the memorandum of understanding and inquired if there were any additions or corrections. Mr. Griffith moved to approve the memorandum as submitted and Dr. Shepherd seconded the motion. The memorandum of understanding was approved.

Judge Crittenden expressed that new staff positions will begin July 1, 2014. He noted all will be Justice & Public Safety Cabinet employees. He also commented the staff attorney position and paralegal consultant will be assigned to the panel as

needed. Mr. Griffith agreed that the attorney and paralegal positions were not needed fulltime. Judge Crittenden noted that the group that originally worked on the budget proposal did not include attorney positions but the Cabinet included those positions due to work required of legal staff to date. Judge Crittenden noted that Dr. Currie and Dr. Corey had suggested contracting with nurses in Louisville with statistical backgrounds to do a review of cases to give a perspective on the needs of those hired. Ms. Oldham inquired if they would be forensic nurses. Judge Crittenden noted they would be and are known to Dr. Currie and Dr. Corey to be familiar to this type of work. He noted this has been discussed with Secretary Brown who has no objection. Commissioner James asked for clarification regarding dollars for DCBS for administrative costs and asked if that was included in the budget. Judge Crittenden responded that would have been in CHFS's budget. Mr. Cannady noted there was a \$420,000 line item to the Justice & Public Safety Cabinet for the panel with no specific breakdown. Commissioner James inquired if the panel has the ability as a group to work in conjunction with Justice. Judge Crittenden commented that the \$420,000 was presented to the legislature with the staff. He noted that within the statutory authorization, the panel could use some of those funds early on to do the contracting prior to hiring the staff if the panel chooses to do so. Mr. Griffith noted to his recollection there was not a specific discussion about DCBS receiving any of that funding. He noted hiring staff would get DCBS staff out of the role of pulling information and copying, etc. Commissioner James stated she would like to have a fulltime employee because of the volume of work that someone outside of DCBS will not be able to do. Judge Crittenden commented that the panel would have to look at the situation after hiring staff. Judge Crittenden asked if panel members were in favor of contracting initially for review of cases prior to hiring staff. Mr. Griffith remarked that he was in favor of contracting with nurses. He expressed that it is a good idea but that it also needs to be broader than medical such as someone who can recognize the child welfare policies and practices, the court system, etc. He commented it depends on the background of the nurses. Judge Crittenden thought the nurses Dr. Currie had in mind had the broad knowledge that would be able to review the cases. Judge Crittenden remarked that he hoped to have staff in place by the September meeting. Mr. Griffith inquired if the goal of the contracted people would be to pull data together for the report due this year. Judge Crittenden responded it would be good to have them pull the data together for the report as well as recommendations from the meeting minutes. He noted the panel needs to have recommendations before the legislature this year. Judge Crittenden stated he would work with Dr. Currie and Secretary Brown on contracting and get an email out to panel members regarding the issue.

Judge Crittenden commented that Secretary Brown and his legal staff had recommended forming a hiring committee to interview potential employees. Ms. Oldham volunteered to be on the committee as well as Judge Crittenden. Dr. Shepherd recommended that either Dr. Currie or Dr. Corey be on the committee as well. Judge Crittenden agreed to inquire with them as they were not present.

Judge Crittenden stated that panel members should feel free to respond to requests from LRC Program Review staff as they receive them and forward information to him as well.

Judge Crittenden noted that Judge Hall has had issues with SharePoint. Judge Hall communicated that he would rather have cases in hard copy. Judge Crittenden asked Mr. Cannady to prepare hard copies for any panel members requesting them. Mr. Griffith noted the issue for him relates to the organization of the file. He noted there are things that can be done as the panel goes thru the process to improve that. Detective Calhoun inquired about extending the timing out period in SharePoint. Judge Crittenden asked Mr. Cannady to address that issue with the Commonwealth Office of Technology (COT).

Dr. Shepherd introduced Ms. Tracy Jewell who gave a presentation on Sudden Unexpected Infant Deaths (SUID). Copies of the presentation are available upon request. Dr. Shepherd noted the information presented pertained to infants less than one year of age. Mr. Griffith inquired if the twenty-five percent of total infant deaths classified as SUID deaths were injury or natural deaths. Ms. Jewell responded that number included all deaths, injury and non-injury combined. Dr. Shepherd commented that there are approximately 350 infants deaths per year on average and twenty-five percent of those are SUID deaths. Dr. Shepherd noted the vast majority of deaths are due to prematurity and the next highest category would be congenital anomalies. SID and SUID deaths are after that group. Mr. Griffith remarked that in terms of preventability, this is the target group. Judge Crittenden commented that indicates there are eighty deaths per year that have the potential for prevention. Mr. Griffith commented on the existing compliance with the local investigation process and how joint investigations on fatalities are working and how the panel could look at the SUID deaths to determine if coroners are following statutes to contact DCBS and law enforcement as well as health departments on previous history. Dr. Shepherd noted to her knowledge that information is not collected. Mr. Griffith stated that is an option for a recommendation as the question has been asked regarding where the local review process is with some of the cases the panel has reviewed. Dr. Shepherd commented that in a sudden infant death the coroner can make the decision not to review as they are not required to do so. She noted they are only required to contact the local health department or DCBS; therefore, the coroners choose which cases get reviewed locally. Mr. Griffith suggested the panel recommend looking at that process and determining what is working and what is not. Judge Crittenden suggested recommending better education regarding sleeping environments for infants. Dr. Shepherd commented that those working in public health promote that but do not have the leverage to require that hospitals do the same and noted a recommendation from the panel would be helpful. Ms. Currens inquired if there was any information collected regarding substance abuse issues with the parents of these infants. Dr. Shepherd commented that it is sometimes noted on a death certificate or police report that a parent was abusing substances. Ms. Currens noted the high occurrences of substance abuse in cases of co-sleeping. Commissioner James commented that

many of these cases may also be investigations done by DCBS. Judge Crittenden noted the high percentage of co-sleeping deaths that include substance abuse. Dr. Shepherd stated that is the type of data she is hoping the panel will collect in reviewing cases so that the panel will have statistics. She noted this is the only panel that gets all the information to be able to do so. Ms. Currens mentioned the panel had previously talked about drug screening in fatalities. Judge Crittenden commented that fatality or near fatality might need to be defined in a way that would not be so overbearing.

Judge Crittenden inquired about the status of the case review tool. Dr. Shepherd commented that they were putting that on hold until staff is in place. Judge Crittenden noted that Ms. Hayden could assist also and Dr. Shepherd suggested setting up a meeting.

Group 1 F-18-13-C

Detective Calhoun noted this case had a history of domestic violence. He stated the two month old was co-sleeping with the mother while both parents were under the influence. Ms. Currens noted the majority of the case file pertained to CHFS involvement with the oldest child rather than the child who died. She noted there was a history of child sexual abuse years ago. She also stated that it appeared from the reports listed that all of them were substance abuse related. Detective Calhoun agreed. Commissioner James noted there was substantiation in one case and there were services provided and mandatory drug screening. She also noted this during a period of time where there was not substance abuse treatment available in some communities. Judge Crittenden inquired about the cabinet's ability to go back on an annual basis to check on families. Commissioner James responded that if they do not follow through with the recommendations in the case plan, the cabinet can go to the court to ensure compliance. She also noted that according to data captured by DCBS, repeat maltreatment is currently at a higher level than it has been previously. She also commented that substance abuse is the issue behind that, as relapse is a part of addiction. She remarked that staff is trained that there must be a plan in place for relapse as it is not if but when it will happen. Judge Crittenden inquired with Ms. Oldham regarding relapses in drug court cases and whether there is any notification to DCBS when this happens. Ms. Oldham stated the cabinet would probably not be notified if the situation involved relapse only. Commissioner James noted there would need to be an incident of abuse or neglect. Mr. Griffith remarked that the issue is not as much if there is a relapse does that become a DCBS case. The issue is if there is a relapse in one of the systems, are they adept at recognizing where that relapse presents a substantial risk and are they assessing for risk which would warrant DCBS involvement. Judge Hall remarked that he requires those in his court to notify the caseworker if a relapse occurs and that concealing such from the court and caseworker is not acceptable. Mr. Griffith asked Judge Hall if other judges are as educated in dealing with substance abuse cases. Judge Hall stated they are not. Judge Crittenden commented on his experience as a judge and noted that he is focused on the case before him and that his focus is not on the children that may

be depending on this person. Ms. Oldham commented that is also not the focus of drug court. Judge Crittenden noted that is an area where cooperation between the agencies is needed. Dr. McClanahan commented regarding insurance companies not paying for court ordered treatment. Commissioner James remarked that they will pay if it is medically indicated and that is determined by the insurance company. Dr. Yates remarked the issue is getting sufficient care authorized as this is long term cognitive work.

Group 2 NF-26-13-C

Judge Crittenden commented this was an abuse case involving a boyfriend babysitting the child. Ms. Taylor inquired if it was possible for the child to receive that much damage from falling off a bed. She noted the report indicated the doctor could not rule out that it occurred as a result of an accident. Dr. Shepherd noted most doctors are not willing to make that leap. Detective Calhoon commented that the investigator should send the information to U of L forensic team to review. He noted an investigator would normally measure the height from bed to floor, thickness of padding and carpet, etc. for the forensic people who will say whether or not it could be from a fall or determine that is physical abuse. Ms. Taylor noted the importance of this determination from the forensic doctors for a successful prosecution. Judge Crittenden agreed. Commissioner James noted there were witnesses who had heard him previously yelling at the baby but there was no notification prior. Mr. Griffith noted in terms of recommendations there is a lack of a forensic network of doctors across the state. Detective Calhoon agreed. He remarked that depending on the hospital, ninety percent of the time the emergency room doctor does not have the equipment to perform an exam or does not have the knowledge to determine abuse. Mr. Griffith suggested there may be a lack of knowledge of where the resources are that are available. He noted another recommendation is the need to address the failure to report as many cases include witnesses who never reported information. Commissioner James remarked that she saw billboards in Tampa, Florida, with a hotline number for calling in suspected abuse. Judge Crittenden noted that Dr. Currie did work on legislation that passed during the session to required one hour of continuing education for physicians dealing with children. He suggested a continuing education program among all professionals involved.

Group 2 NF-09-13-NC

Judge Crittenden suggested waiting to review this when Dr. Currie is present.

F-20-13-NC

Judge Hall stated there would be a retrial in this case as the first trial resulted in a hung jury. Judge Crittenden suggested discussing this case at the next meeting.

Group 3 NF-07-13-C

Mr. Griffith noted additional records had been requested for this case. Mr. Cannady indicated the records were received. He noted the child had head trauma and had been seen six weeks prior for an arm injury. He commented those were the additional records that had been previously requested. He noted those records indicated no sign of fracture or dislocation from the previous incident. He pointed out the birth records indicated the baby was born positive for marijuana and a referral was made to DCBS.

F-42-10-C

Ms. Reid stated this child died from sleeping in the crib on a soft pillow at the age of six months. She noted the mother had missed most of the prenatal appointments. She stated the case was substantiated for mental neglect. Commissioner James stated she changed the finding in this case. She noted the child was a preemie that had undergone surgery. She stated the child had been seen by a home nurse a few days prior to the death. After reviewing the autopsy when it came back, DCBS made a finding of unsubstantiated on the death due to the undetermined status on the report. She noted DCBS could not say because the parents missed some appointments, that that resulted in the child's death. She noted the case was substantiated for neglect for not following up with medical appointments but not on the death. Judge Crittenden pointed out that relates to the definitions that the cabinet operates under and he noted Judge Hall has posted all the definitions on SharePoint for discussion at a later time. Mr. Griffith noted he agreed there was not evidence to substantiate the cause of death was relating to the medical neglect but he noted he was unclear about what was substantiated. Commissioner James responded it was substantiated for the medical neglect as they did not follow up with the doctor's appointments; however, they had followed up with the surgeon's appointment. She noted the family was poor, had issues with transportation, and there was horrible weather during this time. She noted the nurse did come out to the home and there were positive things that took place but the biggest issue with this case was what they saw in the neonatal intensive care unit (NICU). She noted the NICU will use special pillows for some infants to keep them from rolling and then the mother used a pillow in the same manner when she brought the baby home. Commissioner James stated DCBS believed the baby flipped over on the pillow and was found face down. Mr. Griffith asked if it was realistic for a four month old who was born at twenty-six weeks weighting two pounds to roll over. Dr. Shepherd noted that a baby propped on a pillow could roll. Dr. Shepherd stated it is an issue that nurseries do not model safe sleep for parents, particularly NICU's where they use positioners especially for the very little babies. She noted they do not make the distinction between what they are doing and what the mother should do when she takes the baby home necessarily. She noted there are national models out now to recommend that NICU's model safe sleep practices and they have found that families have a much higher compliance with those practices if it is modeled in the NICU or nurseries. Dr. Shepherd noted the positioners are used initially to assist in developing muscle tone but once the baby goes into an open crib they should

discontinue use and they should be clear with the parents. She pointed out the other group you get in trouble with are the babies with reflux as you tend to elevate their bed. She noted U of L staff are meeting this week to determine if that is even appropriate as those are also falling off the wedges. She remarked it is medical practices being shown to parents and then are told it is a bad thing when they are doing it at home. Mr. Griffith commented on the timeliness of the worker to initiate the first investigation. He noted the worker was new and relatively inexperienced. He noted again that the panel needs to be looking at the training level and caseloads of workers in these cases in order to collect data that will help to provide documentation that will show that DCBS is in fact in need of more resources. He stated this is one of the primary recommendations. He also clarified that he is referring to the overall caseload at the time of a case and not necessarily the caseload of that particular worker involved. He stated it would be interesting if the panel could document that there is a greater percentage of death or horrible outcome when caseloads are high in comparison and is the caseload and training level a predictor of the outcome. Dr. Shepherd noted it is not a predictor in national literature. Commissioner James stated that she could assure that caseloads across the board are too high right now and she believes that does have an impact on the work being done versus what they are capable of doing. She noted there is a current resurgence of people calling in reporting situations where there is a risk of harm. She noted the number of investigations is steadily going up. She noted there is pressure to take in more cases but also the heroin problem increases the number of cases. She remarked the drug problem has a tremendous impact on the department's ability to manage kids safely at home. Judge Crittenden noted that is information Commissioner James can provide testimony on before a legislative committee but the panel needs to be able to provide data to support that. Dr. Shepherd commented that the caseloads are always going to be too high but the question is whether that is any different in cases that did not come before the panel and those caseloads are the same. She stated in the national literature there is nothing that indicates if you have fifty cases instead of thirty then those kids are more likely to die. She remarked that these are random occurrences. Judge Crittenden commented that is statistical but common sense indicates you would rather have ten social workers dealing with 300 cases rather than five. Mr. Griffith noted that if you can indicate that the caseload in some cases was twice the national standard for example, that data could promote change even if you cannot directly relate the caseload with the outcome of the case. Commissioner James noted the level of experience will vary from less than a year to ten or fifteen years. Ms. Oldham asked if that information could be loaded into SharePoint. Commissioner James stated DCBS would have to go back and manually track the information which goes back to the issue of the budget again as this is an additional request and expense to an overburdened department. Judge Crittenden inquired if the information was available in a way that an intern could go in and pull the information. Commissioner James responded that she would have to have a specialized person at DCBS to go into the personnel system to get that information. Judge Crittenden commented that he would have to talk with Secretary Brown about possible funding for someone to work on that for a few days.

Group 4 NF-14-13-NC

Judge Crittenden noted records have been requested for this case and he will inquire with Mr. Cannady to see if records have been received.

F-21-13-NC

Dr. Yates expressed concern regarding the failure to report by a number of individuals at the shelter where this family was living. She noted the individuals had heard verbal abuse of the child as well as some hearing a smack. Dr. Yates noted that a staff person at the shelter stated that she reported the abuse to DCBS but there was no record of that in the file. Ms. Oldham agreed and both doubted that she did make the report. Ms. Yates commented on the high-risk population of those living in a shelter as well as the high level of stress. Ms. Oldham noted the training gap in staff at the shelter. Dr. Yates recommended staff training for those working with these types of high-risk populations.

Group 1 NF-12-13-C

Detective Calhoon noted this case involved an eleven year old with asthma. He noted the father needed more education on caring for the child's medical needs. Ms. Currens noted visitation was taken from the father until he went thru training. She noted DCBS was called because the level of medication was lower than it should have been but it appeared that was due to doctor error rather than the parents' neglect. Commissioner James noted there was a prior referral when the child had an asthma attack at school and ended up at Kosair Children's Hospital. She noted the parents had been unreachable and the school complained they had been unable to get the mother to bring inhalers to school for such emergencies.

Group 2 NF-15-13-C

Judge Crittenden noted this case occurred in Lincoln County and involved an injury to a one month old child by the mother's boyfriend. He commented there had been prior cabinet involvement involving this perpetrator with another girlfriend. Commissioner James commented on a previous report that the boyfriend had isolated the mother, spanked one of the children for wetting on himself and that he would not let the boys out of their room when people were visiting the new baby. Judge Crittenden commented that he was evidently a very controlling individual that took over this mother's life. Commissioner James remarked that school employees do not always give you a lot of information on the phone. She expressed the importance of reviewing information given and asking better or more questions to get enough relevant information. She noted there is a need to educate on what to report. Commissioner James stated that she is working with school groups statewide to enhance education on what meets the criteria for reporting and what happens when gaps of information are left out. Ms. Oldham agreed that there is a

need for that link with the schools. She commented they only give enough information to act as an invitation but not enough to act on. Commissioner James remarked that while they do not want the schools to doing the work of investigating, they do want them to ask the right questions to build a larger picture of what is occurring. Judge Crittenden commented on the prior domestic violence issues being a risk factor and noted the recommendation out of this case is education for teachers on reporting. Commissioner James remarked that there needs to be training for others including hospital staff to know what is needed and what the law actually requires to be reported. She noted they are trying to reach every school with information. Mr. Griffith noted there may be a training and resource piece for DCBS as well in terms of interviewing and asking the right questions.

Group 3 NF-52-13-C

Ms. Reid stated this case involved a two year old brought to the hospital by the step-grandmother who reported the child had an asthma attack. She noted upon examination the child had bruises and head trauma. She stated the case was substantiated for abuse, the child was removed and a protection plan was put in place for the other children. Mr. Griffith noted areas for improvement included the hospital's involvement. He pointed out a prior report six or eight weeks before where the doctor described a handprint on this child's leg. He noted the worker asked about a scan but the doctor did not see it as necessary. He commented that he believed Dr. Currie would disagree as their standard is to do a scan on a child under four with multiple bruises on trunk, ears or neck. He remarked that the worker tried to get a petition on the remaining children in the home after the near fatality and the county attorney said it was not enough for emergency removal. He noted they then did a ten day hearing and the judge said there was not enough for removal but perhaps ordered services. Mr. Griffith commented the previous report with the child was unclear as to substantiation and it did not appear services were provided. He inquired why services would not have been provided and remarked that issue was noted in an internal review. He noted the family had a previous history five or more years ago involving substance abuse, domestic violence, and criminal history. Mr. Griffith commented that it seemed with the previous history, the two year old with a handprint would have warranted some ongoing services. He also noted that in some cases the reporting source is not being received. Commissioner James indicated that it should be included now. Ms. Toya Nicholson, CHFS, noted that all the information related to the intake is now being included with every case. Commissioner James noted in the case with the handprint, DCBS could not determine the perpetrator. She noted the case was substantiated with an unknown perpetrator. She noted DCBS is now looking at how long to keep a case open when you have an unknown perpetrator and how to assess risk and safety in such cases. Mr. Griffith also noted that the step-grandmother had temporary custody through district court. Commissioner James commented that was an arrangement through the parents who obviously could not manage. Mr. Griffith stated the court gave custody to these people despite the horrendous history. He commented that if it went through juvenile court, DCBS should have been contacted. Judge Crittenden

noted that sometimes the grandparents were the best alternative available. Mr. Griffith inquired about resistance from judges to make a finding when you cannot name a perpetrator and asked if this case was taken to court regarding the two year old with the first injury. Commissioner James responded that she did not believe so. Ms. Oldham stated that courts in Hardin County will make a finding of abuse by an unknown perpetrator. Judge Crittenden noted he did think there is a resistance of a finding of abuse; however, there is resistance to try to identify someone.

Group 4 F-10-13-C

Ms. Oldham stated this case involved a one and half month old child with other siblings in the home. She noted there were referrals dating back to December 2008. She commented that the documentation was poor with a lot of cutting and pasting of information. She noted that every referral involved drug abuse. She noted the worker commented the same in every case that there was no apparent drug use and there were no drug screens until about a year prior to the fatality. She pointed out the most concerning factor was that seven weeks before the baby died the father had reported to the worker that was handling the current investigation that the mother was high all the time and that she left the baby with people she did not know. She said the father was told to call the information in to the hotline. Dr. Yates noted it did not appear that the worker ever went into the home. She noted there was some concern about the electricity running into the house that was photographed. Judge Crittenden noted that could have been a safety concern. Dr. Yates noted there were previous reports of drug use, no food, and messy home. Ms. Oldham noted there were bite marks and bruises on the baby. Judge Crittenden inquired about prosecution. Ms. Nicholson indicated there were charges of child endangerment against the mother. Ms. Oldham expressed interest in knowing the caseload for this worker as the documentation was so poor. Ms. Currens commented on when the documentation might have been done. Commissioner James stated that she would guess it was done later.

Group 1 NF-16-13-C

Ms. Currens commented the baby was a one month old boy who fell from a bouncy seat that was placed on a high bed according to the mother. She noted that originally the hospital did not believe the injuries could have occurred due to what was reported but then later the next doctor said it was possible. She stated that a second possible injury was found but that was also unsubstantiated as they could not tell if it was a fracture in the leg but it turned out to be related to the growth plate. Ms. Currens noted there was a past history of domestic violence and neglect from several years prior. She stated while they did not substantiate they did recognize that it was a family in need of services and the other children were placed with the paternal grandparents. She noted there was no running water in this home and inquired if there are minimum standards for living arrangements. Commissioner James responded that you have to assess what the risk is to the child especially in areas like Eastern Kentucky where this case originated. Ms. Currens

noted domestic violence is a factor in most cases but as a public policy should not be an indicator that a child is at risk and should be removed. Judge Crittenden observed that the more risk factors such as poverty, domestic violence and substance abuse exist probably gives cause to monitor a case more closely. Commissioner James noted that it is difficult to assess risk involving domestic violence.

Group 3 F-38-13-C

Mr. Griffith noted this case involved a child on a visit with his father while mother was in the hospital. He stated it appeared to be a SUID type death but one of the law enforcement officers reported the home was filthy but another officer indicated otherwise. He noted that DCBS initiated a case in March 2013 but the end of May 2013 the autopsy results came back and indicated the child had a fatal level of Phenergan in his system. He commented that it was a strange situation in that the father and natural mother of this child had another child die in a crib situation six years earlier to the day. He noted the cabinet did not substantiate neglect on the death as they could not determine how the child got the Phenergan. Judge Crittenden inquired about the child's age. Mr. Griffith indicated the child was twenty-two months. He stated he did not recall seeing law enforcement records in the case and asked to request those as well as the medical records and the reporting source. He noted the mother had been prescribed the medication in the past but she had not had the child for a couple of days.

Group 4 NF-47-13-C

Ms. Oldham stated this case had three prior referrals and involved a four month old. She noted both parents used heroin that day. She stated this was considered a case of abuse by an unknown perpetrator which included drug use and domestic violence. She also mentioned that the within days of dying, the child was already vomiting and it was apparent, when you go back and look, that the injuries had already occurred. She noted the mother and maternal grandmother took the child to the pediatrician. She stated there were also bruises on the baby's knees and the pediatrician said it was a formula issue and the bruised knees were from leg braces. She explained the medical examiner said that was not the case. She noted the mother had indicated he had bruised knees before, and both parents were pointing at each other and denying their drug use making it difficult to tell what happened. She pointed out that pediatricians definitely need additional training. She also pointed out that during a prior referral, there was a safety plan done over the phone. She also expressed concern that the DCBS seemed to rely a great deal on the fact that the mother was negative for drugs at birth. Commissioner James noted that speaks to the false sense of security with drug screening. Dr. Yates noted the case involved a lot of drug use with heroin and cocaine and extensive criminal histories.

Group 1 F-35-13-C

Ms. Currens stated this case involved a one month old who arrived at the emergency room deceased with blood coming from nose and mouth. She noted the mother was co-sleeping with the baby and two other children. She observed the unusual thing in this case was that the five year old said the mother had dropped the baby but there was no substantiation. Detective Calhoon noted the mother and the father in an interview said that occurred when the father stubbed his toe or knee on the coffee table when he heard the mother screaming from the bedroom because he had been asleep on the recliner. He noted it was ruled a SUID as no other injury was found. Detective Calhoon commented that the police report was only three pages long and there was definitely room for improvement in documentation. Judge Crittenden inquired if it was noted if a crib was available. Detective Calhoon stated that was not mentioned. He noted the previous cabinet involvement was with the father. Ms. Currens stated there was physical abuse substantiated against the father eleven years ago with another mother and child.

Judge Crittenden asked Mr. Cannady to distribute hard copies to those who request them. He also confirmed the next meeting date will be July 21, 2014 and asked Mr. Cannady to send out a meeting notice.

With no further business to discuss, the meeting was adjourned.