

2017 Annual Report

Child Fatality and Near Fatality External Review Panel



**Child Fatality and Near Fatality External Review Panel
125 Holmes Street
Frankfort, Kentucky 40601**

EXECUTIVE SUMMARY

The Child Fatality and Near Fatality External Review Panel, hereinafter “the Panel”, was created for the purpose of conducting comprehensive reviews of child fatalities and near fatalities suspected to be the result of abuse or neglect. Kentucky Revised Statutes 620.055(1) established the multidisciplinary panel of twenty professionals from the medical, social service, mental health, legal, and law enforcement fields as well as other professionals 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. 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 its external review of all these cases regardless of whether the DCBS substantiated abuse or neglect. 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.

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 become aware of systemic deficits 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, and the director of the Legislative Research Commission for distribution to the Health and Welfare Committee and the Judiciary Committee by December 1 of each year as specified in KRS 620.055(10).

Throughout 2017, the Panel met eight (8) times including an extended multi-day session in April and a two-day session in November. Cases reviewed were from state fiscal year 2016 (July 1, 2015 through June 30, 2016). The Panel reviewed 150 cases comprised of 59 fatalities and 91 near fatalities. Of the 59 fatalities, 13 of the cases were reported to DCBS as near fatalities that ultimately resulted in a fatality. Three (3) of those cases were referred to the Panel from the Department for Public Health.

In addition to the recommendations for 2017, this report provides an update of the progress made on the recommendations in the 2016 Annual Report.

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 (<http://justice.ky.gov/Pages/CFNFERP.aspx>) for prior years’ reports and case summaries.

INTRODUCTION

The Center for Disease Control and Prevention (CDC) has identified child maltreatment as a public health issue. Adverse Childhood Experiences (ACEs) can not only harm a child while they are young, but they have a significant negative impact on health as an adult. Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. The CDC estimates the lifetime costs associated with child maltreatment at \$124 billion.ⁱ

The Department for Public Health found that ACEs are very common in Kentucky. More than half of Kentuckians reported at least one ACE. Residents who reported one or more ACEs are more likely to be diagnosed with asthma, diabetes, obesity, COPD, depression and overall poor health.ⁱⁱ

The tragedy of a child fatality that is the result of abuse or neglect impacts the entire community. However, near fatalities have a far greater economic impact throughout the system. As the Panel has seen firsthand, the majority of the near fatalities result in extensive medical treatment and an increased hardship in establishing appropriate permanent placement. The Cabinet for Health and Family Services is often tasked with providing lifelong care for these children. These events financially impact the entire community, such as the local court systems, law enforcement, local facilities, schools, medical care providers, and various other programs.

As outlined below, the Panel strongly encourages the Governor and the General Assembly to provide additional funding and resources to the Department for Public Health and the Department of Community Based Services to address these issues. The Department for Public Health has the collaborative community outreach infrastructure to implement strategies to prevent child maltreatment. Programs promoting healthy families and safe, stable, and nurturing environments for children must be a focus.

The Department of Community Based Services is held accountable for protecting all children throughout the Commonwealth. However, without the proper resources, funding, and staff, their mission cannot be accomplished.

The Panel urges Kentucky to change the way it views child abuse and neglect. Child maltreatment can be prevented with appropriate education, resources and supports to families. Preventing child maltreatment is a substantial societal and economic investment in Kentucky's future.

ⁱ Centers for Disease Control and Prevention: <https://vetoviolence.cdc.gov/child-abuse-neglect>.

ⁱⁱ See Appendix A, ACE fact sheet from the Kentucky Department for Public Health, Division of Maternal Health & Child Health

2017 IN REVIEW

In 2016, Kentucky was selected to participate in a national initiative focusing on the prevention of child fatalities. The Three Branch Institute to Improve Child Safety and Prevent Child Fatalities is sponsored by the National Governor's Association and its partners, the National Conference of State Legislatures, Casey Family Programs, National Council of Juvenile and Family Court Judges, and National Center for State Courts. The legislative, executive and judicial branches in Kentucky partnered to identify priority needs, develop strategies, and receive technical assistance from the National Governor's Association and their partners.ⁱⁱⁱ

As part of this initiative, the Panel welcomed guest speakers to observe the extended multi-day session in April and provide feedback. Ms. Amy Templeman, Director, Within Our Reach Office of the Alliance for Strong Families and Communities, provided the presentation *Learnings and Recommendations from the Federal Commission to Eliminate Child Abuse and Neglect Fatalities*. Ms. Abby Collier, Director, National Center for Fatality Review and Prevention presented *Fatality Review Best Practices*. At the conclusion of the three-day session, the federal representatives provided the Panel with recommendations. The Panel was gratified to learn that many best practices were already in place and directly implemented the federal recommendations pertaining to revisions of the data collection tool in SharePoint.

A SharePoint website is used to provide the case records and other relevant information to the panel members, case analysts and panel staff. The DCBS initiates the case review by uploading their case records to the SharePoint site. Each case is then assigned to an analyst who reviews the records and prepares a case summary and timeline to facilitate panel discussion during the meetings. The case analysts are experts from the medical and/or social work field and contracted through the Justice and Public Safety Cabinet. If the analysts determine additional records are required, staff assigned to the Panel will request these records from various sources outlined within KRS 620.055(6). Once the requested records are received, staff will upload the records to the SharePoint site for further review by the analyst. After completion of the analyst review, the case is placed on the agenda for the next Panel meeting.

Panel members have the opportunity to review the case prior to the meeting using the SharePoint website. At the meeting, the analyst provides an oral presentation of the case to the Panel who then conducts a thorough discussion of the case noting any systemic deficits, positive approaches, and recommendations for improvement. The Panel then determines specific findings for each case: designating the categorization (type of case), identifying the family characteristics (risk factors), and a final determination of whether abuse or neglect exists. The staff assigned to the Panel enters the findings and any other relevant information into the data collection tool within the SharePoint site. The SharePoint site is a continuously evolving data tool which is used for analysis of the data and identification and prioritization of the recommendations within this report.

The Panel received 147 case records from the Department of Community Based Services and three (3) cases from the Department for Public Health for SFY16. Due to the sheer volume of the case load and delays in uploading cases, the Panel implemented expedited reviews for the analysts in the final two months of the year. For the first time since the creation of the Panel, it was able to provide data-based recommendations that encompassed a complete fiscal year review.

All in all, the Panel experienced a smooth transition at the end of the fiscal year as the statutorily required terms of service mandated replacement/reappointment of some members. Unfortunately, the Panel has not received any recommendations for the replacement from the Kentucky Association of Addiction Professionals, as required by statute.

The Panel has continued to request the assistance of an expert in Child Abuse Pediatrics from the University of Kentucky Department of Pediatrics as an additional resource.

ⁱⁱⁱ National Conference of State Legislatures: <http://www.ncsl.org/research/human-services/ncsl-and-nga-three-branch-institute.aspx>

I. Address the substance abuse epidemic affecting families across the state.

Substance abuse was one of the most commonly identified family characteristic in the child fatality or near fatality cases reviewed by the Panel. The substance abuse epidemic has plagued the Commonwealth of Kentucky in recent years. According to the Cabinet for Health and Family Services, substance abuse contributes to more than 70% of cases with a substantiated or family-in-need-of-services finding and a foster care/ongoing case disposition. Even with increased funding and more available services to combat addiction, the impact on the families across the state is devastating.

A. Medication-Assisted Treatment

Medication-Assisted Treatment (MAT), including opioid treatment programs, is designed to combine counseling, behavioral therapy, and medications to treat substance use disorders.^{iv} During panel discussion, it was discovered that in many cases in which MAT was being provided, the medications prescribed to treat an existing addiction were misappropriated and/or were not provided in conjunction with the necessary counseling and behavioral therapy components. When these circumstances were present, MAT provided or exacerbated the substance abuse risk factor in the child's home.

As stated above, a crucial component to comprehensive MAT is counseling and behavioral therapy. The Panel has identified that the counseling component was not included or insufficiently met in the majority of the cases reviewed. The Panel recommends vigorous enforcement (and clear sanctions) for all providers of MAT to ensure that the required counseling and behavioral therapy components are part of the treatment provided.

Additional protocols need to be developed to address the lack of communication between MAT clinics and the Department of Community Based Services. The provider of MAT is seeing the chemically-dependent patient on a regular basis and needs to be aware of whether children are in the home. This is critical in order for the provider to educate the chemically-dependent patient on proper safeguards regarding storage of their medication and also to be vigilant regarding the impact of the addiction and/or MAT on the care of the children in the chemically-dependent patient's environment. It is clear that MAT providers are in dire need of additional family-oriented training and protocols. The Panel identified several missed opportunities related to MAT providers that may have prevented a child's fatal or near fatal incident. MAT providers must be educated on monitoring and when and how to notify DCBS when they believe a child may be in danger. Further education must be disseminated regarding the grave effects of these medications in the hands of a small child.

Methadone Ingestion – NF-50-16-C

2-year-old presented to the hospital in full cardiac and respiratory arrest. Father reported the child was not acting himself earlier in the day, and after deciding to seek medical care, the child became unresponsive in the car on the way to the hospital. No mention was made of a possible ingestion. Child was successfully resuscitated with CPR and responded to several doses of Narcan (an opiate antidote). Father reported that he is prescribed methadone but that it is kept locked and out of reach of the child. Both parents have histories of substance abuse but were reportedly doing well in recovery. Child's toxicology testing was positive for methadone. Hair testing revealed that child had also been exposed to methamphetamine and cocaine. Both siblings' hair testing was also positive for methamphetamine. Father had tested positive for amphetamine/cocaine on at least 4 occasions at the methadone clinic, but no CPS reports were made despite the presence of young children in the home. The methadone clinic counsellor described father as a "model patient" despite the multiple failed drug screens. The child victim had Neonatal Abstinence Syndrome as a newborn due to mother's participation in a methadone program during pregnancy.

B. Family Court Drug Court

The Panel continues to recommend the full implementation of Family Drug Courts throughout Kentucky. The National Association of Drug Court Professionals has found drug courts reduce drug use, crime and are more cost-effective than any other justice strategy. Parents participating in Family Drug Court are twice as likely to go to treatment and complete it. Children involved in Family Drug Court spend significantly less time in out-of-home placements.^v This structure would contribute to a better chance of treatment success for addicts who are already involved with DCBS; it will ensure that the courts have accurate treatment progress information and toxicology monitoring so that children can be returned to a safe home sooner and more permanently. Family Drug Courts support and monitor sustained sobriety and provide the tools and follow up for recovery that are particularly important in a home in which children are at risk due to addiction. As it stands, without the specific Drug Court resources (comprehensive treatment, reporting, intensive drug screening) for Family Courts, courts may be returning children to a home that is still unsafe only to remove the child again or worse, a fatality or injury may occur. Due to the lack of state and federal funding, counties across the state are working with nonprofit organizations to attempt to raise funds to implement Family Drug Courts.

Abusive Head Trauma and Physical Abuse – NF-29-16-C

A 6-week-old baby was brought to the emergency department by father with difficulty breathing and bruises on her face after a sibling reportedly dropped a toy on her while in the care of a babysitter. The baby was found to have bleeding inside the skull and brain injury that was diagnostic of abusive head trauma. The baby also had several broken bones, including in the legs and ribs. Police determined the baby was never actually in the care of a sitter but rather had been in the care of her father while mother was at work. The infant had been born drug-exposed but did not have a formal diagnosis of Neonatal Abstinence Syndrome. The infant was placed with father after the birth hospitalization due to mother's substance abuse issues. Father had a history of 4 criminal convictions involving drug possession and disorderly conduct. Father lived with his mother but was not connected with any services regarding parenting support or home visitation after assuming care of the baby. Both paternal grandmother and father had expressed concern to CPS about their ability to care for the infant. Both parents had other children who did not live with them. Father reported to police that he had been frustrated by her persistent crying due to what he perceived to be withdrawal symptoms. Father ultimately demonstrated to police how he violently shook the baby out of frustration when she cried. Father was convicted of Criminal Abuse-2nd degree and is serving a 2-4 year prison sentence. The baby survived but is at risk for developmental delay and other health problems as a result of her inflicted brain injury.

II. Provide additional funding to the Department for Public Health

Neonatal Abstinence Syndrome (NAS) is a complex of symptoms from opiate withdrawal that is seen in infants exposed to opiates before birth.^{vi} The Child Abuse Prevention Treatment Act requires health-care providers involved in the delivery or care of infants affected by substance abuse to notify child protective services and develop a plan of safe care for these children.^{vii} The Panel recommends the Plan of Safe Care be adopted, funded, and fully implemented through the Department for Public Health. Tragically, the Panel identified numerous cases where the child was born substance-exposed and these high-risk families often left the hospital with no additional services. Based on current DCBS policy and due to such limited resources available with DCBS, such a scenario does not necessarily meet the criteria to open a case for neglect and to provide services or protect a child. The Panel however has found from our review of the fatal and near-fatal cases that babies who were substance-exposed at birth are at grave risk of a fatal or near-fatal event. The Department for Public Health has the community outreach structure in place to close this gap in services for these families. The Panel recommends additional resources for the Department for Public Health in order for them to provide wrap-around services for the families of these babies when they leave the hospital, to include in-home education and monitoring. The mission of the Kentucky Department for Public Health is to improve the health and safety of people in Kentucky through prevention, promotion, and protection.^{viii} With additional funding, the Department for Public Health can accomplish this mission.

Impaired co-sleeping – F-09-16-C

A 6-week-old baby was found deceased in bed next to mother, who had a prolonged history of substance abuse. The baby was born positive for multiple drugs and was diagnosed with Neonatal Abstinence Syndrome. There was an open Child Protective Services (CPS) case at the time of the baby's death related to ongoing substance abuse issues with mother, and according to CPS, the grandparents (GPs), who lived in the home, were supposed to supervise all contact between mother and both children. There was no home visit by CPS between the time of discharge from the birth hospital and the infant's death. Mother had been non-compliant with drug screens requested by CPS and they had planned to file petitions in court because of this but this never happened prior to the baby's death. Both GPs were suspicious that mother was using drugs but still allowed her to care for the children unsupervised. Neither had reported their concerns to CPS. GPs reported they were continually telling mother not to co-sleep with the baby, but she would do it anyway. After the death, one GP had a drug screen that was positive for marijuana and non-prescribed benzodiazepines. On the day the baby died, mother was positive for amphetamine, benzodiazepine, marijuana, methamphetamine, and oxycodone—none of which were prescribed. The baby had seen the pediatrician 2 days prior for a cold. He was taken there by mother and a GP, and the pediatrician reported to police that mother was clearly under the influence at the time of that visit. This was not discussed at the appointment, and no report was made by the pediatrician's office to CPS. Mother also had a criminal history, and the baby's father was incarcerated at the time of the death. The CPS worker on the case that was open at the time of the infant's death had 9 months of experience and 33 open cases.

III. Provide additional funding for the Department for Community Based Services.

For the second consecutive year, the Panel strongly recommends additional resources be provided to the Department for Community Based Services during the next budget session. The Department of Community Based Services is the agency held accountable for the safety and well-being of Kentucky's children. However, it continues to be grossly underfunded, under-resourced, and under-staffed.

The Panel strongly encourages competitive salaries and implementation of initiatives to encourage future social workers to apply. A career ladder program should be implemented to further invest in the current and future staff. The Department for Community Based Services should be able to hire above quota in order to reduce caseloads and improve overall morale. With additional staff, the administration would be able to provide more effective services.

DCBS should continue to require their staff to partner with other community members, including mental health providers, medical service providers, law enforcement, the courts, schools, Family Resource and Youth Services Centers (FRYSC), court appointed special advocates, foster parents, and others who come in contact with the families.

Until the opioid addiction crisis is stabilized, additional funding is required for foster care and kinship care to protect vulnerable Kentucky children. The Panel recommends investment in Kentucky families and children today to provide a future for all Kentucky Citizens.

Motor vehicle crash with impaired driver and unrestrained child – NF-31-16-C

5-year-old child sustained near-fatal injuries after riding in the front seat, improperly restrained, while her intoxicated father was driving. She sustained a liver laceration, spinal cord injuries, lung contusions, and dental trauma. The child lived with her father and a grandparent, as her mother was incarcerated. Family members reported to investigators afterward that they were aware that father drank daily and routinely drove with the patient while intoxicated. No one made a report to CPS despite these concerns.

^{iv} <https://www.samhsa.gov/medication-assisted-treatment>

^v <http://www.nadcp.org/learn/facts-and-figures>

^{vi} <http://chfs.ky.gov/NR/rdonlyres/FFF6F900-9982-412F-BEA5-E82542E6DF0F/0/NutritionBranchNewsletter24Supplement.pdf>

^{vii} <https://www.acf.hhs.gov/sites/default/files/cb/pi1702.pdf>

^{viii} <http://chfs.ky.gov/dph/info/>

CASE REVIEW

DEMOGRAPHICS

COUNTY OF INCIDENT

Child abuse and neglect fatalities and near fatalities occur in every region of Kentucky. The chart below indicates the number of cases the Panel reviewed per county of incident. State Fiscal Year 2014 and 2015 have been combined, please refer to the 2016 Annual Report for a complete breakdown.

County of Incident Among All Cases Reviewed in SFY14-15, and SFY16

County	Combined SFY 14-15	2016 # Cases	County	Combined SFY 14-15	2016 # Cases	County	Combined SFY 14-15	2016 # Cases
Adair	1	1	Garrard	0	1	Meade	3	1
Allen	1	0	Grant	0	2	Mercer	0	2
Anderson	1	0	Graves	2	1	Montgomery	0	2
Ballard	1	1	Grayson	2	3	Monroe	2	0
Barren	2	2	Green	0	1	Morgan	2	1
Bath	0	1	Greenup	1	0	Muhlenberg	2	0
Bell	2	4	Hardin	5	5	Nelson	1	3
Boone	2	3	Harlan	2	1	Nicholas	0	1
Boyd	8	5	Harrison	0	1	Ohio	3	0
Boyle	2	1	Hart	1	0	Oldham	1	0
Breckinridge	1	1	Henderson	3	1	Owen	0	1
Bullitt	3	2	Henry	0	1	Owsley	1	1
Calloway	3	0	Hopkins	0	3	Pendleton	1	1
Campbell	3	2	Jefferson	37	25	Pike	0	2
Carlisle	0	1	Jessamine	1	3	Pulaski	2	0
Carroll	2	1	Kenton	0	13	Rockcastle	1	0
Carter	2	0	Knott*	1	0	Rowan	2	0
Casey	0	1	Knox	5	1	Scott	3	2
Christian	8	2	Larue	6	1	Shelby	2	1
Clark	1	1	Laurel	8	6	Simpson	1	0
Clay	3	3	Letcher	0	1	Taylor	3	1
Clinton	0	1	Lincoln	1	0	Todd	1	1
Crittenden	0	2	Logan	2	1	Trimble	4	0
Cumberland	0	1	Madison	4	1	Union	2	0
Daviess	5	4	Marion	2	1	Warren	9	4
Estill	2	1	Marshall	4	1	Webster	1	1
Fayette	7	3	Martin	1	0	Whitley	1	0
Fleming	1	2	Mason	0	1	Woodford	0	1
Floyd	3	0	McCracken	5	0	Total Cases	209	150
Franklin	3	0	McCreary	1	3			

*Fatalities were incorrectly reported in the 2016 Annual Report for Knott county SFY 2014.

Data Source: Child Fatality and Near Fatality External Review Panel Data, Fiscal Years

COUNTY OF INCIDENT

Cases Reviewed by County of Incident, 2014-2016



December 5, 2017
Data Source: Child Fatality Near Fatality External Review Panel
Shapefiles from Kentucky Geography Network.
Prepared by Emily Ferrell, MPH CPH
380 cases total for these years.

Note: Not adjusted for county population

Cases Reviewed by County of Incident, 2016



November 21, 2017
Data Source: Child Fatality Near Fatality External Review Panel
Shapefiles from Kentucky Geography Network.
Prepared by Emily Ferrell, MPH CPH
151 cases total for this year.

Note: Not adjusted for county population

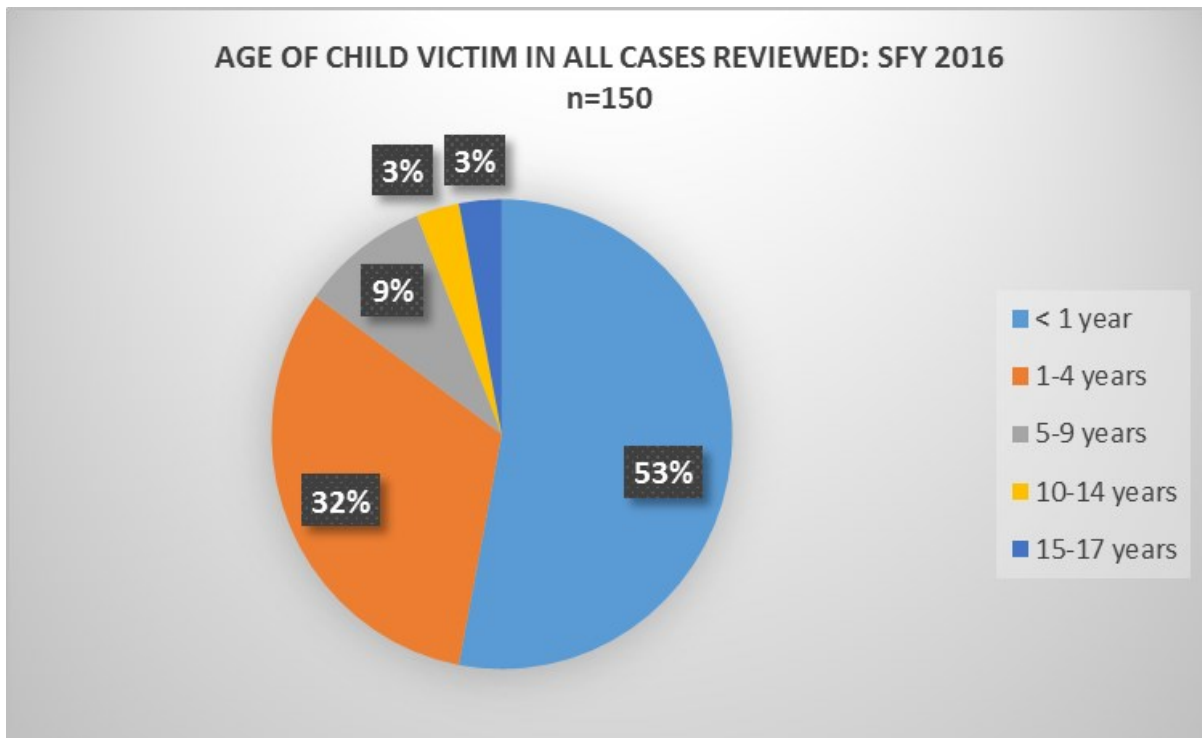
DEMOGRAPHICS

Age of Child Victim in All Cases Reviewed
State Fiscal Years 2014, 2015, and 2016

Age	2014		2015		2016	
	# Cases	Percent	# Cases	Percent	# Cases	Percent
< 1 year	52	50	56	48.28	77	53
1-4 years	31	29.81	43	37.07	49	32
5-9 years	9	8.65	9	7.76	14	9
10-14 years	7	6.73	6	5.17	5	3
15-17 years	5	4.81	2	1.72	5	3
Total	104		116		150	100

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

The Panel has consistently found that children 4 years of age and younger are at highest risk for child maltreatment-related fatalities and near-fatalities. This is consistent with national data. Consequently, prevention efforts should focus on this age group.



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

DEMOGRAPHICS

Gender of All Cases Reviewed SFY14, SFY15, and SFY16

Gender	2014		2015		2016	
	# Cases	Percent	# Cases	Percent	# Cases	Percent
Male	69	66%	72	62%	86	57%
Female	35	34%	44	38%	64	43%
Total	104		116		150	100%

Data Source: Child Fatality and Near Fatality External Review Panel Data, Fiscal Year

Race of All Cases Reviewed SFY14, SFY15, and SFY16

Race	2014		2015		2016	
	# Cases	Percent	# Cases	Percent	# Cases	Percent
Black	13	13%	11	9%	24	16%
White	86	83%	90	78%	109	73%
Asian					1	1%
Biracial					11	7%
Other	5	5%	15	13%	5	3%
Total	104		116		150	100%

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

*In 2014, rounding resulted in a value greater than 100%

Ethnicity of All Cases Reviewed SFY14, SFY15, and SFY16

Ethnicity	2014		2015		2016	
	# Cases	Percent	# Cases	Percent	# Cases	Percent
Hispanic	4	4%	6	5%	3	2%
Non-Hispanic	100	96%	110	95%	147	98%
Total	104		116		150	100%

Data Source: Child Fatality and Near Fatality External Review Panel Data, Fiscal Year

Findings Specific to State Fiscal Year 2016

FINDINGS AND DETERMINATIONS

After a thorough discussion of each case, the Panel makes findings and recommendations for systems and process improvements to help prevent child fatalities and near fatalities that are due to abuse and neglect. The Panel designates the category or type of case, identifies the family characteristics in the case and makes a final determination of whether abuse or neglect exists. The following pages provide findings specific to state fiscal year 2016 (SFY16) case review.

Category Type All Cases SFY16

Category	Fatalities	Near Fatalities	Total
Abusive Head Trauma	6	28	34
Overdose/Ingestion	2	30	32
Physical Abuse	7	24	31
Sudden Unexpected Death in Infancy (SUDI)	22	1	23
Neglect	5	16	21
Drowning/Near-Drowning	11	1	12
Natural Causes/Medical Diagnosis	3	7	10
Blunt Force Trauma - Not Inflicted	1	7	8
Other	1	4	5
Failure to Thrive/Malnutrition	0	5	5
Undetermined	4	0	4
Burn	1	2	3
Traumatic Asphyxia	2	1	3
Apparent Murder/Suicide	2	0	2
Gunshot Accidental	1	1	2
Suicide Child	2	0	2
Smoke Inhalation/Fire	2	0	2

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

*Two cases have not received a final category due to pending additional information.

Neglect may be found as a category with other findings, and cases can have more than one category.

Blunt Force Trauma-not inflicted included five (5) motor vehicle collisions and 2 cases of large objects falling onto children.

“Other” includes neonaticide (1), attempted neonaticide (1), intentional poisoning (1), and undetermined cause and manner of injury. These cases involved multiple issues that rendered the Panel unable to categorize them.

Findings Specific to State Fiscal Year 2016

KEY FINDINGS SFY16

- DCBS History was found to be the most common family characteristic in all cases reviewed by the Panel.
- The most commonly found family characteristic in a fatality/near fatality in order of precedence for SFY16 cases reviewed:
 - DCBS History
 - Criminal History (caregiver)
 - Substance Abuse in the Home
 - Mental Health Issues (caregiver)
 - Substance Abuse (caregiver)
 - Family Violence
- 65% of the fatalities attributable to unsafe sleep involved evidence of an impaired caregiver.
- Medical neglect and neglect due to unsafe access to deadly/potentially deadly means are the most common panel determinations
- 85% of the cases reviewed from SFY16 had a prior history with child protective services
- 53% of all cases reviewed involved an infant under twelve months of age.
- 41% of all cases with a Panel Determination of Abusive Head Trauma were found to be in the care of a substitute caregiver at the time of the incident
- 65% of Abusive Head Trauma cases had a caregiver with a criminal history
- 49% of all fatalities were Sudden Unexpected Death in Infancy, all of which involved unsafe sleep practices

Panel Determinations All Cases SFY16 (n=148)

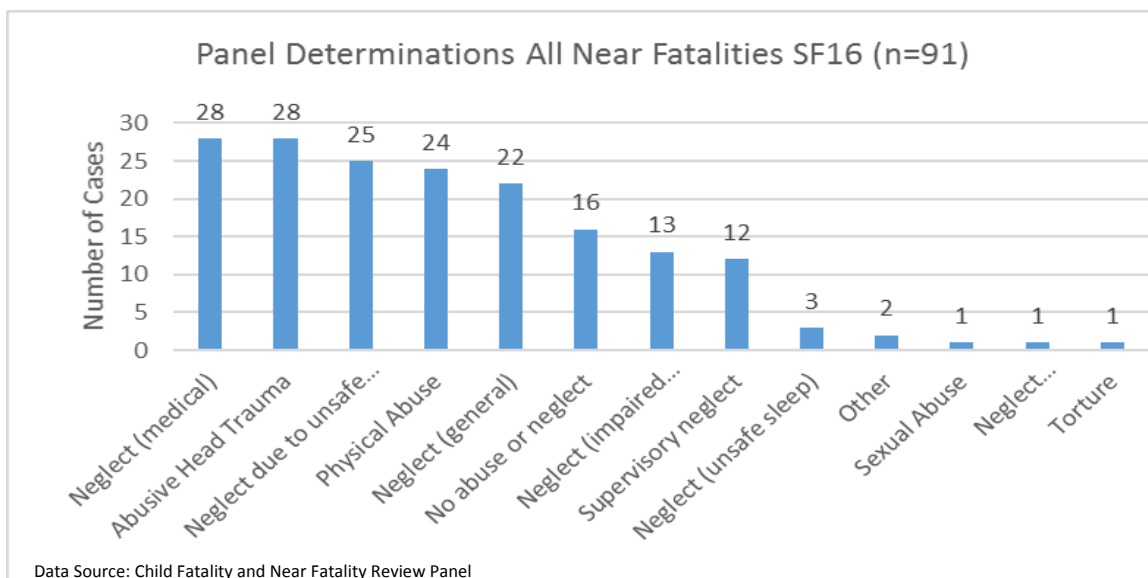
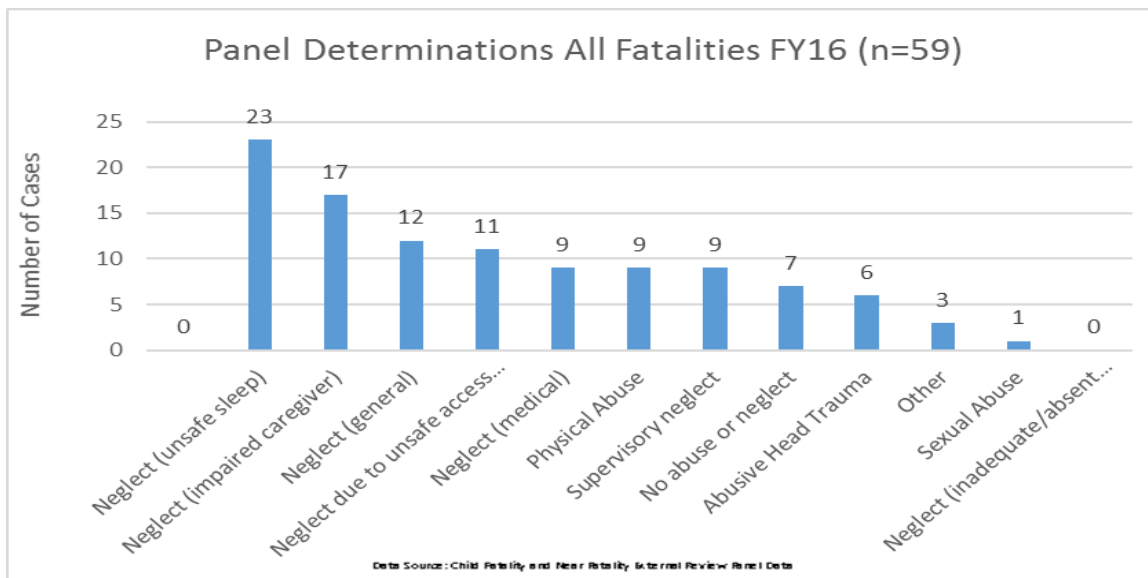
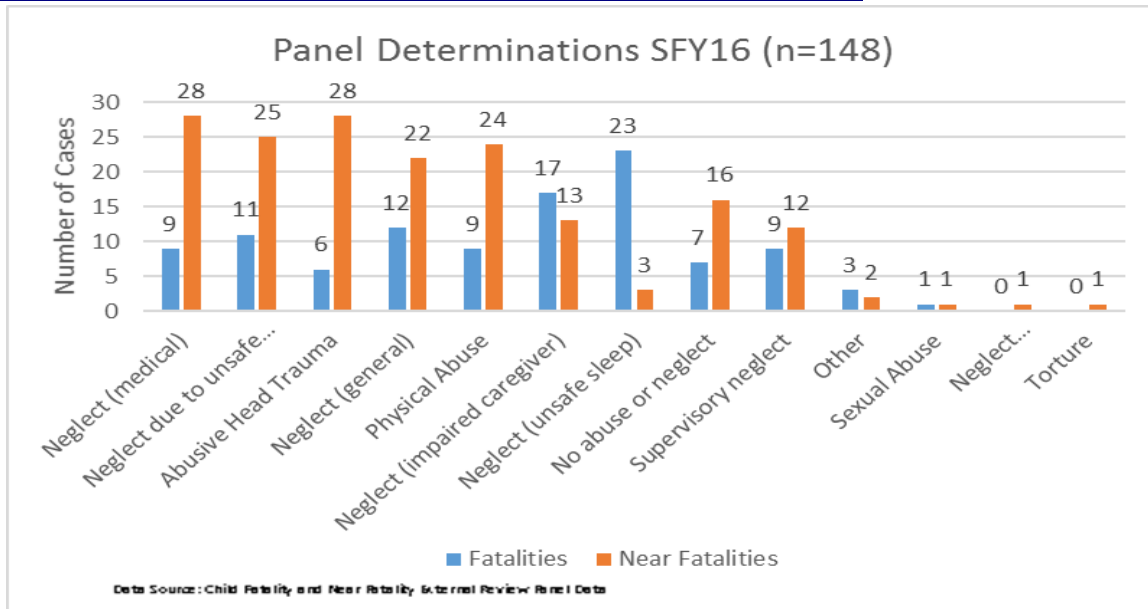
Panel Determinations	Fatalities	Near Fatalities	Total
Neglect (medical)	9	28	37
Neglect due to unsafe access to deadly/potentially deadly means (includes ingestions, firearms, drowning)	11	25	36
Abusive Head Trauma	6	28	34
Neglect (general)*	12	22	34
Physical Abuse	9	24	33
Neglect (impaired caregiver)	17	13	30
Neglect (unsafe sleep)	23	3	26
No abuse or neglect	7	16	23
Supervisory neglect	9	12	21
Other	3	2	5
Sexual Abuse	1	1	2
Neglect (inadequate/absent child restraint in a motor vehicle)	0	1	1
Torture	0	1	1

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

*Includes neglectful entrustment of a child with a known unsafe caregiver. Each case may have more than one panel determination.

“Other” includes neonaticide (1), attempted neonaticide (1), intentional poisoning (1), and undetermined cause and manner of injury. These cases involved multiple issues that rendered the Panel unable to categorize them.

Findings Specific to State Fiscal Year 2016



Findings Specific to State Fiscal Year 2016

Family Characteristics, SFY16 (n=148)

Family Characteristics	Fatality	Near Fatality	Total
DCBS History	32	53	85
Criminal History (caregiver)	21	43	64
Substance Abuse (in home)	27	34	61
Mental Health Issues (caregiver)	20	37	57
Substance Abuse (caregiver)	23	31	54
Family Violence	15	33	48
Criminal History (in the home)	16	31	47
Financial Issues	12	29	41
Impaired Caregiver (any indication)	22	19	41
Neglectful Entrustment	13	22	35
Unsafe Access to Deadly Means	11	24	35
DCBS Issues*	12	22	34
Medical Neglect	9	25	34
Lack of Treatment (mental health or substance)	9	23	32
Medical Issues/Management*	10	22	32
Medically Fragile Child	14	18	32
Bystander Issues/Opportunities*	10	20	30
Housing Instability	9	21	30
Supervisional Neglect	12	17	29
Substitute Caregiver at the time of event	8	16	24
Serial Relationships	4	13	17
Lack of Family Support System	3	11	14
Evidence of Poor Bonding	4	8	12
Mental Health Issues (child)	3	9	12
Lack of Regular Child Care	3	8	11
Law Enforcement Issues*	7	4	11
Unsafe Sleep (bed sharing)	9	2	11
Unsafe Sleep (other)	9	2	11
Cognitive Disability (caregiver)	2	8	10
Cognitive Disability (child)	3	7	10
Unsafe Sleep (co-sleeping/non-bed surface)	7	1	8
Judicial Process Issues*	2	5	7
Failure to Thrive	0	5	5
Substance Abuse (child)	2	3	5
Inadequate Restraint	1	3	4
Military System Issues*	2	2	4
Education/Childcare Issues	2	1	3
Other	3	0	3
Perinatal Depression (caregiver)	0	2	2
Deployment/Redeployment in the Household	0	1	1

Data Source: Child Fatality and Near Fatality Review Panel

*Indicates missed opportunities or system breakdown on the part of that particular system or provider. Each case may have more than one characteristic.

Findings Specific to Fiscal Year 2016

The chart below shows the number of cases where the finding included circumstances that made the incident potentially preventable. Of the 59 cases involving a child fatality, the Panel determined that 69% of those fatalities were potentially preventable. Among the near fatality cases, 78% were determined to be potentially preventable. Overall the Panel found that 75% of these incidents may have been prevented.

Potentially Preventable Fatalities and Near Fatalities FY16
n = 150

	# of Cases	Total	Percent
Fatalities	41	59	69%
Near Fatalities	71	91	78%
Total	112	150	75%

Data Source: Child Fatality and Near Fatality Review Panel

Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Determination of Abusive Head Trauma (AHT) (n=34)

Family Characteristics	# of Cases	% Cases
Criminal History (caregiver)	22	65%
DCBS History	21	62%
Family Violence	21	62%
Criminal History (in the home)	16	47%
Neglectful Entrustment	16	47%
Substance Abuse (in home)	15	44%
Mental Health Issues (caregiver)	15	44%
Substitute Caregiver at the Time of Event	14	41%
Substance Abuse (caregiver)	11	32%
Financial Issues	11	32%
Bystander Issues/Opportunities	11	32%
Medical Issues/Management	10	29%
Housing Instability	10	29%

Data Source: Child Fatality and Near Fatality Review Panel

*27 cases had panel determinations for both physical abuse and AHT

Other risk factors were identified in 26% or less cases

Findings Specific to Fiscal Year 2016

Among the SFY16 cases, 23 of the 59 fatalities (39%) were cases of Sudden Unexplained Death in Infancy (SUDI). These cases are especially important because they are nearly all preventable. In the majority of these cases, unsafe sleep practices (bedsharing, sleeping on a surface not designed for infant sleep, and soft bedding or hazards in the sleep area) were documented. In 15 of 23 (65%) SUDI cases, an impaired caregiver shared a sleep surface with their baby, and the baby died from suffocation or asphyxiation. Drinking and drug use—even prescribed medications that are sedating—impair a caretaker’s ability to care safely for a baby, making bedsharing and other unsafe sleep even more dangerous. The updated 2016 recommendations for a safe infant sleeping environment from the American Academy of Pediatrics recommends that infants NEVER bedshare with someone who is impaired in his or her alertness or ability to arouse because of fatigue or use of sedating medication (pain medications, certain antidepressants, and others) or substances (alcohol, illicit drugs). Caretakers who know they may be impaired should never co-sleep or bedshare with an infant and should also identify a designated, dependable (non-impaired) adult to protect their baby from unsafe sleep and other dangers. With the opiate epidemic in Kentucky and nationwide, this is a growing issue that has become a public health crisis. All professionals who interface with families with infants are encouraged to educate families about these risks and encourage safe sleep practices at all times—particularly if there is concern a caregiver may be impaired. Remember the ABCs of safe sleep: Babies should be placed to sleep Alone, on their Backs, in their Cribs.

Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Determination of Neglect Due to Unsafe Sleep (n=26)

Family Characteristics	# of Cases	% Cases
Impaired Caregiver (any indication)	17	65%
Substance Abuse (in home)	17	65%
DCBS History	15	58%
Substance Abuse (caregiver)	15	58%
Mental Health Issues (caregiver)	11	42%
Unsafe Sleep (bed sharing)	11	42%
Criminal History (caregiver)	10	38%
Criminal History (in the home)	9	35%
Unsafe Sleep (other)	9	35%
Medically Fragile Child	8	31%
Medical Issues/Management	7	27%
Unsafe Sleep (co-sleeping/non-bed surface)	7	27%

Data Source: Child Fatality and Near Fatality Review Panel

*Other risk factors were identified in 23% or less cases

PROGRESS ON 2016 PANEL RECOMMENDATIONS

- ⇒ Allow a parent or legal guardian to request background check of the child abuse and neglect registry records when employing a child care provider for a minor child.

In the 2017 legislative session, the General Assembly passed SB236. New sections will be added to KRS 194A which will allow a parent or legal guardian to obtain a background check from the Cabinet for Health and Family Services registry.

- ⇒ Enhanced penalties for driving under the influence (DUI) with a minor in the vehicle. The Kentucky Department of Transportation and the Kentucky State Police should collect data regarding the incidence of DUI with children in a vehicle and develop an awareness campaign regarding the outcomes and need for bystanders to intervene.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ The Kentucky Hospital Association and Kentucky Chapter of the American Academy of Pediatrics should promote awareness and use of the two Pediatric Forensic Medicine centers within Kentucky.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ Hospitals should be required/encouraged/incentivized to model safe sleep and provide face-to-face education regarding safe sleep and Abusive Head Trauma prevention education to parents of newborns.

The Kentucky Hospital Association recently issued a letter to all Kentucky hospitals stating, “*After thoughtful consideration the KHA Board of Trustees is proposing members review their current practices and implement the following recommendation. The Kentucky Hospital Association recommends Kentucky hospitals provide evidence informed education addressing abusive head trauma and safe sleep practices to the parents of newborns and recommends hospitals follow model safe sleep practices within birthing centers and NICU units.*”

- ⇒ Law enforcement officers need to treat each child fatality/near fatality under the “hypothesis” that the child may have been a victim of maltreatment and focus on preserving the scene.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ Law enforcement should complete and/or submit a JC3 to the DCBS in situations where child neglect, abuse and maltreatment are of concern, or should be of concern, to the officer.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ The Department of Criminal Justice Training and other Kentucky law enforcement training entities should assure all law enforcement officers are trained in best practices for safeguarding children.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ Require Multidisciplinary Teams on Child Sexual Abuse (MDTs), established by KRS 431.600 and 620.040, to also review serious physical abuse cases.

The Panel is unaware of any steps taken related to this recommendation.

- ⇒ Judges who hear dependency, neglect and abuse (DNA) cases should use the Administrative Office of the Courts (AOC) mandated DNA series forms and should adhere to the statutory timeframes required in these cases. To the extent practicable, AOC should audit the judiciary’s compliance in these cases and provide a reporting component to judges.

AOC has provided judges with additional training to encourage the use of the mandated DNA series forms.

PANEL MEMBERS

Hon. Roger Crittenden, Chair
Retired Circuit Court Judge, 48th Judicial Circuit

Sen. Julie Raque Adams, Kentucky Senate,
Senate Health and Welfare Committee Chair

Adria Johnson, Commissioner
Department of Community Based Services

Rep. Addia Wuchner, Kentucky House of Representatives
Health and Welfare Committee Chair

Lt. Scott Lengle
Kentucky State Police

Liz Croney, Executive Director
KVC Behavioral Health

Jenny Oldham
Hardin County Attorney

Dr. Melissa Currie, Child Abuse Pediatrician
University of Louisville's Kosair Charities Division of
Pediatric Forensic Medicine

Betty Pennington
Family Resource and Youth Development Centers

Sherry Currens, Executive Director
Kentucky Coalition Against Domestic Violence

Dr. Jaime Pittenger, Pediatric Hospitalist
University of Kentucky Department of Pediatrics

Stephanie Floyd, Executive Director
CASA of Graves County

Dr. Henrietta Bada,
Department for Public Health

Joel Griffith
Prevent Child Abuse Kentucky

Dr. William Ralston
Kentucky State Medical Examiner

Honorable Paula Sherlock
Jefferson Family Court Judge

Joyce Robl
Department for Public Health

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

Steve Shannon
Kentucky Association of Regional Programs, Inc.

Linnea Caldon
Citizen Foster Care Review Board

MEMBERS WHO LEFT THE PANEL IN 2017

Rep. Tom Burch, Kentucky House of Representatives
Health and Welfare Committee

Hon. Brent Hall
Hardin Family Court Judge

Lee Emmons, Executive Director
CASA of McCracken County

Ed Staats
Citizen Foster Care Review Board

Dr. Sabrina Jo Grubbs
Pennyroyal MR/MH Board

PANEL STAFF

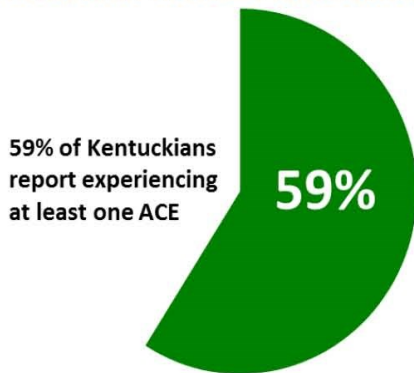
Elisha Mahoney, Executive Staff Advisor
Justice & Public Safety Cabinet

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being including early death¹. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. The original ACE Study was a research study conducted by Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated that ACEs are common, often occur together, and are associated with health and social problems as an adult^{2,3}.

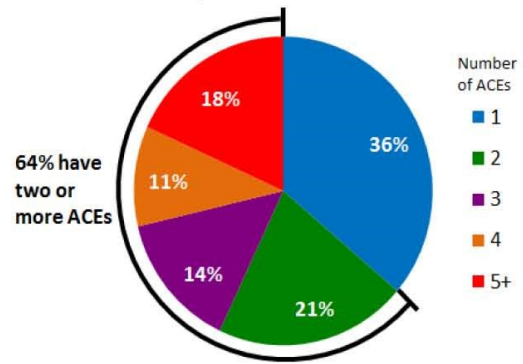


Prevalence of ACEs in Kentucky



More than half (59%) of Kentucky residents have experienced at least one ACE. Of those that have experienced at least one ACE, 64% have experienced two or more ACEs.

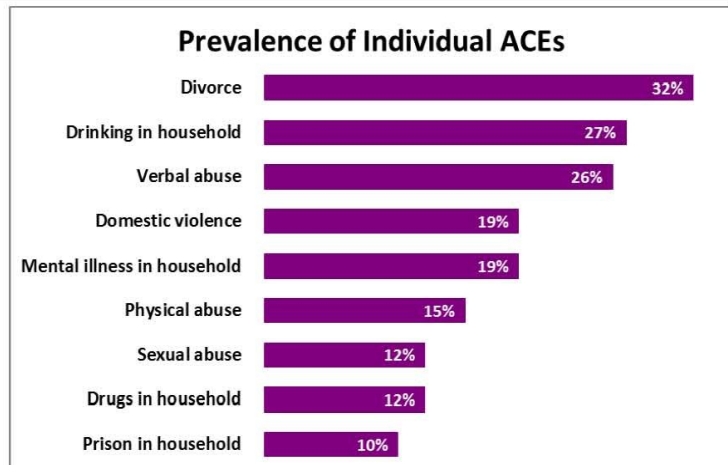
Distribution of ACEs among those with at least one ACE



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

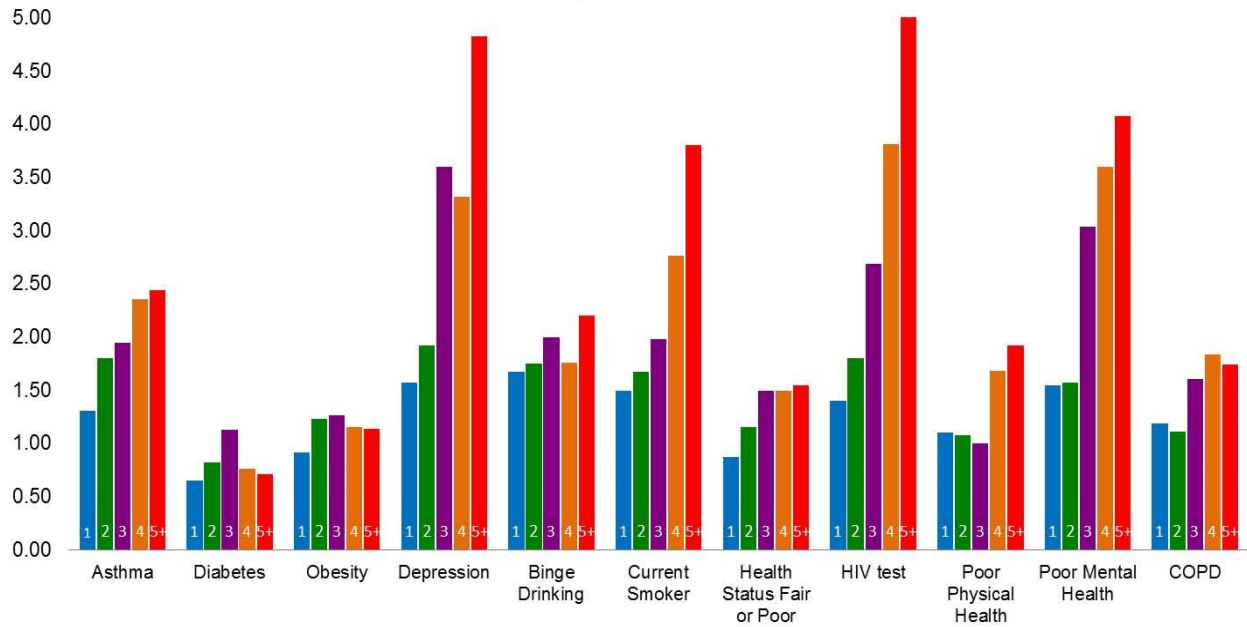
Common ACEs in Kentucky

Data from the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) indicates that several Kentucky adults experienced various types of ACEs. Of those experiencing at least one ACE, 32% experienced divorce in the household, 27% experienced drinking (problem drinker or alcoholism) in the household, and 26% experienced verbal abuse. These data suggest that ACEs are very common in Kentucky and should be addressed during routine health care visits.



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

Increased Risk of Condition/Behavior By Number of ACEs Present Compared to No ACEs



Data Source: Kentucky Behavioral Risk Factor Surveillance (KyBRFS); Year 2015

HIV test=Human Immunodeficiency Virus test

COPD=Chronic Obstructive Pulmonary Disease

In assessing select chronic conditions and health risk behaviors in relation to ACEs, there appears to be an increase among certain behaviors/chronic conditions for those experiencing four or more ACEs compared to those experiencing no ACEs. Individuals who report having experienced five or more ACEs are at a much higher risk of having select risk behaviors and chronic conditions.

Among those Kentuckians experiencing five or more ACEs compared to those with no ACEs, they are:

- five times as likely to have an HIV test;
- almost five times as likely to have depression;
- over four times as likely to have poor mental health;
- almost four times as likely to be a current smoker; and
- almost two and a half times as likely to have asthma.

These data support addressing ACEs in the health care setting as well as in communities. A better understanding of the adverse events experienced by an individual during childhood could provide insight into their physical and mental health status as an adult. All families experience times of stress, and research demonstrates that children grow and learn best in families who have the supports and skills to deal with those times. One program in Kentucky addressing ACEs is Kentucky Strengthening Families (KYSF). KYSF strengthens families by enhancing protective factors that reduce the impact of adversity and increase the well-being of children and families through family, community, and state partnerships building resiliency.

References:

¹ Child Trends; Research Brief; Adverse Childhood Experiences; Year 2014

² The Adverse Childhood Experiences (ACE) Study; Centers for Disease Control and Prevention. Retrieved Nov. 4, 2016

³ Adverse Childhood Experiences; Substance Abuse and Mental Health Services Administration, Rockville, MD; Retrieved Nov. 4, 2016



CASE REVIEWS FOR STATE FISCAL YEAR 2016

Case Num	Categorization	Categorization		Family Characteristics		Other Qualifiers	Panel Determination	Panel Determination Comments	Missed Opportunities
		Comments	Family Characteristics	Comments	Other Qualifiers				
F-001-16-C	SUDI/near-SUDI/apparent life-threatening event		Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Neglectful entrustment; Substance abuse (in home); Unsafe sleep (bed sharing)		Apparently accidental; Potentially preventable		Neglect (unsafe sleep); Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver)		DCBS assessment in previous incident did not look at all of the circumstances or use the opportunity for safety planning/education.
F-002-16-NC	Other	Neonaticide		Criminal history (in the home); DCBS history; Financial issues; Substance abuse (in home)			Other	Neonaticide	
F-003-16-C	Drowning/near-drowning; Neglect		Bystander issues/opportunities; Cognitive disability (child); DCBS history; Criminal history (caregiver); Education/child care issues; Impaired caregiver; Housing instability; Financial issues; Medically fragile child; Supervisory neglect; Substance abuse by caregiver (current); Substance abuse (in home)		Apparently accidental; Potentially preventable		Neglect (impaired caregiver); Supervisory neglect		Bystander opportunity to report. Mother was suspected to be under the influence but no drug test ordered. Child had developmental delays but worker did not inquire further.
F-004-16-NC	SUDI/near-SUDI/apparent life-threatening event		Unsafe sleep (cosleeping on a non-bed surface); Substance abuse (in home); Impaired caregiver		Apparently accidental; Potentially preventable		Neglect (unsafe sleep); Neglect (impaired caregiver)		
F-005-16-C	Gunshot (accidental)		DCBS history; Unsafe access to deadly means		Apparently accidental; Potentially preventable		No abuse or neglect; Other	Unsafe handling of firearm	
F-006-17-C	SUDI/near-SUDI/apparent life-threatening event		DCBS history; Impaired caregiver; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (cosleeping on a non-bed surface); Neglectful entrustment; Medical issues/management; Criminal history (caregiver); Criminal history (in the home); Law enforcement issues		Potentially preventable; Apparently accidental		Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver); Neglect (unsafe sleep)		
F-007-16-C	Overdose/ingestion; Natural causes/medical diagnosis		Criminal history (caregiver); DCBS issues; Family violence; Mental health issues (caregiver); Substance abuse (in home); Medical neglect; Law enforcement issues; DCBS history; Mental health issues (child)		Manner undetermined/foul play not ruled out		Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)		
F-008-16-C	Suicide (child)		Substance abuse (in home); Mental health issues (child)				No abuse or neglect		
F-009-16-C	SUDI/near-SUDI/apparent life-threatening event		Criminal history (caregiver); DCBS issues; Impaired caregiver; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect; Unsafe sleep (bed sharing); Medical issues/management; Lack of treatment (mental health or substance abuse); Family violence; Bystander issues/opportunities		Apparently accidental; Potentially preventable		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep)		
F-010-16-NC	SUDI/near-SUDI/apparent life-threatening event	positional asphyxia from co-sleeping	Impaired caregiver; Unsafe sleep (cosleeping on a non-bed surface); DCBS history; Substance abuse (in home)		Apparently accidental; Potentially preventable		Neglect (unsafe sleep)		
F-011-16-C	Natural causes/medical diagnosis		Cognitive disability (child); DCBS history; Financial issues; Housing instability				No abuse or neglect		
F-012-16-C	SUDI/near-SUDI/apparent life-threatening event; Neglect		Unsafe sleep (other); Substance abuse by caregiver (current); Substance abuse (in home); Impaired caregiver; DCBS history		Apparently accidental; Potentially preventable		Neglect (unsafe sleep)		
F-013-16-C	Neglect	Medical neglect	Bystander issues/opportunities; Cognitive disability (caregiver); Medical issues/management; Mental health issues (caregiver); DCBS history; Medical neglect; Substance abuse by caregiver (current); Housing instability; Financial issues; Lack of family support system; Lack of regular child care; Evidence of poor bonding	Evidence of Poor Bonding	Potentially preventable; Manner undetermined/foul play not ruled out		Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)		
F-014-16-C	SUDI/near-SUDI/apparent life-threatening event		DCBS history; Criminal history (caregiver); Financial issues; Housing instability; Substance abuse (in home); Impaired caregiver; Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Potentially preventable; Apparently accidental		Neglect (unsafe sleep); Neglect (impaired caregiver)		
F-015-16-NC	Drowning/near-drowning				Apparently accidental		No abuse or neglect		
F-016-16-NC	Abusive head trauma; Physical abuse		Criminal history (caregiver); Family violence; Substitute caregiver at time of event; Neglectful entrustment		Potentially preventable		Abusive head trauma; Neglect (medical); Physical abuse		
F-017-16-NC	Drowning/near-drowning		Financial issues; Supervisory neglect; Unsafe access to deadly means		Apparently accidental; Potentially preventable		Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect		

CASE REVIEWS FOR STATE FISCAL YEAR 2016

Case Number	Categorization	Categorization		Family Characteristics	Family Characteristics Comments	Other Qualifiers	Panel Determination	Panel Determination Comments	Missed Opportunities
		Comments	Family Characteristics						
F-018-16-NC	SUDI/near-SUDI/apparent life-threatening event			Unsafe sleep (bed sharing); Unsafe sleep (other)		Apparently accidental; Potentially preventable	Neglect (unsafe sleep)		
F-019-16-C	Drowning/near-drowning			Bystander issues/opportunities; Cognitive disability (child); Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Education/child care issues; Family violence; Lack of treatment (mental health or substance abuse); Law enforcement issues; Medical issues/management; Medical neglect; Medically fragile child; Neglectful entrustment; Unsafe access to deadly means; Supervisional neglect; Mental health issues (caregiver)		Manner undetermined/foul play not ruled out; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect		Multiple missed opportunities by DCBS, LE, medical, educator, bystander
F-020-16-C									
F-021-16-C	SUDI/near-SUDI/apparent life-threatening event			Impaired caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (cosleeping on a non-bed surface); Criminal history (caregiver); Family violence		Apparently accidental; Potentially preventable	Neglect (impaired caregiver); Neglect (unsafe sleep)		
F-022-16-NC	SUDI/near-SUDI/apparent life-threatening event			Unsafe sleep (other); Inadequate restraint		Apparently accidental; Potentially preventable	Neglect (unsafe sleep)		
F-023-16-NC	SUDI/near-SUDI/apparent life-threatening event			Impaired caregiver; Medical issues/management; Medical neglect; Substance abuse by caregiver (current); Unsafe sleep (cosleeping on a non-bed surface)		Potentially preventable; Apparently accidental	Neglect (impaired caregiver); Neglect (unsafe sleep)		PCP never followed up with the mother or DCBS about the missed medical care.
F-024-16-NC	Drowning/near-drowning			Impaired caregiver; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Criminal history (caregiver)		Apparently accidental; Potentially preventable	Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means		
F-025-16-C	Traumatic asphyxia			Law enforcement issues		Apparently accidental; Potentially preventable	No abuse or neglect		LE contacted DCBS once and did not get response further attempt should have been made to DCBS.
F-026-16-C	Physical abuse			DCBS history; DCBS issues; Unsafe sleep (other); Medical neglect; Medically fragile child; Medical issues/management		Manner undetermined/foul play not ruled out	Neglect (medical); Neglect (unsafe sleep); Physical abuse		Medical examiner did not review birthing records to determine if the rib fractures were attributed to birth or physical abuse.
F-027-16-C	SUDI/near-SUDI/apparent life-threatening event			DCBS history; DCBS issues; Financial issues; Housing instability; Medically fragile child; Mental health issues (caregiver); Unsafe sleep (other)		Apparently accidental; Potentially preventable	Neglect (unsafe sleep)		
F-028-16-NC	SUDI/near-SUDI/apparent life-threatening event; Undetermined (cause of death or near-death event)			Criminal history (in the home); Unsafe sleep (bed sharing); Substance abuse (in home)		Potentially preventable; Apparently accidental	Neglect (unsafe sleep)		
F-029-16-C	SUDI/near-SUDI/apparent life-threatening event			Criminal history (in the home); Criminal history (caregiver); DCBS history; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Mental health issues (caregiver); DCBS issues		Potentially preventable; Apparently accidental	Neglect (unsafe sleep)		MAT's failure to release failed drug screens on parents.
F-030-16-NC	SUDI/near-SUDI/apparent life-threatening event; Undetermined (cause of death or near-death event)			Bystander issues/opportunities; Criminal history (in the home); Criminal history (caregiver); Evidence of poor bonding; Family violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Potentially preventable; Manner undetermined/foul play not ruled out	Neglect (impaired caregiver); Neglect (medical); Neglect (unsafe sleep)		Medical did not report soon enough. HANDS did not report non-compliance.
F-031-16-NC	Apparent murder/suicide; Gunshot (homicide)			Military systems issues	Marital issues		Physical abuse		
F-032-16-NC	Apparent murder/suicide; Gunshot (homicide)			Military systems issues	Marital problems		Physical abuse		
F-033-16-C	Neglect			DCBS history; Lack of regular child care; Substance abuse by caregiver (current); Substitute caregiver at time of event		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver)		
F-034-16-C	Overdose/ingestion			Substance abuse (child); Substance abuse (in home); Supervisional neglect; Unsafe access to deadly means; DCBS issues; Impaired caregiver; Neglectful entrustment; Other	Child was placed in private foster home with terminally ill foster father and lack of supervision.	Apparently accidental; Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means		

CASE REVIEWS FOR STATE FISCAL YEAR 2016

Case Number	Categorization	Comments	Family Characteristics	Other Qualifiers	Panel Determination	Missed Opportunities
F-035-16-NC	Traumatic asphyxia		Criminal history (in the home); Criminal history (caregiver); DCBS history; Impaired caregiver; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Unsafe sleep (other); Housing instability	Apparently accidental; Potentially preventable	Neglect (impaired caregiver); Neglect (unsafe sleep)	
F-036-16-NC	SUDI/near-SUDI/apparent life-threatening event		Criminal history (caregiver); DCBS issues; Impaired caregiver; Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Mental health issues (caregiver)	Apparently accidental; Potentially preventable	Neglect (impaired caregiver); Neglect (unsafe sleep)	
F-037-16-C	Undetermined (cause of death or near-death event); SUDI/near-SUDI/apparent life-threatening event		DCBS history; Substitute caregiver at time of event; Medically fragile child; Unsafe sleep (other)	Manner undetermined/foul play not ruled out	Neglect (unsafe sleep)	
F-038-16-C	Burn; Smoke inhalation/fire		Bystander issues/opportunities; Criminal history (in the home); DCBS history; Family violence; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current)	Manner undetermined/foul play not ruled out	Neglect (general - can include leaving child with unsafe caregiver)	
F-039-16-C	SUDI/near-SUDI/apparent life-threatening event		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Impaired caregiver; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect; Unsafe sleep (bed sharing); Lack of treatment (mental health or substance abuse)	Apparently accidental; Potentially preventable	Neglect (unsafe sleep); Neglect (impaired caregiver); Other	Neglectful Entrustment
F-040-16-C	SUDI/near-SUDI/apparent life-threatening event		Bystander issues/opportunities; Family violence; Impaired caregiver; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other); DCBS history	Apparently accidental; Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep); Supervisory neglect	
F-041-16-C	Drowning/near-drowning		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Supervisory neglect; Unsafe access to deadly means; Substance abuse by caregiver (current); Impaired caregiver	Apparently accidental; Potentially preventable	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means; Neglect (impaired caregiver)	
F-042-16-C	Drowning/near-drowning		DCBS issues; DCBS history; Family violence; Mental health issues (caregiver); Supervisory neglect; Substance abuse by caregiver (current); Criminal history (in the home); Lack of treatment (mental health or substance abuse); Unsafe access to deadly means	Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect	
F-043-16-C	Drowning/near-drowning		Supervisory neglect; Unsafe access to deadly means; DCBS history; Law enforcement issues	Apparently accidental; Potentially preventable	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	
F-051-16-PH	Undetermined (cause of death or near-death event)		Unsafe sleep (cosleeping on a non-bed surface); Medically fragile child	Manner undetermined/foul play not ruled out	Other	Undetermined - several versions of events in regards to child co-sleeping. Lorazepam was found in the child's system with no explanation.
F-052-16-PH	SUDI/near-SUDI/apparent life-threatening event		Mental health issues (caregiver)	Manner undetermined/foul play not ruled out	Physical Abuse	Death ruled SUDI. Complete information on the family not provided. Medical examiner noted evidence of alcohol abuse in the home and rib fractures.
F-054-16-PH						
NF-001-16-NC	Physical abuse; Abusive head trauma		Deployment/redeployment in household; Mental health issues (child); Substitute caregiver at time of event		Physical abuse; Torture; Abusive head trauma	
NF-002-16-C	Overdose/ingestion		Criminal history (in the home); DCBS history; DCBS issues; Lack of treatment (mental health or substance abuse); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect	Apparently accidental	Neglect (impaired caregiver)	
NF-003-16-C	Drowning/near-drowning		DCBS history; Unsafe access to deadly means	Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means	

CASE REVIEWS FOR STATE FISCAL YEAR 2016

Case Number	Category	Comments	Family Characteristics	Comments	Other Qualifiers	Panel Determination	Comments	Missed Opportunities
NF-004-16-C	Failure to thrive/malnutrition; Natural causes/medical diagnosis		DCBS history; DCBS issues; Criminal history (caregiver); Evidence of poor bonding; Failure to thrive; Financial issues; Medical neglect; Medical issues/management		Potentially preventable; Manner undetermined/foul play not ruled out	Neglect (medical)		
NF-005-16-C	Failure to thrive/malnutrition; Neglect		Criminal history (caregiver); DCBS history; Mental health issues (caregiver); Substance abuse by caregiver (current); Medical issues/management; Substance abuse (in home); Criminal history (in the home)		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)		
NF-006-16-C	Overdose/ingestion				Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		
NF-007-16-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)		Criminal history (caregiver); DCBS history; DCBS issues; Substance abuse by caregiver (current); Other	Necro failing to ensure FH complied w/ their policies.	Apparently accidental	No abuse or neglect		
NF-008-16-C	Overdose/ingestion		Criminal history (in the home); Substance abuse (in home); Unsafe access to deadly means		Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		
NF-009-16-NC	Neglect		Housing instability; Medical neglect; Medically fragile child; Criminal history (caregiver); Criminal history (in the home); Family violence; Financial issues; Substance abuse (in home)		Potentially preventable	Neglect (medical)		
NF-010-16-NC	Abusive head trauma; Physical abuse		Family violence; Mental health issues (caregiver); Neglectful entrustment; Criminal history (caregiver); DCBS history		Potentially preventable	Abusive head trauma; Physical abuse; Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)		
NF-011-16-NC	Overdose/ingestion		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); Impaired caregiver; Lack of family support system; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (child); Substance abuse (child); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means		Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means; Neglect (medical); Neglect (impaired caregiver)		
NF-012-16-NC	Overdose/ingestion		Substance abuse (in home); Unsafe access to deadly means; Criminal history (caregiver); Financial issues; Neglectful entrustment		Apparently accidental; Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means		
NF-013-16-C	Overdose/ingestion		Mental health issues (child); Unsafe access to deadly means; Medical issues/management; Medical neglect		Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		
NF-014-16-C	Abusive head trauma; Physical abuse		Criminal history (caregiver); Criminal history (in the home); Medical issues/management			Abusive head trauma; Physical abuse; Neglect (medical)		1) Pediatrician's office allowed unsafe transport of victim-Advised parents to transport to ER rather than accompany or call ambulance. 2) EMS at victim's home day prior - did not transport reportedly parent's refused.
NF-015-16-NC	Neglect; Failure to thrive/malnutrition		DCBS history; Failure to thrive; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Mental health issues (caregiver)		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)		
NF-016-16-C	Abusive head trauma; Physical abuse		Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Medical issues/management; Bystander issues/opportunities; Neglectful entrustment; Substitute caregiver at time of event		Potentially preventable	Abusive head trauma; Physical abuse		
NF-017-16-C	Abusive head trauma; Physical abuse		Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Housing instability; Impaired caregiver; Neglectful entrustment; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Bystander issues/opportunities		Potentially preventable	Abusive head trauma; Physical abuse		Previous children removed in TN. No prior CPS involvement regarding this child. Family was concerned mother was using again.
NF-018-16-NC	Drowning/near-drowning				Apparently accidental; Potentially preventable	No abuse or neglect		
NF-019-16-NC	Other	Heat Exhaustion	Financial issues; Housing instability		Potentially preventable; Apparently accidental	Neglect (general - can include leaving child with unsafe caregiver)		DCBS received medical records on the sibling that stated she had asthma but did not include this in the ADT and did not follow-up that the mother was following the maintenance for the asthma. EMS would not provide information to DCBS about the incident.
NF-020-16-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)		DCBS history; Criminal history (caregiver)		Apparently accidental	No abuse or neglect		
NF-021-16-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)		DCBS history; Criminal history (caregiver)		Apparently accidental	No abuse or neglect		

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NF-022-16-C	Blunt force trauma - not inflicted MVC		Criminal history (caregiver); Criminal history (in the home); DCBS history; Housing instability; Impaired caregiver; Medically fragile child; Mental health issues (caregiver); Substance abuse by caregiver (current); Medical neglect; Neglectful entrustment		Potentially preventable; Apparently accidental	Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver)		
NF-023-16-NC	Abusive head trauma; Physical abuse		Financial issues; Mental health issues (caregiver); Medically fragile child; Substitute caregiver at time of event; Other	Veteran - PTSD substitute caregiver		Abusive head trauma; Neglect (medical); Physical abuse		
NF-024-16-NC	Abusive head trauma		DCBS issues; Substitute caregiver at time of event; Neglectful entrustment		Manner undetermined/foul play not ruled out	Abusive head trauma		
NF-025-16-NC	Abusive head trauma; Physical abuse		Criminal history (caregiver); Family violence; Financial issues; Mental health issues (caregiver); Perinatal depression (caregiver); Substance abuse (in home); Criminal history (in the home); Lack of treatment (mental health or substance abuse)		Potentially preventable	Abusive head trauma; Physical abuse		
NF-026-16-C	Abusive head trauma; Neglect; Physical abuse		Criminal history (caregiver); DCBS history; DCBS issues; Evidence of poor bonding; Family violence; Financial issues; Housing instability; Medical neglect; Mental health issues (caregiver); Lack of treatment (mental health or substance abuse); Law enforcement issues		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Abusive head trauma; Neglect (medical); Physical abuse		
NF-027-16-NC	Neglect; Overdose/ingestion		Military systems issues; DCBS history; DCBS issues; Supervisional neglect; Unsafe access to deadly means		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect		
NF-028-16-C	Natural causes/medical diagnosis					No abuse or neglect		
NF-029-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); DCBS history; Medically fragile child; Lack of family support system; Lack of regular child care; Medical issues/management; Substance abuse by caregiver (current)		Potentially preventable	Physical abuse; Abusive head trauma; Neglect (medical)		
NF-030-16-C	Overdose/ingestion		Criminal history (caregiver); DCBS history; Substance abuse (child); Law enforcement issues; Mental health issues (child); Substance abuse by caregiver (current); Other; Medical issues/management	Homeschooling	Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect		Local law enforcement should have contacted KSP to pursue further charges outside the local jurisdiction.
NF-031-16-C	Blunt force trauma - not inflicted MVC		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Impaired caregiver; Inadequate restraint; Substance abuse (in home); Substance abuse by caregiver (current); Family violence		Potentially preventable	Neglect (impaired caregiver); Neglect (inadequate/absent child restraint in motor vehicle)		
NF-032-16-C	Overdose/ingestion		Bystander issues/opportunities; Neglectful entrustment; Substance abuse by caregiver (current); Medical issues/management; Unsafe access to deadly means; Substance abuse (child); Supervisional neglect; Impaired caregiver		Potentially preventable	Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means		Mother failed to report the first incident of the child coming home intoxicated after being in the father's care and continued to allow unsupervised visits.
NF-033-16-C	Neglect; Overdose/ingestion		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Financial issues; Housing instability; Neglectful entrustment; Serial relationships; Substance abuse (in home); Substitute caregiver at time of event; Supervisional neglect; Unsafe access to deadly means; Bystander issues/opportunities; Lack of family support system		Apparently accidental; Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect		
NF-034-16-C	Overdose/ingestion		DCBS history; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Supervisional neglect; Military systems issues		Potentially preventable	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means; Neglect (impaired caregiver)		
NF-035-16-C	Physical abuse		Financial issues; Lack of regular child care; Neglectful entrustment; Substitute caregiver at time of event		Potentially preventable	Physical abuse		

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Case Number	Category	Comments	Family Characteristics	Family Characteristics	Other Qualifiers	Panel Determination	Panel Determination	Missed Opportunities
NF-036-16-C	Overdose/ingestion		Cognitive disability (caregiver); Criminal history (caregiver); DCBS history; Mental health issues (caregiver); Serial relationships; Unsafe access to deadly means; Family violence; Substance abuse by caregiver (current)		Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		
NF-037-16-C	Drowning/near-drowning		DCBS issues; Medically fragile child; Neglectful entrustment; Substitute caregiver at time of event; Lack of family support system; Medical issues/management; Law enforcement issues		Apparently accidental; Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means		DCBS contacted by hospital only because of custodial issues. Since DCBS had an open case initiated investigation.
NF-038-16-C	Abusive head trauma		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Impaired caregiver; Lack of regular child care; Substance abuse (in home)			Abusive head trauma; Neglect (medical)		
NF-039-16-C	Abusive head trauma; Physical abuse		Cognitive disability (caregiver); DCBS history; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Perinatal depression (caregiver); Serial relationships		Potentially preventable	Abusive head trauma; Physical abuse		
NF-040-16-C	Natural causes/medical diagnosis		Cognitive disability (child); Criminal history (caregiver); DCBS history; Family violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Substance abuse by caregiver (current)		Potentially preventable	No abuse or neglect		
NF-041-16-C	Traumatic asphyxia		Substitute caregiver at time of event; Supervisory neglect; Unsafe access to deadly means		Apparently accidental; Potentially preventable	Supervisory neglect		
NF-042-16-C	SUDI/near-SUDI/apparent life-threatening event	Positional asphyxia. Infant placed on wedge mattress on top of adult mattress. Found prone, unresponsive.	Criminal history (in the home); DCBS history; Unsafe sleep (other); Medically fragile child; Mental health issues (caregiver)		Apparently accidental; Potentially preventable	Neglect (unsafe sleep)		
NF-043-16-C	Other	Intentional Poisoning	DCBS history; Financial issues; Mental health issues (caregiver)			Neglect (medical); Other	Intentional Poisoning	
NF-044-16-C	SUDI/near-SUDI/apparent life-threatening event		DCBS history; Judicial process issues; Mental health issues (caregiver); Impaired caregiver; Medical issues/management; Substance abuse by caregiver (current); Medical neglect; Substance abuse (in home); Unsafe sleep (cosleeping on a non-bed surface); Criminal history (in the home)		Apparently accidental; Potentially preventable	Neglect (impaired caregiver); Neglect (unsafe sleep); Neglect (medical)		Hospital failed to drug test baby at birth.
NF-045-16-C	Overdose/ingestion		DCBS history; Impaired caregiver; Mental health issues (caregiver); Substance abuse by caregiver (current); Substance abuse (in home)		Manner undetermined/foul play not ruled out	Neglect (medical); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means		
NF-046-16-NC	Abusive head trauma; Physical abuse		Bystander issues/opportunities		Potentially preventable	Abusive head trauma; Physical abuse		
NF-047-16-C	Physical abuse; Abusive head trauma		Criminal history (in the home); DCBS history; Criminal history (caregiver); DCBS issues; Medical issues/management; Judicial process issues		Potentially preventable	Neglect (medical); Physical abuse; Abusive head trauma		No next day follow up by DCBS after the Law Enforcement assist occurred. Emergency Custody Order two days later - substantiated on both caretakers.
NF-048-16-C	Abusive head trauma		DCBS history; Family violence; Medically fragile child; Mental health issues (caregiver); Financial issues; Housing instability; Lack of family support system; Lack of treatment (mental health or substance abuse); Substance abuse (in home)		Potentially preventable	Abusive head trauma		
NF-049-16-NC	Abusive head trauma; Neglect		Criminal history (caregiver); DCBS history; Family violence; Housing instability; Impaired caregiver; Lack of regular child care; Medical neglect; Neglectful entrustment; Substance abuse by caregiver (current); Financial issues; Inadequate restraint		Potentially preventable	Abusive head trauma; Neglect (medical)		
NF-050-16-C	Overdose/ingestion		Criminal history (caregiver); Criminal history (in the home); Substance abuse by caregiver (current); Medical neglect		Manner undetermined/foul play not ruled out	Neglect (medical); Neglect due to unsafe access to deadly/potentially deadly means		Initial hospital did not issue Narcan, even though child was symptomatic, methadone was present in home and no harm providing Narcan.
NF-051-16-NC	Natural causes/medical diagnosis					No abuse or neglect		

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NF-052-16-C	Overdose/ingestion		Criminal history (in the home); DCBS history; DCBS issues; Family violence; Housing instability; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect; Unsafe access to deadly means; Neglectful entrustment		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Neglect due to unsafe access to deadly/potentially deadly means		
NF-053-16-NC	Failure to thrive/malnutrition		Bystander issues/opportunities; Cognitive disability (caregiver); Failure to thrive; Financial issues; Medical neglect		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)		
NF-054-16-C	Overdose/ingestion		DCBS history; Mental health issues (caregiver); Bystander issues/opportunities; Criminal history (caregiver); Impaired caregiver; Medical issues/management; Medical neglect; Medically fragile child; Neglectful entrustment; Substance abuse by caregiver (current); Unsafe access to deadly means		Potentially preventable	Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Neglect (medical); Neglect (impaired caregiver)		Delay in hospital reporting to DCBS and overall lack of communication.
NF-055-16-C	Other	Medical - child in critical condition	DCBS history; Financial issues; Lack of treatment (mental health or substance abuse); Medical issues/management; Medically fragile child; Mental health issues (caregiver); Substance abuse by caregiver (current); DCBS issues		Potentially preventable	No abuse or neglect		
NF-056-16-NC	Blunt force trauma - not inflicted MVC				Apparently accidental	No abuse or neglect		
NF-057-16-C	Blunt force trauma - not inflicted MVC		DCBS history; Substance abuse (in home)			No abuse or neglect		
NF-058-16-C	Overdose/ingestion		Criminal history (caregiver); DCBS history; Medical neglect; Impaired caregiver; Medical issues/management; Judicial process issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing)		Potentially preventable; Apparently accidental	Neglect (medical); Neglect (impaired caregiver); Neglect (unsafe sleep)		
NF-059-16-C	Abusive head trauma; Physical abuse		DCBS history; Serial relationships; Substitute caregiver at time of event; Mental health issues (caregiver)		Potentially preventable	Abusive head trauma; Physical abuse		
NF-060-16-C	Suicide (child)		DCBS history; DCBS issues; Family violence; Lack of family support system; Mental health issues (child); Serial relationships; Substance abuse (child); Unsafe access to deadly means; Substance abuse (in home)		Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		Residential facility staff unaware of previous attempted hanging by child at another facility. This may have impacted her treatment plan or supervision at facility. History of multiple DCBS investigations, substantiated physical and emotional abuse by mother. Unclear what interventions or services were provided.
NF-061-16-C	Abusive head trauma; Neglect; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; Family violence; Impaired caregiver; Lack of treatment (mental health or substance abuse); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisory neglect		Potentially preventable	Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Physical abuse		
NF-062-16-NC	Abusive head trauma; Physical abuse		Family violence; Failure to thrive; Substance abuse (in home); Bystander issues/opportunities; Medical issues/management		Potentially preventable	Abusive head trauma; Physical abuse		
NF-063-16-C	Overdose/ingestion		Criminal history (caregiver); DCBS history; Unsafe access to deadly means; Substance abuse (in home)		Apparently accidental; Potentially preventable	Neglect due to unsafe access to deadly/potentially deadly means		
NF-064-16-NC	Overdose/ingestion		Housing instability; Unsafe access to deadly means		Apparently accidental; Potentially preventable	No abuse or neglect		
NF-065-16-NC	Overdose/ingestion		Housing instability; Unsafe access to deadly means		Apparently accidental; Potentially preventable	No abuse or neglect		
NF-066-16-C	Overdose/ingestion		Cognitive disability (child); Medically fragile child; Mental health issues (child); Supervisory neglect; Unsafe access to deadly means		Apparently accidental; Potentially preventable	Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means		
NF-067-16-C	Abusive head trauma; Neglect		Criminal history (caregiver); DCBS history; Family violence; Financial issues; Lack of regular child care; Neglectful entrustment; Law enforcement issues; Medical issues/management; DCBS issues		Potentially preventable	Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver)		
NF-068-16-NC	Neglect		Lack of treatment (mental health or substance abuse); Medical neglect; Medical issues/management; Lack of family support system; Medically fragile child		Potentially preventable	Neglect (medical)		Several medical and family services failed to report mom's lack of compliance.

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Case Number	Category	Comments	Family Characteristics	Family Characteristics	Other Qualifiers	Panel Determination	Panel Determination	Missed Opportunities
NF-069-16-C	Abusive head trauma; Physical abuse		Criminal history (caregiver); Criminal history (in the home); DCBS history; Evidence of poor bonding; Family violence; Housing instability; Lack of regular child care; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Serial relationships; Substance abuse (in home); Substitute caregiver at time of event; Supervisory neglect				Abusive head trauma; Physical abuse	
NF-070-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Family violence; Neglectful entrustment; Substitute caregiver at time of event; Criminal history (caregiver); Criminal history (in the home); Lack of regular child care; Mental health issues (caregiver)		Potentially preventable		Abusive head trauma; Physical abuse; Neglect (general - can include leaving child with unsafe caregiver)	
NF-071-16-C	Neglect		DCBS history; Family violence; Financial issues; Lack of family support system; Medical issues/management; Cognitive disability (child); Medical neglect; Medically fragile child; Substance abuse (in home)				Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	
NF-072-16-C	Overdose/ingestion				Apparently accidental		No abuse or neglect	
NF-073-16-C	Overdose/ingestion; Neglect		Cognitive disability (child); DCBS history; Evidence of poor bonding; Judicial process issues; Medical issues/management; Medically fragile child; Mental health issues (child); Supervisory neglect; DCBS issues		Apparently accidental; Potentially preventable		Neglect (medical); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	
NF-074-16-C	Abusive head trauma		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Impaired caregiver; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect		Potentially preventable		Abusive head trauma	
NF-075-16-NC	Gunshot (accidental); Neglect		Criminal history (caregiver); Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substitute caregiver at time of event; Supervisory neglect; Unsafe access to deadly means; Criminal history (in the home)		Apparently accidental; Potentially preventable		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	
NF-076-16-NC	Other	Neonaticide	Mental health issues (caregiver); Substance abuse by caregiver (current)		Potentially preventable		Other	Neonaticide
NF-077-16-C	Abusive head trauma; Physical abuse		Criminal history (in the home); Criminal history (caregiver); Family violence; Financial issues; Medical neglect; Substance abuse (in home); DCBS history; Evidence of poor bonding; Housing instability; Impaired caregiver; Substance abuse by caregiver (current)		Potentially preventable		Abusive head trauma; Physical abuse; Neglect (impaired caregiver)	
NF-078-16-NC	Overdose/ingestion				Apparently accidental; Potentially preventable		No abuse or neglect	
NF-079-16-NC	Overdose/ingestion		Criminal history (caregiver); Criminal history (in the home); Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Mental health issues (caregiver); Supervisory neglect		Apparently accidental; Potentially preventable		Neglect (impaired caregiver); Neglect (medical); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	
NF-080-16-NC	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); Family violence; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Impaired caregiver; Medical issues/management		Potentially preventable		Abusive head trauma; Physical abuse	Outlying hospital failed to make referral to DCBS.
NF-081-16-C	Natural causes/medical diagnosis		DCBS history; Family violence; Financial issues; Medically fragile child; Mental health issues (caregiver)				No abuse or neglect	
NF-082-16-C	Overdose/ingestion		Cognitive disability (child); DCBS history; Lack of family support system; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (child); Supervisory neglect; Criminal history (in the home); Medical issues/management; Unsafe access to deadly means		Apparently accidental; Potentially preventable		Neglect due to unsafe access to deadly/potentially deadly means; Sexual abuse; Supervisory neglect	
NF-083-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Medical issues/management; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Medical neglect; Serial relationships; Impaired caregiver		Potentially preventable		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Sexual abuse; Neglect (medical)	Outlying hospital failed to report prior abuse to DCBS.
NF-084-16-C	Burn; Neglect; Physical abuse		Cognitive disability (caregiver); Criminal history (caregiver); DCBS history; Family violence; Financial issues; Housing instability; Judicial process issues; Lack of family support system; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Substance abuse (in home)		Potentially preventable		Neglect (medical); Physical abuse	Judicial process
NF-085-16-NC	SUDI/near-SUDI/apparent life-threatening event		Unsafe sleep (bed sharing); Evidence of poor bonding; Mental health issues (caregiver)		Apparently accidental; Potentially preventable		Neglect (unsafe sleep)	
NF-086-16-NC	Abusive head trauma		Medical issues/management; Mental health issues (caregiver)		Potentially preventable; Manner undetermined/foul play not ruled out		Abusive head trauma	
NF-087-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities		Potentially preventable		Abusive head trauma; Physical abuse	

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NF-069-16-C	Abusive head trauma; Physical abuse		Criminal history (caregiver); Criminal history (in the home); DCBS history; Evidence of poor bonding; Family violence; Housing instability; Lack of regular child care; Medically fragile child; Mental health issues (caregiver); Neglectful entrustment; Serial relationships; Substance abuse (in home); Substitute caregiver at time of event; Supervisory neglect			Abusive head trauma; Physical abuse	
NF-070-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Family violence; Neglectful entrustment; Substitute caregiver at time of event; Criminal history (caregiver); Criminal history (in the home); Lack of regular child care; Mental health issues (caregiver)	Potentially preventable		Abusive head trauma; Physical abuse; Neglect (general - can include leaving child with unsafe caregiver)	
NF-071-16-C	Neglect		DCBS history; Family violence; Financial issues; Lack of family support system; Medical issues/management; Cognitive disability (child); Medical neglect; Medically fragile child; Substance abuse (in home)			Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)	
NF-072-16-C	Overdose/ingestion			Apparently accidental		No abuse or neglect	
NF-073-16-C	Overdose/ingestion; Neglect		Cognitive disability (child); DCBS history; Evidence of poor bonding; Judicial process issues; Medical issues/management; Medically fragile child; Mental health issues (child); Supervisory neglect; DCBS issues	Apparently accidental; Potentially preventable		Neglect (medical); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	
NF-074-16-C	Abusive head trauma		Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Impaired caregiver; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current); Supervisory neglect	Potentially preventable		Abusive head trauma	
NF-075-16-NC	Gunshot (accidental); Neglect		Criminal history (caregiver); Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substitute caregiver at time of event; Supervisory neglect; Unsafe access to deadly means; Criminal history (in the home)	Apparently accidental; Potentially preventable		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/potentially deadly means	
NF-076-16-NC	Other	Attempted Neonaticide	Mental health issues (caregiver); Substance abuse by caregiver (current)	Potentially preventable		Other	Attempted Neonaticide
NF-077-16-C	Abusive head trauma; Physical abuse		Criminal history (in the home); Criminal history (caregiver); Family violence; Financial issues; Medical neglect; Substance abuse (in home); DCBS history; Evidence of poor bonding; Housing instability; Impaired caregiver; Substance abuse by caregiver (current)	Potentially preventable		Abusive head trauma; Physical abuse; Neglect (impaired caregiver)	
NF-078-16-NC	Overdose/ingestion			Apparently accidental; Potentially preventable		No abuse or neglect	
NF-079-16-NC	Overdose/ingestion		Criminal history (caregiver); Criminal history (in the home); Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Mental health issues (caregiver); Supervisory neglect	Apparently accidental; Potentially preventable		Neglect (impaired caregiver); Neglect (medical); Supervisory neglect; Neglect due to unsafe access to deadly/potentially deadly means	
NF-080-16-NC	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); Family violence; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Impaired caregiver; Medical issues/management	Potentially preventable		Abusive head trauma; Physical abuse	Outlying hospital failed to make referral to DCBS.
NF-081-16-C	Natural causes/medical diagnosis		DCBS history; Family violence; Financial issues; Medically fragile child; Mental health issues (caregiver)			No abuse or neglect	
NF-082-16-C	Overdose/ingestion		Cognitive disability (child); DCBS history; Lack of family support system; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (child); Supervisory neglect; Criminal history (in the home); Medical issues/management; Unsafe access to deadly means	Apparently accidental; Potentially preventable		Neglect due to unsafe access to deadly/potentially deadly means; Sexual abuse; Supervisory neglect	
NF-083-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Medical issues/management; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Medical neglect; Serial relationships; Impaired caregiver	Potentially preventable		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Sexual abuse; Neglect (medical)	Outlying hospital failed to report prior abuse to DCBS.
NF-084-16-C	Burn; Neglect; Physical abuse		Cognitive disability (caregiver); Criminal history (caregiver); DCBS history; Family violence; Financial issues; Housing instability; Judicial process issues; Lack of family support system; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Substance abuse (in home)	Potentially preventable		Neglect (medical); Physical abuse	Judicial process
NF-085-16-NC	SUD/near-SUD/vapparent life-threatening event		Unsafe sleep (bed sharing); Evidence of poor bonding; Mental health issues (caregiver)	Apparently accidental; Potentially preventable		Neglect (unsafe sleep)	
NF-086-16-NC	Abusive head trauma		Medical issues/management; Mental health issues (caregiver)	Potentially preventable; Manner undetermined/foul play not ruled out		Abusive head trauma	
NF-087-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities	Potentially preventable		Abusive head trauma; Physical abuse	

CASE REVIEWS FOR STATE FISCAL YEAR 2016

Case Number	Category	Comments	Family Characteristics	Other Qualifiers	Panel Determination	Comments	Missed Opportunities
NF-101-16-C	Overdose/ingestion		Criminal history (in the home); DCBS history; Medical neglect; Mental health issues (caregiver); Substance abuse by caregiver (current); Unsafe access to deadly means; Medically fragile child	Apparently accidental; Potentially preventable	Neglect (medical); Neglect due to unsafe access to deadly/potentially deadly means		
NF-102-16-C	Natural causes/medical diagnosis		Criminal history (caregiver); DCBS history; Lack of family support system; Mental health issues (caregiver); Substance abuse (in home); Unsafe sleep (other)		No abuse or neglect		
NF-103-16-NC	Blunt force trauma - not inflicted MVC	Head trauma not abusive			No abuse or neglect		
NF-104-16-C	Abusive head trauma; Physical abuse		Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Lack of treatment (mental health or substance abuse); Law enforcement issues; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event; Supervisional neglect; Evidence of poor bonding	Potentially preventable	Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Physical abuse; Supervisory neglect		

Child Fatality and Near Fatality External Review Panel

CATEGORIZATION

Abusive head trauma
Physical abuse
Apparent murder-suicide (child perp or adult perp) [At least one other person was killed by an adult or child who then commits suicide]
Blunt force trauma - not inflicted (farming machinery, ATV, fall)
Blunt force trauma - not inflicted MVC
Burn
Carbon monoxide
Drowning/near-drowning
Failure to thrive/malnutrition
Gunshot – accidental
Gunshot – homicide
Natural causes/medical diagnosis
Neglect
Overdose/ingestion
Sexual abuse/ human trafficking
Smoke inhalation/fire
SUDI/near-SUDI/Apparent life threatening event (< one year of age)
Suicide (child)
Traumatic asphyxia
Undetermined (cause of death or near-death event)
Other _____

FAMILY CHARACTERISTICS

Bystander issues/opportunities _____
Cognitive disability, caregiver
Cognitive disability, child
Criminal history, caregiver
Criminal history in the home
DCBS history
DCBS issues _____
Deployment/redeployment in household
Education/childcare issues _____
Failure to thrive
Family violence
Financial struggles
Impaired caregiver (any indication)
Inadequate restraint
Judicial process _____
Lack of regular child care
Lack of support system for family
Lack of treatment-mental health or substance abuse
Law enforcement _____

Medical issues/management (improper, inadequate, lack of access, etc.)
Medical neglect
Medically fragile child (NAS, disability, autism, etc.)
Mental health issues, caregiver
Mental health issues, child
Military systems Issues _____
Neglectful entrustment
Perinatal depression, caregiver
Substance abuse in home
Substance abuse, caregiver (current)
Substance abuse, child
Substitute caregiver at time of event (a person who is not typically a caregiver on a regular basis)
Supervisional neglect
Unsafe access to deadly means
Unsafe sleep, bedsharing
Unsafe sleep, cosleeping/non-bed surface
Unsafe sleep, other
Unstable housing
Other _____

OTHER QUALIFIERS

Apparently accidental
Potentially preventable
Manner undetermined/foul play not ruled out

PANEL DETERMINATION

Abusive Head Trauma
Physical Abuse
Neglect, general (can include leaving child with unsafe caregiver)
Neglect, medical
Neglect due to impaired caregiver
Neglect due to inadequate/absent child restraint in a motor vehicle
Neglect due to unsafe access to deadly/potentially deadly means (includes ingestions, injury due to child's access to gun, unsafe access to car, ATV, or farm machinery, etc.)
Neglect due to unsafe sleep
No abuse or neglect
Sexual Abuse
Supervisory neglect
Torture
Other _____



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