2018 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, "the Panel", was created in 2012, for the purpose of conducting comprehensive reviews of child fatalities and near fatalities suspected to be the result of abuse or neglect. 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 and the Department for Public Health. The Department for Community Based Services (DCBS) conducts their own investigation into the fatality or near fatality and determines whether to substantiate abuse or neglect. The Panel conducts an external review of these cases regardless of 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 identify 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 Child Welfare Oversight and Advisory Committee by December 1 of each year as specified in KRS 620.055(10). On October 29, 2018, the Panel informed its statutorily required recipients that it would delay its report for sixty (60) days in order to publish an adequate report based upon the information received.

Throughout 2018, the Panel met seven (7) times including a two-day session in November.[1] Cases reviewed were from state fiscal year 2017 (July 1, 2016 through June 30, 2017). The Panel reviewed 134 cases comprised of 51 fatalities and 83 near fatalities. Of the 51 fatalities, 10 of the cases were reported to DCBS as near fatalities which ultimately resulted in a fatality. Eight (8) of those cases were referred to the Panel from the Department for Public Health.

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

[1] KRS 620.055(4) requires the Panel to meet at least quarterly.

2017 IN REVIEW

Since its inception, the Panel has been focused on conducting thorough and thoughtful reviews of the cases brought before them. The review process has been refined by utilization of expert case analysts from the medical and/or social work field. The Justice and Public Safety Cabinet contracts with case analysts for these reviews. The analysts are responsible for presenting case summaries of each case reviewed by the Panel and triaging cases requiring an in-depth discussion. This process has resulted in a more efficient use of Panel members' time and continues to allow them to review cases referred from other sources outside of DCBS.

The Panel utilizes a SharePoint website where the case records are uploaded and available for review to each panel member, case analyst, and staff. This system is providing a rich source of data to support the work of the Panel, in tracking trends regarding these fatal/near fatal events. The information has supported the Panel in making data driven recommendations for system improvements with the hope of preventing child fatalities and near fatalities caused by child maltreatment.

The Panel continued to request the assistance of an expert in Child Abuse Pediatrics from the University of Kentucky, Department of Pediatrics as an additional resource. All statutorily required terms of members were replaced/reappointed during the fiscal year. The Panel welcomed new members from the Kentucky Association of Addiction Professionals and CASA.

Per statute, the Legislative Program Review and Investigations Committee conducted their annual review of the Panel and presented the report on August 9, 2018. On September 19, 2018, several Panel members presented an informational overview of the Panel's work to the Interim Joint Committee on Health and Welfare and Family Services.

As noted in the Program Review and Investigations Report, the Panel has had difficulty in timely completing its annual report. The workload associated with conducting comprehensive reviews of lengthy case documents has been a challenge. In an effort to effectively address the issue, the Panel met more often than statutorily required, including an additional two-day meeting. The issue has been exacerbated by delays in receiving case records from DCBS and other outside sources. The Panel decided during their September meeting they would prefer to submit a late report rather than a report lacking the specific data needed for their recommendations. The Panel and DCBS remain committed to resolving this issue. The Justice and Public Safety Cabinet has hired a full-time case analyst, and DCBS has implemented a new process to streamline the case uploads. Hopefully these collaborative efforts will assist in a timely submission of future reports.

RECOMMENDATIONS

The Panel functions within the premise that addressing the crisis of fatal and/or near fatal child maltreatment will require an intentional focus on systems improvement. Multiple systems interact with families, each interaction bringing the possibility to strengthen families and mitigate risk. Conversely, these systems involve individuals, and all individuals will, on occasion, fail. The intent of the Panel's work is not to place blame, but rather to identify systemic strengths and weaknesses with the goal of improving the overall systems.

The Panel has consistently noted opportunities for improvement across all systems. In some cases, missed opportunities involve a single agency in a single case. Not infrequently, multiple system failures occur within a single case. Systems do not operate independently; they interact intricately; a failure in one system impacts the effectiveness of others.

The following case review clearly demonstrates the capacity for multiple system failures within one case, and how those missed opportunities can cascade into a tragic outcome.

F-23-17-C

This case involves a six-month old baby boy who died while co-sleeping with his impaired mother. Mother presented with a complex history, including a traumatic childhood, placement in foster care, removal and permanent placement of older children, and a history of drug use. The infant's father had a history of criminal behavior, including a felony child endangerment conviction and domestic violence. The deceased child first came to the attention of the Cabinet at birth as a result of prenatal drug exposure due to mother's marijuana and opioid use. Although he did not exhibit Neonatal Abstinence Syndrome (NAS) symptoms, he required a 17-day stay in the NICU. The Cabinet requested emergency custody of the infant. Despite the Cabinet's concerns, the judge placed the child (and three siblings) with the father. This placement ended quickly. The child was briefly placed in foster care, and was subsequently placed in relative care. Against court orders, the relative allowed the mother to reside in the home. Upon the death investigation, it was discovered there were multiple adults and children (10 total) residing in the residence, as well as drug use.

Multiple missed opportunities were identified in the Panel's review of this case. In summary those opportunities include:

- Judicial issues – Despite the Cabinet's concerns, the child was placed with the father and ultimately with relatives.
- DCBS issues – DCBS had an inadequate assessment of risk regarding the children's relative placement and had minimal contact after placement.
- Law enforcement issues – Law enforcement failed to drug test the mother at the time of the fatality.
- Coroner issues - The coroner failed to complete the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF).
- Medical issues/Management – The birthing hospital failed to communicate the family history to the infant's primary care provider.

Identifying these missed opportunities assists the Panel in formulating its yearly recommendations. The recommendations provided by the Panel are presented in the context of the need for multisystem improvements.

FAMILY DRUG COURT

For the third consecutive year, the Panel recommends the full implementation of Family Drug Court. Substance abuse by a caregiver was found to be a characteristic in 46% of the cases reviewed by the Panel. The Panel recommends the General Assembly allocate the funding in 2020 to implement Family Drug Courts across the Commonwealth. Family Drug Courts bring together substance use disorder treatment, child welfare services, mental health, and social services agencies in a non-adversarial approach. Family Drug Courts seek to provide safe environments for children, intensive judicial monitoring, and coordinated service provision to treat parents' substance use disorder and other co-occurring risk factors. Family Drug Court outcomes include higher rates of participation and longer stays in substance use disorder treatment, higher rates of family reunification, and less time for children in foster care.[2]

Improved collaboration between team members from the court, child welfare, and substance use disorder treatment is a key component of the Family Drug Court. This ensures the safety and well-being of the children, and offers the parents the tools and support they need to be successful. Parents are empowered to be involved in decision making, required to become involved in services and activities with their children, and acknowledged for their accomplishments. Parents also must face their problems and be held accountable for noncompliance. Family Drug Court increases communication and information sharing between all agencies involved with the family. For more information on Family Drug Courts, see www.NDCI.org

F-21-17-C

F-22-17-C

A mother and two of her children were involved in a motor vehicle collision where both children were killed and mother sustained non-life threatening injuries. The children were both properly restrained, however mother tested positive for methamphetamine and marijuana. Mother denied having used meth since December, 2016. A meth pipe was found in the diaper bag in the vehicle. Both parents had an extensive history of domestic violence, substance abuse and numerous DCBS referrals. The father assaulted the mother the night before the fatal crash. Eight months prior to the crash, the Judge ordered the case closed against the Cabinet's recommendations.

[2] https://ncsacw.samhsa.gov/resources/rousources-drug-courts.aspx

MEDICATION-ASSISTED TREATMENT (MAT)

Last year, the Panel recommended 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. The Panel further addressed the lack of communication between MAT providers and DCBS and the lack of family-oriented training and protocol. The General Assembly recently passed House Bill 124, which requires the Cabinet for Health and Family Services to promulgate administrative regulations necessary for implementing the enhanced licensure and quality standards for substance use disorder treatment and recovery services and programs. The Panel applauds the General Assembly for taking these initial steps to evolve the practices and policies concerning MAT providers. However, the Panel remains concerned about the lack of discussion regarding safety protocols including safe sleep and storage of the patient's medications when children are in the home. Co-sleeping while impaired has been a common panel finding.

People who provide medication-assisted treatment (MAT) services work in a range of prevention, health care, and social service settings. They include psychiatrists, psychologists, pharmacists, nurses, social workers, counselors, marriage and family therapists, peer professionals, clergy and many others. Training a diverse and qualified behavioral health workforce is essential to creating a successful recovery program.[3]

The Panel strongly encourages the Cabinet for Health and Family Services, the Kentucky Board of Medical Licensure and the Office of Drug Control Policy to develop additional family-oriented protocol addressing the increased safety risks present in these families. Additional information must be disseminated regarding the grave effects of these medications in the hands of young children. Kentucky should develop, disseminate, and mandate additional education for each licensed provider.

NF-61-17-C

Three-year child old was airlifted to a regional Children's Hospital for an apparent drug ingestion. The victim gained access to pills from the Maternal Great Aunt's purse. The morning of the incident, the great aunt, the parents, and the victim went to the methadone clinic and then proceeded to purchase heroin. The parents stopped to purchase and use meth in a friend's home while the child was in the vehicle with the great aunt. When the parents returned to the car, the great aunt was using the heroin and the victim was passed out. The trio drove around for approximately two hours before seeking medical treatment for the child. When law enforcement arrived, the great aunt had numerous medications loose inside her purse. The child remained in the ICU for two days.

[3] https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources

PEDIATRIC ABUSIVE HEAD TRAUMA

Pediatric Abusive Head Trauma (PAHT) continues to be one of the most reviewed case type by the Panel. See Figure 1. HB 157, passed in 2014, required the State Board of Medical Licensure to include in its continuing medical education requirements training on the recognition and prevention of pediatric abusive head trauma for pediatricians, radiologists, family practitioners, emergency medicine and urgent care physicians. The TEN -4 rule of pediatric bruising, introduced by Pierce, Kaczor, et al., is helpful in identifying potential child abuse. TEN stands for torso, ears and neck. These body regions if bruised, were found to be predictive of abuse in patients less than four years old. Additionally, any bruising in an infant four months old or younger is not normal and justifies an emergent medical evaluation. The TEN-4 bruising information is included in all PAHT training for licensed medical providers, early childhood providers, DCBS, and law enforcement. However, additional efforts should be focused on distributing this information to the general public. See

F-29-17-NC

Victim was a four-month old infant found to have skull fracture, bilateral retinal hemorrhages, and extensive subdural and subarachnoid hematomas. The victim was transported to the hospital by EMS after he allegedly fell from the couch. The victim succumbed to his injuries at the hospital. During the medical evaluation it was determined the child had bruises to his forehead, upper arm, chest, and side of his face. The child was reported to have a history of facial bruises that were never evaluated. Mother's paramour eventually confessed to throwing the child across the room and striking the floor. The paramour was indicted for murder.

Birthing hospitals, Obstetricians, Pediatricians, Family Practitioners, and Nurse Practitioners should be encouraged to recommend HANDS. Kentucky's Health Access Nurturing Development Services (HANDS) supports families as they build healthy, safe environments for the optimal growth and development of children. HANDS is an evidence-based home visiting program for pregnant moms-to-be and new parents that supports all areas of the baby's development. Enrollment must be during pregnancy or when the baby is less than three months olds.[4]

The Panel continues to recommend the Kentucky Hospital Association and the Kentucky Chapter of the American Academy of Pediatrics promote awareness of the two Pediatric Forensic Medicine centers within Kentucky. UK HealthCare and UofL Kosair Charities Division of Pediatric Forensic Medicine both provide assessments and treatment of suspected child physical abuse and neglect. Pediatric Forensic Medicine divisions act as a liaison between the hospital staff, law enforcement and child welfare services. Both teams are available 24/7 for consultation and support. For more information please visit:

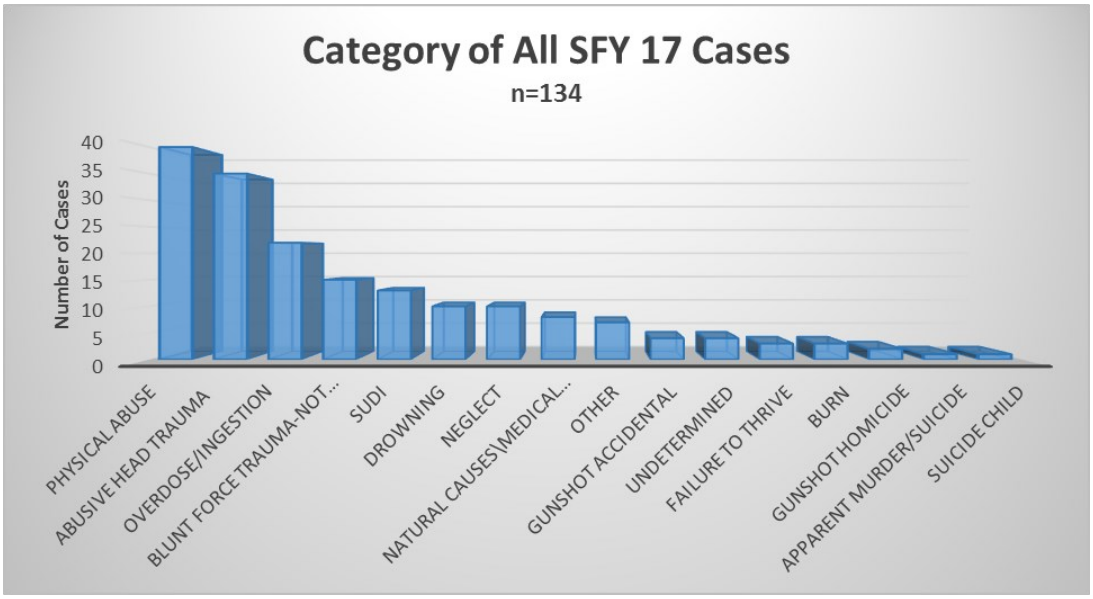
→ https://louisville.edu/medicine/departments/pediatrics/divisions/forensic-medicine

→ https://ukhealthcare.uky.edu/kentucky-childrens-hospital/services/forensic-medicine-pediatric

[4] http://www.kyhands.com

PEDIATRIC ABUSIVE HEAD TRAUMA

The Panel further recommends the General Assembly and the Attorney General's Office analyze the practicability of amending KRS 431.600 to include Multidisciplinary Teams on Child Physical Abuse in addition to child sexual abuse.



Data Source: Child Fatality and Near Fatality Review Panel **Figure 1**

*Note: Of the 40 cases categorized as Physical Abuse, 33 of them were also categorized as Abusive Head Trauma.

SAFE SLEEP

In 2015, Kentucky launched the Safe Sleep Campaign, a statewide effort to raise awareness of the importance of Safe Sleep. Unfortunately, unsafe sleep practices remain a significant cause of preventable infant deaths. In order to reduce unsafe sleep fatalities, the ABCDs of Safe Sleep should be practiced every time a baby sleeps. The ABCDs of Safe Sleep --**A**lone, on the **B**ack, in a **C**rib, and **D**anger from drugs or distractions: be aware, not impaired. Additional recommendations include the crib being uncluttered; free of blankets, pillows, toys, etc. Drug (illicit or prescribed) or alcohol use by a co-sleeping caretaker greatly increases the risk. Parents should avoid co-sleeping with their child in a bed or any other non-bed surface, especially if caregivers are taking sedating substances (legal or otherwise). The public is encouraged to visit www.safesleepky.org for more information. See Appendix B

F-37-17-PH

A five-month old infant was found unresponsive by his mother. Child and mother had been co-sleeping on the couch together. During the investigation, mother reported that she had another child who died from "smothering" at five months of age in 2010. The parents agreed to a blood test on the date of the incident and both were positive for amphetamine/methamphetamine. DCBS had an open case on the family at the time of the incident and mom and infant were residing with grandmother. The case plan allowed for the mother to reside in the home and care for the child, but she was not to be unsupervised at any time. Grandmother was aware of the parents' history of substance abuse. The autopsy report stated that the cause of death was undetermined. DCBS found that no maltreatment occurred and neglect was unsubstantiated.

SAFE SLEEP

The Panel reached a determination of neglect associated with unsafe sleep practices in fourteen (14) cases, seven (7) of these cases involved an impaired caregiver. It is not unusual for the Panel and DCBS findings to differ on occasion. The Panel has noted, however, inconsistency in the findings made by the Cabinet in unsafe sleep cases. An unsafe sleep death with an impaired caregiver may result in a substantiation of neglect in one region, while in another region a case with similar circumstances may not be substantiated. This issue seems to be exacerbated based on DCBS staff interpretation of the autopsy results, that absent obvious indicators, will list the cause of death as undetermined. DCBS has the latitude and authority to reach the investigative conclusion consistent with its own Standard Operating Procedure. The Panel recommends DCBS staff examine this issue and provide the appropriate training, guidance and oversight to support consistent practices statewide.[5]

PLAN OF SAFE CARE

Neonatal abstinence syndrome (NAS) is defined by the CDC as "…postnatal drug withdrawal syndrome in newborns caused primarily by in utero exposure to opioids." Drug addiction, prenatal exposure and NAS are a public health crisis in Kentucky, with a devastating impact on children. Panel data documents an increasing number of fatal or near-fatal incidents in children who have been diagnosed with NAS, or otherwise prenatally exposed to drugs or alcohol. 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. Panel case reviews have documented inconsistencies in how these incidents are reported by medical providers, and in how DCBS responds to such reports. The end result is high-risk substance exposed infants leave the hospital without a concrete collaborative plan for the child's safety and/or treatment for the addicted parent.

The Plan of Safe Care should address the services required for the impacted child, caregivers, and addicted parent(s). The Department for Public Health (DPH) has conducted numerous statewide trainings and promoted the development of best practices in implementing Plans of Safe Care. There are several model programs in various areas of the Commonwealth successfully addressing these issues. DPH has recently implemented a pilot program designed to meet the needs in Eastern Kentucky. DCBS, over the last decade, has operated an evidence based program to meet the needs of families of infants and young children who are in the child welfare system and have a parent whose substance use is determined to be a primary child safety risk factor.[6] Despite these laudable efforts, the statewide availability of resources to address this population is lagging far behind the need.

The Panel recommends funding for the development of new programs and expansion of existing programs, to ensure every infant prenatally exposed to drugs or alcohol leaves the hospital with an appropriate Plan of Safe Care. These plans should be collaborative, based on individual child/family needs, and specifically identify the community agency responsible for monitoring and implementing the plan. Each program should include components addressing in-home service delivery, parent education, and compliance monitoring.

[5] DCBS Comment: The Department for Community Based Services has requested further input from the Panel regarding substantiations conflicting with a coroner's report. The Department will seek legal guidance and consultation through expert resources regarding potential improvements.

[6] http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed

PLAN OF SAFE CARE

F-13-17-C

CPS received a report that the mother was using drugs and not able to care for her two-month old infant. The reporting source observed the mother with pill residue under her nose. The following day, when CPS and law enforcement visited the home, the mother appeared intoxicated but informed the officer the baby was not home. The mother agreed to let investigators enter her home, where the child was found deceased at the end of her bed. The mother did not seem aware the child was in the home and stated she had not cared for the infant in over 12 hours. The infant had been diagnosed with NAS at birth, the meconium was positive for methamphetamine, amphetamine, and THC. The infant had only been seen by a medical provider once since birth. The mother had a significant history with CPS related to drug use and neglect regarding the deceased child and sibling. Mother reported using drugs since she was a teenager and began using meth just prior to becoming pregnant with the victim. Mother reported using Subutex during her pregnancy and returned to using methamphetamine multiple times a day along with Suboxone purchased on the street after the child was born.

DEPARTMENT FOR COMMUNITY BASED SERVICES

Previously, the Panel recommended additional funding for the Department for Community Based Services. The Department received significant funding for workforce development, which included additional staff and salary increments. The Department is currently exploring avenues to address retention and recruitment, among various other issues. However, DCBS is in dire need of additional monetary and nonmonetary support for relative and fictive kin caregivers, across the entire child welfare continuum, from primary prevention through post-permanency.

NF-81-17-C

A three-year-old child presented to a local emergency department with a possible seizure. The child had a history of a seizure disorder and was prescribed medication. However, medical records indicated periods of delayed well-child care, a lag in immunizations, and delay in obtaining the child's seizure medication. At the time of the incident, the child's parents were homeless, living out of their car, and struggling with substance abuse. The index child and sibling were residing with their grandmother. The grandmother did not speak English, which created a communication barrier, and suffered from medical issues of her own. The grandmother was reportedly prescribed seventeen (17) different medications. The Panel determined this was an overwhelmed caregiver in need of additional services.

DEPARTMENT FOR COMMUNITY BASED SERVICES

Due to recent litigation, DCBS is projected to spend more than $20 million dollars implementing and paying foster care benefits to relative caregivers. However, the Department should invest more strategically and provide additional in-home services. The Panel supports any effort by the Department to implement a new service array for relative and fictive kin caregivers. The Panel further supports additional funding for the Guardianship Assistance Program. The Guardianship Assistance Program is optional for title IV-E agencies that provides monetary support to relative caregivers who seek legal guardianship. The Department currently absorbs roughly 50-75% of this cost and additional funding is required.

The recent passage of the Family First Prevention Services Act reforms the federal child welfare financing stream. There are multiple facets to this act, including limiting the use of congregate care, ensuring residential treatment care providers are qualified, additional support for kinship care providers, and funding for preventive services. The Act requires participating states to develop a statewide plan to track and prevent child fatalities due to child maltreatment. The Panel will support statutory reform intended to enhance the Cabinet's capacity to implement the Family First Prevention Services Act.

The Panel collects and analyzes data regarding the presence of previous history with DCBS for any case reviewed. Previous history is defined as any contact (investigations, referrals, ongoing services, etc.) with caregivers or family members residing with the index child, in the 60 months prior to the fatal or near fatal incident. This determination is made by the Panel following review of DCBS and other case records. This data element captures one of several "family characteristics" collected for each case reviewed.

Prior history with child welfare agencies is a common characteristic noted in other data resources examining child deaths. (*Child Maltreatment 2016*, U.S Department of Health and Family Services, 2018). In this reporting period, 63% of the cases reviewed by the Panel had a prior history with DCBS. While this data does not always equate to agency error in the handling of the previous case, it does demand further exploration. The Panel examines the nature and extent of the history of DCBS involvement from the prevention and system improvement perspective.

When opportunities for improvement in DCBS practice are noted, the Panel identifies them as "DCBS Issues." The Panel found "DCBS Issues" in 36% of the cases reviewed. The Panel subsequently addresses the following questions when examining identified DCBS issues:

→ Was the child assessed for risk as part of the fatal or near fatal investigation?

→ Was the DCBS investigation of the event coordinated with law enforcement?

→ Was DCBS involvement restricted by law enforcement, courts, or other agencies?

→ Were there delays in conducting the investigation or missing information which was not clearly explained in the case record?

→ Did DCBS conduct an internal review of the case?

→ Was the prior referral not accepted for investigation?

→ Were there other issues of concern identified?

Figure #2 displays the specific trends in each of the six areas examined.

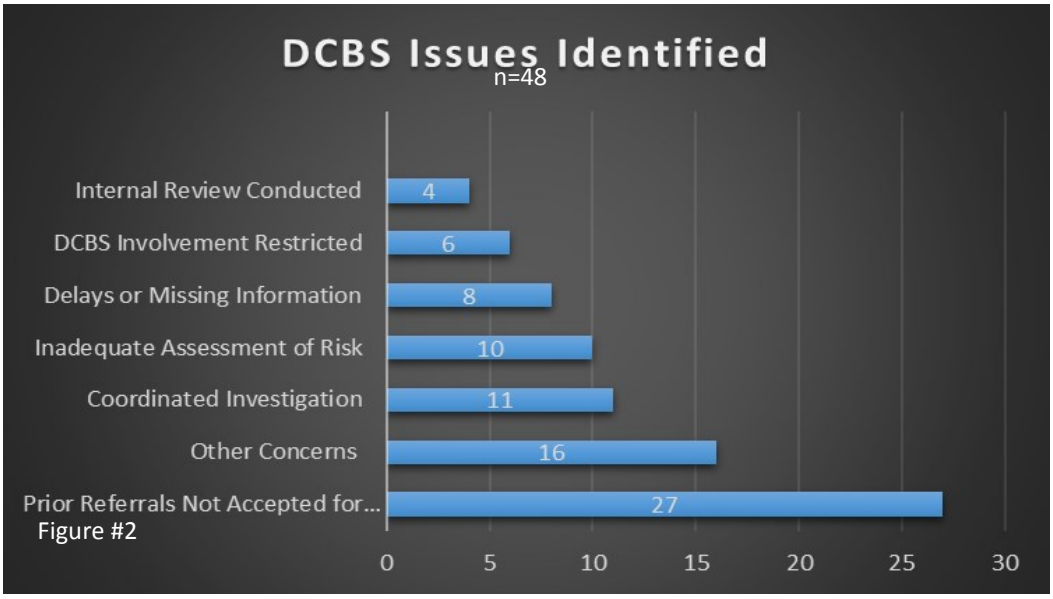


Figure #2

Data Source: Child Fatality and Near Fatality Review Panel

Note: Cases may have more than one identified DCBS issue.

The issue noted most frequently is "Prior Referrals Not Accepted for Investigation." This is commonly referred to as "reports screened out." The screening out of reports is an area of concern noted nationally (*Within Our Reach: A National Strategy to Eliminate Child Abuse and Neglect* Fatalities, 2016).

NF-063-17-C

A twelve-month old female was hospitalized after sustaining a life threatening intracranial subdural hemorrhage and spinal subdural hemorrhage while in the care of her mother's paramour. The child had been found to have physical abuse injuries prior to the near fatal incident. DCBS implemented a voluntary prevention plan limiting the paramour's access to the child. Prior to the near-fatal event, DCBS received a report alleging the mother was not compliant with the prevention plan. The mother did not believe the paramour had injured the child. A non-emergency petition was filed in Family Court. DCBS made no further documented contact with the family in the sixteen days from the filing of the petition until the time the child was critically injured.

The "screening out" of referrals to DCBS involves not accepting an allegation for investigation. The decision to "screen-in" or "screen-out" the referral is made when the initial report is received by the Central Intake staff. There are situations when a caller does not make an allegation meeting the statutory or regulatory criteria to conduct an investigation, and these referrals are appropriately screened out. On some occasions, the caller is referred to other services; this is referred to as a Resource Linkage. The decision to screen-out a report is a subjective decision-making process. Inconsistency in decision making has been noted across the state. Ideally, decisions to accept or screen reports are informed by holistic examination of risk factors and/or in-depth discussion regarding the caller's concerns. DCBS staff capacity to skillfully interview the caller and solicit additional information regarding family risk and history can increase the likelihood of the referral being accepted.

When the decision is made to screen-out, the outcome is potential denial of needed protective services for the child. Concerns and recommendations regarding this process have been noted by the Panel for several years, beginning with the Panel's first report in 2013 and revisited in 2015 and 2016. The U.S Department for Health and Human Services (HHS) requires states to submit data on this process. In its 2018 report, HHS reported the national rate of referrals being screened out at 42%. This same report stated Kentucky's screen-out rate at 48%. The National Commission to Eliminate Child Abuse and Neglect Fatalities was established by Congress to examine the issue of child abuse fatalities and make systemic recommendations. In its final report, the Commission zeroed in on the need to examine and revise practices around the screening process stating, "States should review current screening policies to ensure that all referrals of children under age three and repeat referrals receive responses. In addition, investigation policy should be reviewed to ensure that reports for children under age one are responded to within 24 hours." This recommendation parallels those made by the Panel in previous years. Prioritizing young children in this recommendation is consistent with Panel data finding that vast majority of children who die or nearly die are age four or younger, and children less than a year old are at even greater risk.

A call to a child protection hotline, regardless of the disposition, is the best predictor of a later child abuse or neglect fatality. This points to the importance of the initial decision to "screen-out" certain calls. Screening out leaves children unseen who may be at a high risk for later fatality.

Letter from the Chairman
The National Commission to Eliminate Child Abuse and Neglect Fatalities

NF-58-17-C

An 11-month infant presented at the hospital unresponsive. He was intubated and given Narcan, to which he responded. He had apparently ingested a heroin soaked cigarette butt which was lying next to his pacifier. Subsequent drug screens determined he had also been exposed to lorazepam. DCBS had several previous reports on this family, most of which alleged drug use. The two most recent referrals were made by medical providers concerning positive drug screens at birth, Neonatal Abstinence syndrome and other family risk factors. These referrals were screened out and services were not provided.

In the forty-eight (48) cases which the Panel identified "DCBS Issues," twenty-seven (27) of those cases involved prior referrals not being accepted for investigation. Twenty percent of all cases reviewed by the Panel noted screening out as a potential missed opportunity. This issue has been identified as an area of concern in Kentucky and nationally for several years.

The Department for Community Based Services should engage in a critical review of existing practices and policies associated with accepting or screening out referrals of possible child maltreatment. Minimally these revisions should include increased supervisory review of any referral screened out if: 1) the child is age four or under, 2) has multiple previous referrals, or 3) the referral source is a professional serving the child or family. Additionally, intake training should enhance staff's capability to solicit information necessary to screen-in the call.[7]

[7] DCBS Comment: DCBS is currently transitioning into a new model for its centralized intake services that should afford greater quality assurance and foster continuous quality improvement under the same branch management structure.

As an agency responsible for the care and safety of families and children, DCBS should engage in a critical incident review process from a risk reduction and quality improvement perspective. KRS 620.050 (12) (b) requires DCBS to "conduct an internal review of any case where child abuse or neglect has resulted in a fatality or near fatality and the Cabinet had prior involvement with the child or family…" The goal of the internal review is to examine the "Cabinet's actions and any policy or personnel changes taken or to be taken." The Panel has examined and made recommendations regarding this process for several years. Over the last few years, the Panel has noted improvement in the consistent application of this important and statutorily mandated process. This year, Panel findings identified only four cases in which no internal review was conducted but should have been.

Despite noted progress, opportunity for improvement exists. The Panel has discussed the Sentinel Event Policy established by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as a parallel model for consideration. The applicability of this process to sentinel events within DCBS is immediately apparent in the introductory statement from JCAHO,

> *"The Joint Commission adopted a formal Sentinel Event Policy in 1996 to help behavioral health care organizations that experience serious adverse events improve safety and learn from those sentinel events. Careful investigation and analysis of patient safety events, as well as strong corrective actions that provide effective and sustained system improvement, is essential to reduce risk and prevent harm to individuals served."* (https://www.jointcommission.org/sentinel_event_policy_and_procedures/)

The approach suggested by JCAHO includes a systematic analysis of events leading to the adverse event to identify "causal and contributory factors." This language seems consistent with the intent of KRS 620.050 (12) (b) requiring the Cabinet to examine the "Cabinet's actions and any policy or personnel changes taken or to be taken."

The internal review is a critical opportunity for the agency to engage in a quality assurance and improvement process. Minimally, the internal reviews should address the statutorily required element of the process. Ideally, DCBS should engage in a process similar to recommendations made by JCAHO. Further, based on Panel concerns regarding the screening-out of reports, it is recommended the Department expand the internal review criteria to include screened-out reports. The Cabinet should consider the death of any DCBS involved child as a sentinel event and conduct an internal review in cases in which performance concerns may have played a role.

LAW ENFORCEMENT

Law enforcement officers understandably tend to view child abuse and neglect not as social problem, but rather in the context of criminal law. Officers generally focus their energy on preservation and collection of evidence for criminal prosecution. Law enforcement officers must be able to share authority with other disciplines and work in a team environment.[8] Overall, the Panel found law enforcement issues in 11% of the cases reviewed.

The Panel continues to recommend law enforcement treat every child fatality and near fatality under the premise the child may have been a victim of abuse or neglect. Recently, the Department of Criminal Justice and Training held the Kentucky Criminalistics Academy Conference. During this conference, Kentucky's Chief Medical Examiner, Dr. William Ralston, conducted a training to various law enforcement officers from across the Commonwealth, regarding the importance of Child Death Scene Investigations. The Panel recommends expanding and mandating similar trainings to all law enforcement entities throughout the state.

The Panel further recommends the development of a protocol for standardized, universal administration of drug tests of the caregivers when a child dies unexpectedly. Currently, law enforcement may request voluntary consent to perform a blood or urine test, however, without consent, they must obtain a search warrant to secure biological testing. The Panel reviewed several cases in which law enforcement noted the caregivers appeared intoxicated but failed to request or administer drug testing.

F-39-17-PH

This case involves the fatal shooting of a two-year-old child. The mother, paramour, and the child had just purchased and decorated a Christmas tree the evening of the incident. The child wanted to sleep on the couch in the living room where she could see the tree and her presents. Later that evening, two individuals knocked on the door and after a brief exchange with the paramour they exchanged gunfire. Tragically the child was fatally injured in the crossfire. The family had a history of drug abuse and domestic violence. During the Panel's review, it was noted CPS was never notified by law enforcement of this child's death.

CORONER

As required by statute, any death of a child under the age of eighteen (18) the coroner shall timely notify the local DCBS, law enforcement, and the local health department. Historically, the Panel found a large number of cases were not being reported as mandated. However, this appears to be improving. Through a collaborative effort, the Department for Public and Health and the Office of the Medical Examiner continues to address this issue by distributing brochures and quick reference cards during routine training events. The Panel recently started tracking "Coroner issues" in an effort to obtain and track compliance throughout the Commonwealth.

[8] https://www.childwelfare.gov/pubs/usermanuals/law/

CORONER

F-36-17-PH

This case involves a four-month old child found unresponsive by mother who had reportedly fallen asleep on top of the child on the couch. Law enforcement was noted to be at the scene for "crowd control" and no death scene investigation was completed. The coroner submitted a SUIDIRF form, however, a large portion of form was incomplete, including the investigative section. Mother and paramour both had an extensive history of drug abuse and domestic violence. No drug test was administered at the time of the incident. DCBS was not notified of the child's death.

The Panel has noted coroners are more routinely utilizing the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF), however, often times the forms are not complete. The SUIDIRF is a standardized form that collects and may improve classification of sleep-related infant deaths. The form guides investigators through the steps involved in an investigation and allows them to document their findings consistently. This form produces information researchers can use to recognize new threats and risk factors for sudden unexpected infant death.[9] The Panel recently worked with the Kentucky State Police to post the form on KyOPS. KyOPS is a website developed and maintained by the Kentucky State Police to serve as portal into the state's repository for traffic collision, crime, and citation reports completed by law enforcement agencies. Law enforcement officers throughout the state may now utilize this invaluable tool. The Panel further recommends coroners, law enforcement, and DCBS conduct joint investigations in all child fatalities pursuant to KRS 211.686.

[9] https://www.cdc.gov/sids/suidrf.htm

DATA REVIEW

DEMOGRAPHICS

COUNTY OF INCIDENT

SharePoint allows the Panel to track demographic information for each case reviewed. The data shows fatal and near fatal events due to child abuse and neglect occur throughout every region of the Commonwealth. The chart below indicates the number of cases per county of incident. State Fiscal Year 2014, 2015 and 2016 have been combined, please refer to previous Annual Reports for a complete breakdown.

County of Incident Among All Cases Reviewed in SFY 14-16 and SFY17

County	Combined SFY 14-16	SFY 2017	County	Combined SFY 14-16	SFY 2017	County	Combined SFY 14-16	SFY 2017
Adair	2	1	Garrard	1	0	Meade	4	0
Allen	1	0	Grant	2	0	Menifee	0	1
Anderson	1	0	Graves	3	0	Mercer	2	0
Ballard	2	0	Grayson	5	0	Montgomery	2	0
Barren	4	0	Green	1	0	Monroe	2	0
Bath	1	0	Greenup	1	1	Morgan	3	0
Bell	6	2	Hancock	0	1	Muhlenberg	2	0
Boone	5	1	Hardin	10	4	Nelson	4	3
Bourbon	0	1	Harlan	3	1	Nicholas	1	0
Boyd	13	1	Harrison	1	0	Ohio	3	0
Boyle	3	1	Hart	1	0	Oldham	1	2
Bracken	0	1	Henderson	4	4	Owen	1	1
Breckinridge	2	3	Henry	1	1	Owsley	2	0
Bullitt	5	1	Hopkins	3	3	Pendleton	2	0
Butler	0	1	Jefferson	62	25	Pike	2	1
Calloway	3	0	Jessamine	4	0	Powell	0	1
Campbell	5	3	Kenton	13	6	Pulaski	2	9
Carlisle	1	0	Knott	1	0	Rockcastle	1	0
Carroll	3	0	Knox	6	1	Rowan	2	0
Carter	2	0	Larue	7	1	Russell	0	2
Casey	1	2	Laurel	14	5	Scott	5	1
Christian	10	1	Lawrence	0	1	Shelby	3	0
Clark	2	2	Letcher	1	0	Simpson	1	0
Clay	6	3	Lewis	0	1	Taylor	4	0
Clinton	1	0	Lincoln	1	1	Todd	2	0
Crittenden	2	0	Logan	3	3	Trigg	0	1
Cumberland	1	0	Madison	5	3	Trimble	4	1
Daviess	9	5	Marion	3	1	Union	2	1
Estill	3	0	Marshall	5	3	Warren	13	4
Fayette	10	2	Martin	1	0	Webster	2	2
Fleming	3	0	Mason	1	0	Whitley	1	2
Floyd	3	0	McCracken	5	0	Woodford	1	0
Franklin	3	5	McCreary	4	0	**Total Cases**	**359**	**134**

Data Source: Child Fatality and Near Fatality External Review Panel

COUNTY OF INCIDENT

Cases Reviewed by County of Incident, 2017

December 12, 2018
Data Source: Child Fatality Near Fatality External Review Panel
Shapefiles from Kentucky Geography Network.
Prepared by Emily Ferrell, MPH CPH
134 cases total for these years.

Cases Reviewed by County of Incident, 2014-2017

December 20, 2018
Data Source: Child Fatality Near Fatality External Review Panel
Shapefiles from Kentucky Geography Network.
Prepared by Emily Ferrell, MPH CPH
504 cases total for these years.

Note: Not adjusted for county population

DEMOGRAPHICS

Gender of All Cases Reviewed SFY 2014—2017

	2014		2015		2016		2017	
Gender	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**
Male	69	66%	72	62%	86	57%	75	56%
Female	35	34%	44	38%	64	43%	59	44%
Total	**104**		**116**		**150**		**134**	

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

Race of All Cases Reviewed SFY 2014—2017

	2014		2015		2016		2017	
Race	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**
Black	13	13%	11	9%	24	16.00%	22	17%
White	86	83%	90	78%	109	72.67%	94	70%
Asian					1	0.67%	0	0%
Biracial					11	7.33%	7	5%
Other	5	5%	15	13%	5	3.33%	11	8%
Total	**104**		**116**		**150**		**134**	

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 SFY 2014—2017

	2014		2015		2016		2017	
Ethnicity	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**	**# Cases**	**Percent**
Hispanic	4	4%	6	5%	3	2%	12	9%
Non-Hispanic	100	96%	110	95%	147	98%	122	91%
Total	**104**		**116**		**150**		**134**	

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

DEMOGRAPHICS

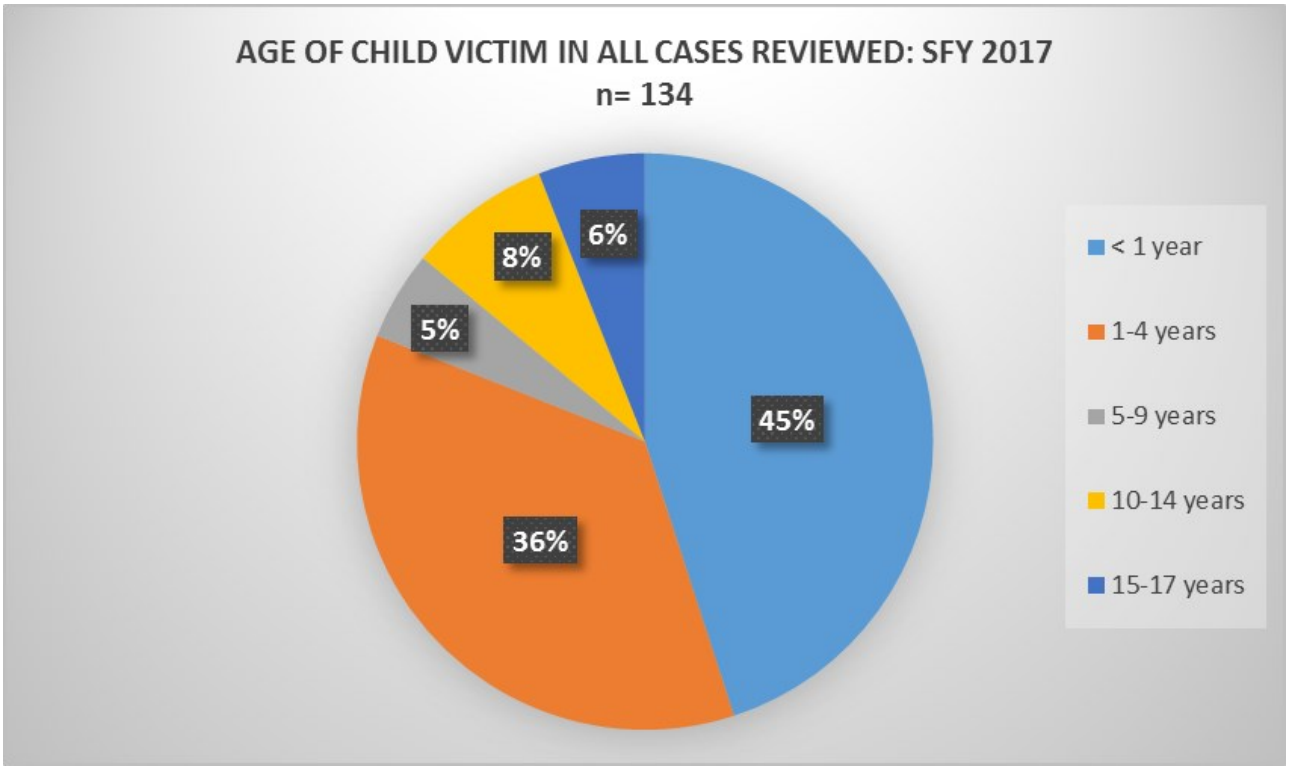
The Panel has continuously found that children four years of age or younger at higher risk for a fatal/near fatal event due to child maltreatment. Since 2014, 83% of all cases reviewed by the Panel were children four years or younger. Infants, comprising of 55% of the birth through age four population, are at the highest risk. Prevention efforts should continue to target these higher risk age groups.

Age of Child Victim in All Cases Reviewed

State Fiscal Years 2014—2017

Age	2014		2015		2016		2017	
	# Cases	Percent	# Cases	Percent	# Cases	Percent	# Cases	Percent
< 1 year	52	50	56	48.28	77	53	60	45
1-4 years	31	29.81	43	37.07	49	32	48	36
5-9 years	9	8.65	9	7.76	14	9	7	5
10-14 years	7	6.73	6	5.17	5	3	11	8
15-17 years	5	4.81	2	1.72	5	3	8	6
Total	**104**		**116**		**150**		**134**	

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



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

Findings Specific to Fiscal Year 2017

FINDINGS AND DETERMINATIONS

The Panel designates the categorization or type of case, identifies the characteristics associated with the fatality or near fatality and makes a final determination of whether abuse or neglect exists. The following pages provide findings specific to fiscal year 2017 (FY17) case reviews.

Final Categorization All Cases FY17

n= 134

Category	Fatalities	Near Fatalities	Total
Physical Abuse	6	34	40
Abusive Head Trauma	9	26	35
Overdose/ingestion	2	20	22
Blunt Force Trauma-not inflicted	8	7	15
Sudden Unexpected Death in Infancy	13	0	13
Drowning	4	6	10
Neglect	3	7	10
Natural Causes\medical diagnosis	2	6	8
Other	3	4	7
Gunshot accidental	2	2	4
Undetermined	4	0	4
Failure to Thrive	0	3	3
Burn	0	3	3
Gunshot homicide	2	0	2
Apparent murder/suicide	1	0	1
Suicide Child	1	0	1

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

*Cases may be captured in more than one category. "Other" includes intentional smothering (1), suicide by firearm (1), hyperthermia (2), blunt force trauma inflicted (2), and undetermined/likely underlying medical issue (1).

*Blunt Force Trauma-not inflicted included nine (9) motor vehicle collisions, four (4) motor vehicle versus pedestrian, and two (2) cases of large objects falling onto children.

Findings Specific to Fiscal Year 2017

KEY FINDINGS FY17

- → DCBS History continues to be the most common family characteristic in all cases reviewed by the Panel.
- → The most commonly found family characteristics in a fatality/near fatality in order of precedence for FY17 cases reviewed:
  - –DCBS History
  - –Criminal History (caregiver)
  - –Financial Issues
  - –Substance abuse (caregiver)
  - –Substance abuse (in home)
  - –Mental Health issues (caregiver)
- → Physical abuse and medical neglect were the most common panel determinations
- → 63% of the cases reviewed from FY17 had a prior history with child protective services
- → 45% of all cases reviewed involved an infant under twelve months of age.
- → 34% 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
- → 51% of Abusive Head Trauma cases had a caregiver with a criminal history
- → 25% of all fatalities were Sudden Unexplained Death in Infancy

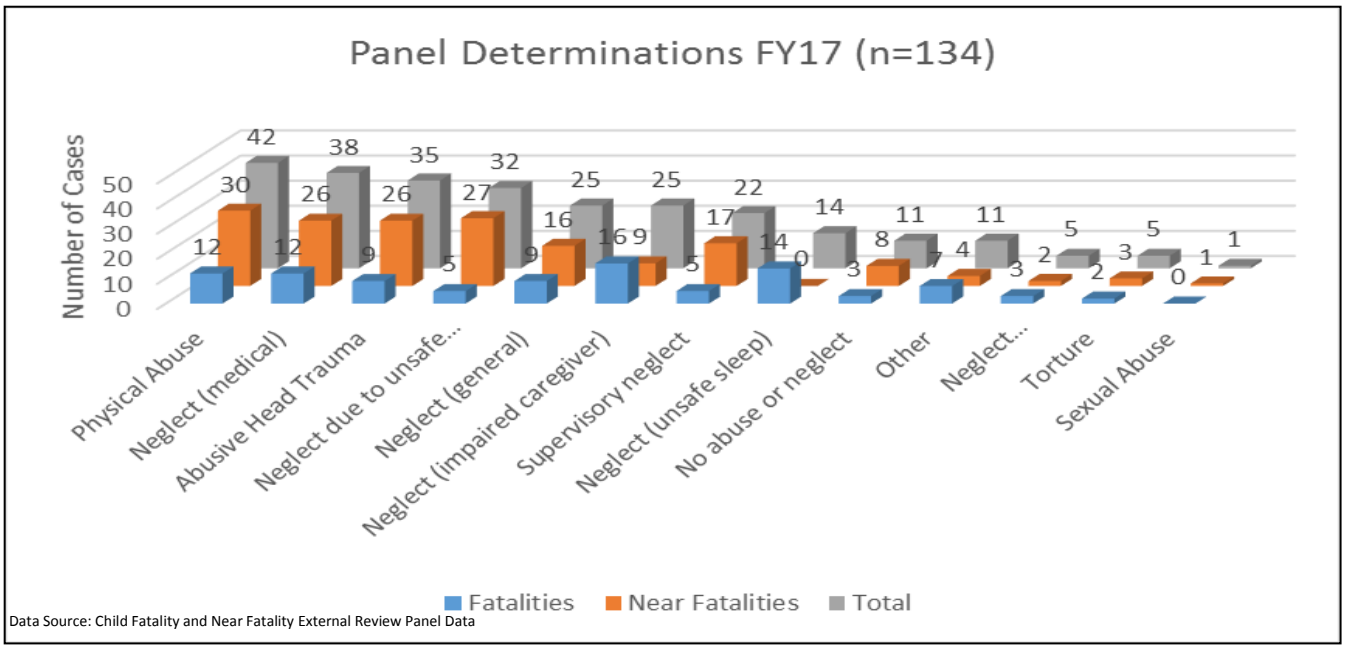
Panel Determinations All Cases FY17

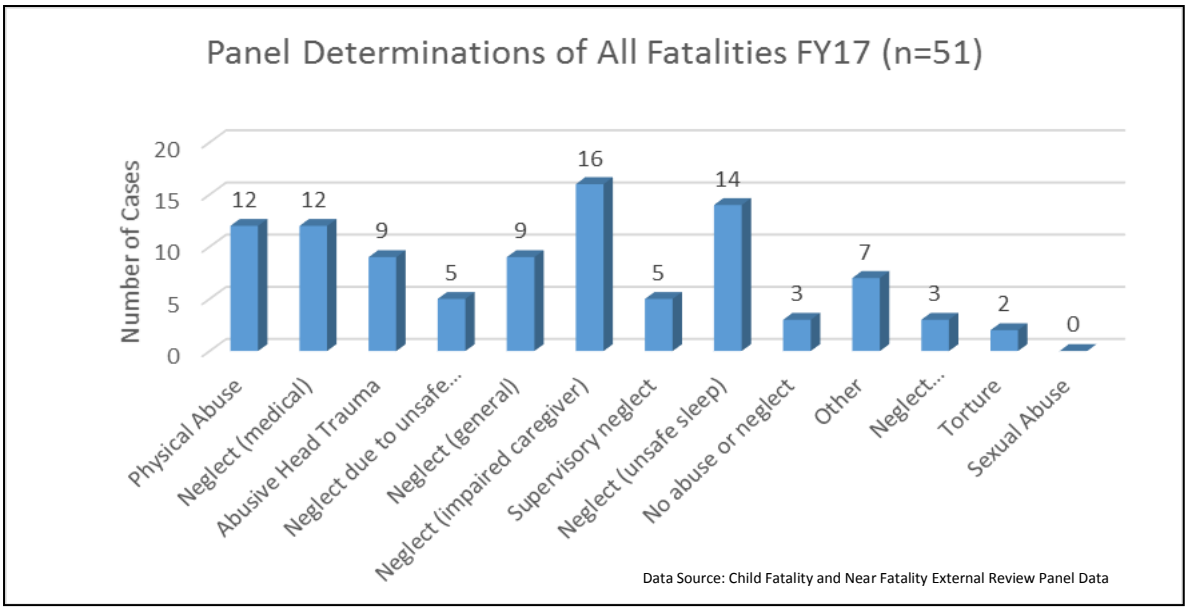
Panel Determinations	Fatalities	Near Fatalities	Total
Physical Abuse	12	30	42
Neglect (medical)	12	26	38
Abusive Head Trauma	9	26	35
Neglect due to unsafe access to deadly/potentially deadly means	5	27	32
Neglect (general)	9	16	25
Neglect (impaired caregiver)	16	9	25
Supervisory neglect	5	17	22
Neglect (unsafe sleep)	14	0	14
No abuse or neglect	3	8	11
Other	7	4	11
Neglect (inadequate/absent child restraint in a motor vehicle)	3	2	5
Torture	2	3	5
Sexual Abuse	0	1	1

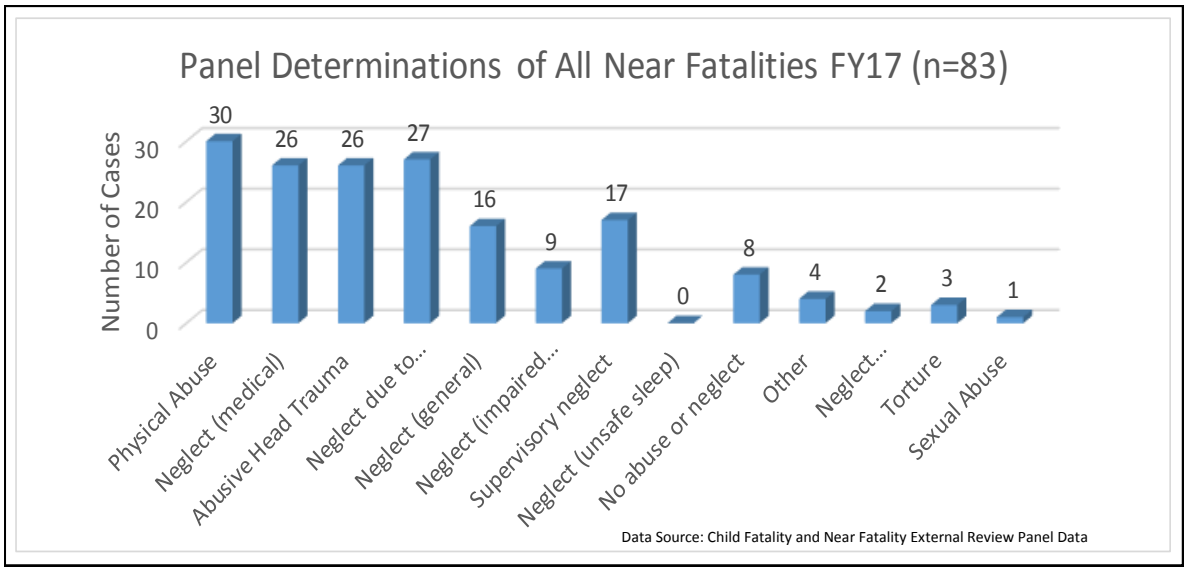
Data Source: Child Fatality and Near Fatality External Review Panel Data

*Cases may be represented in multiple categories.

Findings Specific to Fiscal Year 2017







Findings Specific to Fiscal Year 2017

Family Characteristics Contributing to the Fatality or Near Fatality

Family Characteristics	Fatality	Near Fatality	Total
DCBS History	38	46	84
Criminal History (caregiver)	28	38	66
Financial Issues	23	42	65
Substance abuse (caregiver)	30	32	62
Substance abuse (in home)	31	30	61
Mental Health issues (caregiver)	25	32	57
Family Violence	27	30	57
Criminal history (in the home)	25	32	57
Bystander issues/opportunities	23	26	49
DCBS Issues	27	21	48
Medical neglect	16	25	41
Medical issues/management	16	19	35
Impaired caregiver (any indication)	20	14	34
Supervisional neglect	7	24	31
Unsafe access to deadly means	5	25	30
Lack of treatment (mental health or substance)	15	15	30
Housing Instability	13	16	29
Medically Fragile child	13	15	28
Environmental neglect	15	9	24
Neglectful Entrustment	7	14	21
Substitute caregiver at the time of event	3	17	20
Serial Relationships	5	12	17
Law Enforcement Issues	11	4	15
Mental Health issues (child)	4	9	13
Lack of regular child care	3	10	13
Judicial process	7	6	13
Evidence of poor bonding	1	9	10
Cognitive disability (caregiver)	4	6	10
Education/childcare issues	1	8	9
Lack of Family Support System	3	5	8
MAT involvement	2	6	8
Unsafe sleep (bed sharing)	7	0	7
Other	2	5	7
Perinatal depression (caregiver)	5	2	7
Language/Cultural Issues	1	5	6
Unsafe sleep (other)	5	0	5
Failure to Thrive	0	5	5
Substance abuse (child)	1	4	5
Inadequate restraint	3	2	5
Coroner Issues	5	0	5
Unsafe sleep (co-sleeping/non-bed surface)	4	0	4
Cognitive disability (child)	1	2	3

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

Findings Specific to Fiscal Year 2017

The chart below shows the number of cases where the finding included circumstances that made the incident potentially preventable. Of the 51 cases involving a child fatality, the Panel determined that 73% of those fatalities were potentially preventable. Among the near fatality cases, 81% were determined to be potentially preventable. Overall the Panel found that 78% of these incidents may have been prevented.

Potentially Preventable Fatalities and Near Fatalities FY17
n = 134

	# of Cases	Total	Percent
Fatalities	37	51	**73%**
Near Fatalities	67	83	**81%**
Total	104	134	**78%**

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

Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Determination of Physical Abuse (n=42)

Family Characteristics	# of Cases	% Cases
Financial Issues	23	55%
Family Violence	22	52%
Bystander issues/opportunities	22	52%
Criminal history (caregiver)	21	50%
DCBS history	21	50%
Substance abuse (in the home)	19	45%
Substance abuse (caregiver)	19	45%
Medical neglect	17	40%
Criminal history (in the home)	16	38%
Mental health issues (caregiver)	15	36%
Substitute caregiver	14	33%
Medical issues/management	12	29%
DCBS issues	12	29%

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

Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Sudden Unexpected Death in Infancy (n=13)

Family Characteristics	# of Cases	% Cases
DCBS history	10	77%
Substance abuse (in the home)	10	77%
Substance abuse, by caregiver (current)	9	69%
Mental health issues, caregiver	8	62%
Criminal history in the home	7	54%
Financial Issues	7	54%
Medical issues/management	7	54%
Criminal history, caregiver	6	46%
DCBS issues	6	46%
Environmental neglect	6	46%
Family violence	6	46%
Impaired caregiver	6	46%
Medically fragile child	6	46%
Bystander issues/opportunities	5	38%
Lack of treatment - mental health or substance abuse	5	38%
Unsafe sleep, bed-sharing	5	38%

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

Most Common Family Characteristics Identified in Fatality/Near Fatality Among Cases with a Panel Categorization of Overdose/ingestion (n=22)

Family Characteristics	# of Cases	% Cases
DCBS history	20	91%
Unsafe access to deadly means	19	86%
Criminal history in the home	14	64%
Criminal history, caregiver	13	59%
Supervisional neglect	13	59%
DCBS issues	12	55%
Substance abuse, in home	10	45%
Financial issues	9	41%
Substance abuse, by caregiver	9	41%
Housing instability	8	36%
Mental health issues, caregiver	7	32%
Bystander issues/opportunities	6	27%
Family violence	6	27%
Impaired caregiver	6	27%
Medical neglect	6	27%
Mental health issues, child	6	27%

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

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

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

Liz Croney, Executive Director
KVC Behavioral Health

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

Sherry Currens, Executive Director
Kentucky Coalition Against Domestic Violence

Shawna Kelly-Blair, Program Director
CASA of Eastern Kentucky

Joel Griffith
Prevent Child Abuse Kentucky

Honorable Paula Sherlock
Jefferson Family Court Judge

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

Elizabeth Caywood, Deputy Commissioner
Department of Community Based Services

Lt. Scott Lengle
Kentucky State Police

Jenny Oldham
Hardin County Attorney

Betty Pennington
Family Resource and Youth Services Centers

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

Dr. Henrietta Bada,
Department for Public Health

Dr. William Ralston
Kentucky State Medical Examiner

Angela Brown, RN
Department for Public Health

Steve Shannon
Kentucky Association of Regional Programs, Inc.

Linnea Caldon
Citizen Foster Care Review Board

MEMBERS WHO LEFT THE PANEL IN 2018

Adria Johnson, Commissioner
Department of Community Based Services

Stephanie Floyd, Executive Director
CASA of Graves County

PANEL STAFF

Elisha Mahoney, Executive Staff Advisor,

Justice & Public Safety Cabinet

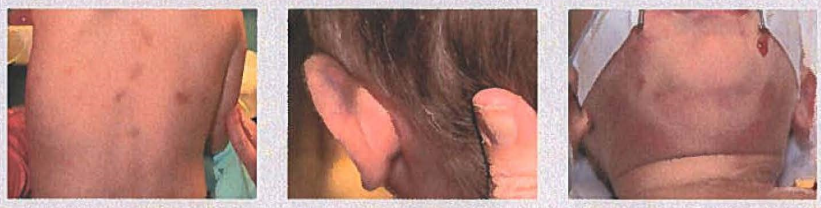
THE MOST OVERLOOKED SIGN OF ABUSE: BRUISING

REMEMBER THE TEN-4 BRUISING RULE*

Watch for these signs of abuse that must be immediately evaluated:

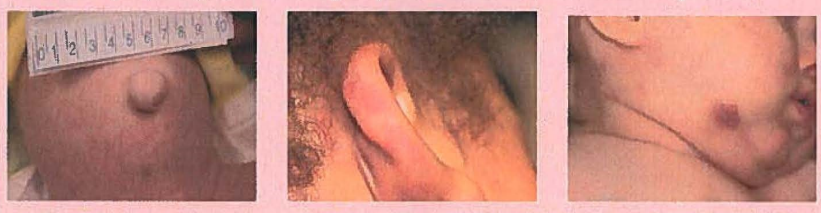
Children age 4 and younger

Any bruising of the **T**orso, **E**ars or **N**eck



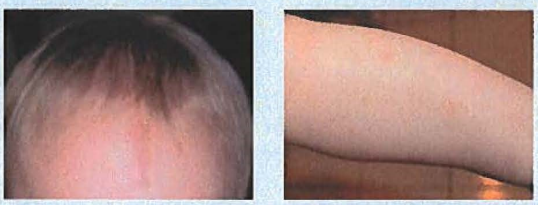
Infants – Any nonmobile infant under 1 year of age**

Any bruising **ANYWHERE** on a nonmobile infant under 1 year of age, or any infant who is not yet pulling up and taking steps. Those who don't cruise rarely bruise.



Normal bruising

In toddlers and older children who are mobile, bruises are typically on the front of the body and over bony areas like the forehead, elbows, knees and shins.



Is it abuse?

Even if you're not sure, you are required by law to report abuse or neglect.

In Kentucky, call **1-877-KYSAFE1** (1-877-597-2331) • In Indiana: **(800) 800-5556**

You may remain anonymous.

Forensic consultations 24 hour a day, 7 days a week • **(502) 629-6000**

* Pierce MC, Kaczor K, Aldridge S, O'Flynn J, Lorenz DJ. Bruising characteristics discriminating physical child abuse from accidental trauma. Pediatrics. 2010;125(1):67–74. Epub Dec. 7, 2009. Erratum in Pediatrics. 2010;125(4):861.

** Sugar NF, Taylor JA, Feldman KW, et al. Bruises in infants and toddlers: those who don't cruise rarely bruise. Arch Pediatr Adolesc Med. 1999;153(4):399–403.

UNIVERSITY OF LOUISVILLE. PEDIATRICS

Norton Children's Hospital

©Norton Healthcare 12:16 NCH-8201

NCH-8201 Bruising Poster 11x17.indd 1 12/7/16 4:37 PM

SAFE SLEEP
— KENTUCKY —

Reduce the risk of SIDS (Sudden Infant Death Syndrome). Follow the ABC's of Safe Sleep

ALONE—Stay Close, Sleep Apart

On My BACK for Night and Naps

In a Clean, Clear, CRIB

Drinking and Drug use impair your ability to care for a baby, making bed-sharing and other unsafe sleep even more DANGEROUS for the baby.

www.safesleepky.org

Kentucky Department for Public Health

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics Comments	Panel Determination	Missed Opportunities	Other Qualifiers
F-001-17-NC	Gunshot (accidental)	Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
F-002-17-C	Physical abuse; Abusive head trauma	Criminal history (caregiver); DCBS history; Bystander issues/opportunities; Impaired caregiver; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable
F-003-17-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Law enforcement issues; Medically fragile child; Environmental neglect; Family violence; Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Manner undetermined/foul play not ruled out
F-004-17-C	Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; Medical neglect; Substance abuse (child); Substance abuse (in home); Substance abuse by caregiver (current); Lack of treatment (mental health or substance abuse); Judicial process issues; Medically fragile child		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)		Potentially preventable
F-005-17-C	Blunt force trauma - not inflicted MVC	DCBS history; DCBS issues; Housing instability; Impaired caregiver; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Criminal history (caregiver); Family violence; Financial issues; Lack of treatment (mental health or substance abuse); Environmental neglect; Medical neglect	Environmental neglect	Neglect (impaired caregiver)		Manner undetermined/foul play not ruled out
F-006-17-C	Gunshot (accidental)	Criminal history (in the home); DCBS history; Substance abuse (in home); DCBS issues; Family violence; Criminal history (caregiver); Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
F-007-17-C	Undetermined (cause of death or near-death event)	DCBS history; DCBS issues; Criminal history (caregiver); Criminal history (in the home); Cognitive disability (caregiver); Housing instability; Impaired caregiver; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe sleep (bed sharing); Education/child care issues; Unsafe sleep (other)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep); Supervisory neglect		Apparently accidental; Potentially preventable

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-008-17-C	Drowning/near-drowning	Bystander issues/ opportunities; Cognitive disability (caregiver); Criminal history (caregiver); DCBS history; DCBS issues; Family violence; Financial issues; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Supervisional neglect; Medical issues/management		Neglect (medical); Supervisory neglect	DCBS and ED failed to refer to nearest PFM for full evaluation.	Apparently accidental; Potentially preventable
F-009-17-C	Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Medical neglect; Medically fragile child; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Judicial process issues; Unsafe sleep (other); MAT involvement; Coroner issues	MAT Involvement for mother. Medical examiner's office and\or coronor delayed reporting rib fractures to DCBS and law enforcement.	Physical abuse; Neglect (unsafe sleep); Neglect (medical)		Manner undetermined/ foul play not ruled out
F-010-17-NC	Undetermined (cause of death or near-death event)			Other		Apparently accidental
F-011-17-C	Overdose/ ingestion	DCBS history; DCBS issues; Other; Substance abuse (in home)	Administering inapprop riate medications	Other		Manner undetermined/ foul play not ruled out; Potentially preventable
F-012-17-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; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Financial issues; Housing instability; Judicial process issues; Law enforcement issues; Medical neglect		Neglect (unsafe sleep); Neglect (impaired caregiver); Neglect (medical)		Manner undetermined/ foul play not ruled out
F-013-17-C	SUDI/near-SUDI/ apparent life-threatening event	DCBS history; DCBS issues; Impaired caregiver; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Bystander issues/ opportunities; Environmental neglect; Lack of regular child care; Medical issues/ management; Supervisional neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep); Supervisory neglect		Manner undetermined/ foul play not ruled out

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-014-17-NC	SUDI/near-SUDI/apparent life-threatening event	Bystander issues/ opportunities; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Perinatal depression (caregiver); Substance abuse by caregiver (current); Substance abuse (in home); Unsafe sleep (other); Environmental neglect		Neglect (impaired caregiver); Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-015-17-NC	Neglect	Criminal history (in the home); Housing instability; Impaired caregiver; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (bed sharing); Financial issues; DCBS history		Neglect (unsafe sleep); Neglect (impaired caregiver)		Apparently accidental; Potentially preventable
F-016-17-NC	Gunshot (homicide)	Mental health issues (caregiver)		Other		
F-017-17-C	SUDI/near-SUDI/apparent life-threatening event	DCBS history; Substance abuse (in home); Impaired caregiver; Medically fragile child; MAT involvement; Medical issues/management; Mental health issues (caregiver); Substance abuse by caregiver (current); Perinatal depression (caregiver); Unsafe sleep (cosleeping on a non-bed surface)		Neglect (unsafe sleep); Neglect (impaired caregiver)		Apparently accidental; Potentially preventable
F-018-17-C	Blunt force trauma - not inflicted MVC	DCBS history; Lack of treatment (mental health or substance abuse); Criminal history (caregiver); Family violence; Mental health issues (caregiver); Supervisional neglect; Environmental neglect		Supervisory neglect		Apparently accidental; Potentially preventable
F-019-17-C	Blunt force trauma - not inflicted MVC	Cognitive disability (caregiver); Law enforcement issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Inadequate restraint; DCBS issues		Neglect (inadequate/ absent child restraint in motor vehicle)		Apparently accidental; Potentially preventable
F-020-17-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (in the home); DCBS history; DCBS issues; Evidence of poor bonding; Family violence; Financial issues; Criminal history (caregiver); Housing instability; Language/ cultural issues; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-021-17-C	Blunt force trauma - not inflicted MVC	Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Family violence; Impaired caregiver; Judicial process issues; Lack of treatment (mental health or substance abuse); Law enforcement issues; Medical issues/management; Medical neglect; Mental health issues (caregiver); Mental health issues (child); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); DCBS issues; Financial issues; Housing instability		Neglect (impaired caregiver)		Potentially preventable; Apparently accidental
F-022-17-C	Blunt force trauma - not inflicted MVC	Bystander issues/opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Family violence; Financial issues; Housing instability; Judicial process issues; Law enforcement issues; Medical issues/management; Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Impaired caregiver; Medical neglect		Neglect (impaired caregiver)		Apparently accidental; Potentially preventable
F-023-17-C	SUDI/near-SUDI/ apparent life-threatening event	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Environmental neglect; Family violence; Financial issues; Housing instability; Impaired caregiver; Judicial process issues; Medical issues/ management; Medical neglect; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities; Unsafe sleep (bed sharing); Unsafe sleep (other)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-024-17-NC	Other	Financial issues; Mental health issues (caregiver); Perinatal depression (caregiver); Other	Family should have received a HANDS referral	Physical abuse		
F-025-17-C	SUDI/near-SUDI/ apparent life-threatening event	Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (other); DCBS issues; Environmental neglect; Mental health issues (caregiver); Perinatal depression (caregiver); Lack of treatment (mental health or substance abuse)		Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-026-17-NC	SUDI/near-SUDI/ apparent life-threatening event	Criminal history (in the home); DCBS history; Environmental neglect; Unsafe sleep (cosleeping on a non-bed surface); Mental health issues (caregiver)		Neglect (unsafe sleep)		Apparently accidental; Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-027-17-NC	Suicide (child); Other	Cognitive disability (child); Mental health issues (child); Unsafe access to deadly means; Lack of treatment (mental health or substance abuse); Medical issues/ management; Medically fragile child; Mental health issues (caregiver)		Neglect due to unsafe access to deadly/ potentially deadly means		Potentially preventable
F-028-17-C	Natural causes/ medical diagnosis			No abuse or neglect		Apparently accidental
F-029-17-NC	Abusive head trauma; Physical abuse	Criminal history (caregiver); Family violence; Lack of family support system ; Lack of regular child care; Mental health issues (caregiver); Criminal history (in the home); Medical issues/ management; Bystander issues/opportunities		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable
F-030-17-C	Other	Bystander issues/ opportunities; DCBS history; Substance abuse by caregiver (current); Supervisional neglect; Environmental neglect; Family violence; Financial issues; Medical neglect; Mental health issues (caregiver)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Supervisory neglect		Potentially preventable; Manner undetermined/foul play not ruled out
F-031-17-C	Apparent murder/suicide; Drowning/near-drowning	Bystander issues/ opportunities; Criminal history (caregiver); DCBS history; DCBS issues; Family violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Substance abuse (in home); Substance abuse by caregiver (current); Mental health issues (caregiver)		Other		Potentially preventable
F-032-17-NC	Undetermined (cause of death or near-death event); SUDI/ near-SUDI/ apparent life-threatening event	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); Impaired caregiver; Law enforcement issues; Medical issues/management; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Mental health issues (caregiver); Family violence; Financial issues; Environmental neglect	Environmental neglect	Neglect (impaired caregiver)		Manner undetermined/foul play not ruled out

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-033-17-C	Drowning/near-drowning	Bystander issues/ opportunities; Criminal history (caregiver); DCBS issues; Impaired caregiver; Law enforcement issues; Neglectful entrustment; Substance abuse by		Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver)		Apparently accidental; Potentially preventable
F-034-17-PH	SUDI/near-SUDI/apparent life-threatening event; Undetermined (cause of death or near-death	Medical issues/ management; Medically fragile child; Substance abuse by caregiver (current); Coroner issues	Coronor failed to notify CPS or law enforcement.	Other	Coronor for failing to report death to law enforcement and CPS. Birth hospital failed to report to CPS.	Manner undetermined/ foul play not ruled out
F-035-17-PH	SUDI/near-SUDI/apparent life-threatening event	Lack of treatment (mental health or substance abuse); Medically fragile child; DCBS history		No abuse or neglect		Apparently accidental
F-036-17-PH	SUDI/near-SUDI/apparent life-threatening event	Coroner issues; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Financial issues; Law enforcement issues; Medical issues/ management; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (cosleeping on a non-bed surface); Housing instability		Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-037-17-PH	Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; Housing instability; Law enforcement issues; Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Unsafe sleep (cosleeping on a non-bed surface); Bystander issues/ opportunities; Family violence; Impaired caregiver		Neglect (impaired caregiver); Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-038-17-PH	Physical abuse; SUDI/near-SUDI/apparent life-threatening event	Criminal history (in the home); DCBS history; Unsafe sleep (bed sharing); Coroner issues; Family violence; Law enforcement issues; Substance abuse (in		Neglect (unsafe sleep); Physical abuse		Manner undetermined/ foul play not ruled out

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
F-039-17-PH	Gunshot (homicide)	Criminal history (in the home); DCBS history; DCBS issues; Family violence; Substance abuse (in home); Bystander issues/ opportunities; Coroner issues; Environmental neglect; Law enforcement issues; Medical issues/		Neglect (general - can include leaving child with unsafe caregiver); Other		Potentially preventable
F-040-17-PH	SUDI/near-SUDI/apparent life-threatening event	Criminal history (caregiver); DCBS history; DCBS issues; Family violence; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical issues/ management; Mental health issues (caregiver); Perinatal depression (caregiver); Serial relationships; Unsafe sleep (bed sharing); Substance		Neglect (unsafe sleep)		Apparently accidental; Potentially preventable
F-041-17-PH	Blunt force trauma - not inflicted MVC	DCBS history; DCBS issues; Lack of family support system ; Mental health issues (child); Medical		Other		Apparently accidental; Potentially preventable
NF-001-17-NC	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Lack of treatment (mental health or substance abuse); Medical issues/management; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver		Abusive head trauma; Physical abuse; Neglect (medical)		Potentially preventable
NF-002-17-C	Blunt force trauma - not inflicted MVC	Bystander issues/ opportunities; DCBS history; Family violence; Financial issues; Supervisional neglect		Supervisory neglect		Apparently accidental; Potentially preventable
NF-003-17-C	Overdose/ ingestion	Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Mental health issues (caregiver); Supervisional neglect; Unsafe access to deadly means; Medical issues/management; Medically fragile child		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-004-17-NC	Abusive head trauma; Physical abuse	Mental health issues (caregiver); Perinatal depression (caregiver); Substance abuse (in home)		Abusive head trauma; Physical abuse		

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-005-17-C	Natural causes/ medical diagnosis			No abuse or neglect		
NF-006-17-C	Physical abuse; Undetermined (cause of death or near-death event)	Bystander issues/ opportunities; Criminal history (caregiver); DCBS history; Family violence; Lack of regular child care; Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current); Criminal history (in the home); Financial issues; Impaired caregiver		Neglect (medical); Physical abuse; Neglect (impaired caregiver)		Manner undetermined/ foul play not ruled out
NF-007-17-C	Natural causes/ medical diagnosis			No abuse or neglect		
NF-008-17-C	Abusive head trauma	Criminal history (caregiver); DCBS history; Financial issues; Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Evidence of poor bonding; Family		Abusive head trauma		Potentially preventable
NF-009-17-NC	Abusive head trauma; Physical abuse; Failure to thrive/ malnutrition	Failure to thrive; Family violence; Financial issues; Medical issues/ management; Medical neglect; Medically fragile child; Substance abuse (in home); Evidence of poor bonding; Lack of regular child care		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable
NF-010-17-NC	Abusive head trauma; Physical abuse	Criminal history (caregiver); Family violence; Financial issues; Housing instability; Impaired caregiver; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Criminal history (in the home); DCBS history; Medical issues/ management		Abusive head trauma; Physical abuse		Potentially preventable
NF-011-17-NC	Abusive head trauma; Physical abuse	Evidence of poor bonding; Financial issues; Lack of regular child care; Bystander issues/ opportunities; Lack of family support system ; Lack of treatment (mental health or substance abuse); Mental health issues		Neglect (medical); Physical abuse; Abusive head trauma		Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-013-17-C	Drowning/near-drowning	Criminal history (caregiver); Criminal history (in the home); DCBS history; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Family violence		Supervisory neglect; Neglect due to unsafe access to deadly/ potentially deadly means	CPS was not contacted by any professionals (including police and hospital)	Apparently accidental; Potentially preventable
NF-014-17-C	Drowning/near-drowning	Criminal history (caregiver); Mental health issues (caregiver); Supervisional neglect; DCBS history; Substance abuse by caregiver (current); Family violence; Lack of treatment (mental health or substance abuse); Medical neglect		Supervisory neglect		Apparently accidental; Potentially preventable
NF-015-17-C	Blunt force trauma - not inflicted MVC	Criminal history (caregiver); DCBS history; Impaired caregiver; Inadequate restraint; Lack of treatment (mental health or substance abuse); MAT involvement; Mental health issues (caregiver); Substance abuse by caregiver (current); Criminal history (in the home); DCBS issues;		Neglect (inadequate/ absent child restraint in motor vehicle); Neglect (impaired caregiver)		Apparently accidental; Potentially preventable
NF-016-17-NC	Physical abuse; Abusive head trauma	Family violence; Substitute caregiver at time of event		Abusive head trauma; Physical abuse		Apparently accidental; Potentially
NF-017-17-NC	Blunt force trauma - not inflicted (farm machinery, ATV,			No abuse or neglect		Apparently accidental
NF-018-17-C	Physical abuse; Abusive head trauma	Impaired caregiver; Substance abuse by caregiver (current); Substitute caregiver at time of event ; Lack of regular child care; MAT involvement; Substance abuse (in home)		Abusive head trauma; Physical abuse; Neglect (impaired caregiver)		Potentially preventable
NF-019-17-C	Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Lack of regular child care		Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver); Physical abuse; Supervisory neglect		Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-020-17-NC	Abusive head trauma;	Substitute caregiver at time of event		Abusive head trauma; Physical abuse		Potentially preventable
NF-021-17-C	Overdose/ ingestion	Criminal history (in the home); DCBS history; DCBS issues; Mental health issues (child); Substance abuse (child); Substitute caregiver at time of event ; Supervisional neglect; Bystander issues/ opportunities; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Potentially preventable; Apparently accidental
NF-022-17-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Mental health issues (child); Neglectful entrustment; Substance abuse (child); Supervisional neglect; Bystander issues/ opportunities; Unsafe access to deadly means		Supervisory neglect; Neglect due to unsafe access to deadly/ potentially deadly means		Potentially preventable; Apparently accidental
NF-023-17-C	Overdose/ ingestion	Criminal history (in the home); DCBS history; DCBS issues; Mental health issues (child); Substance abuse (child); Supervisional neglect; Unsafe access to deadly means; Bystander issues/opportunities		Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Potentially preventable; Apparently accidental
NF-024-17-NC	Blunt force trauma - not inflicted MVC	Family violence; Criminal history (in the home); DCBS issues; Inadequate restraint		Neglect (inadequate/ absent child restraint in motor vehicle); Other		Apparently accidental; Potentially preventable
NF-025-17-C	Blunt force trauma - not inflicted MVC	Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Impaired caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Inadequate restraint; Mental health issues		Neglect (inadequate/ absent child restraint in motor vehicle)		Potentially preventable; Apparently accidental
NF-026-17-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Criminal history (caregiver); Criminal history (in the home); DCBS history; Environmental neglect; Family violence; Impaired caregiver; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities; Cognitive disability (child); Financial issues; Mental health issues (caregiver); Mental health		No abuse or neglect		Apparently accidental; Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-027-17-NC	Physical abuse; Abusive head trauma	Financial issues; Housing instability; Medically fragile child; Bystander issues/ opportunities		Abusive head trauma; Physical abuse		Potentially preventable
NF-028-17-C	Drowning/near-drowning	Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Medical issues/ management; MAT involvement	Both parents were participating in a MAT program in St. Louis.	Supervisory neglect		Apparently accidental; Potentially preventable
NF-029-17-NC	Abusive head trauma; Physical abuse	Medical issues/ management; Mental health issues (caregiver); Neglectful entrustment; Bystander issues/ opportunities; Cognitive disability (caregiver); Other; Substance abuse by caregiver (current)	Father reportedly had anger issues.	Abusive head trauma; Physical abuse		Potentially preventable
NF-030-17-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Financial issues; Lack of regular child care; Lack of family support system ; Medical issues/ management; Substitute caregiver at time of event ; DCBS issues; Language/ cultural issues	Language barriers	Abusive head trauma; Physical abuse		Potentially preventable
NF-031-17-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Failure to thrive; Family violence; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Mental health issues (caregiver); Substance abuse (in home); Medical issues/		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse		Potentially preventable
NF-032-17-C	Physical abuse; Abusive head trauma	DCBS history; Financial issues; Medical issues/ management; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities; Criminal history (caregiver); Housing instability; Judicial process issues; Serial relationships; Supervisional neglect; MAT involvement	MAT involvement	Abusive head trauma; Physical abuse	Birth hospital failed to communicate with DCBS and pediatrician.	Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-033-17-C	Overdose/ ingestion	Criminal history (caregiver); DCBS history; Bystander issues/opportunities; DCBS issues; Mental health issues (caregiver); Neglectful entrustment; Substance abuse by		Neglect due to unsafe access to deadly/ potentially deadly means		Potentially preventable
NF-034-17-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Bystander issues/ opportunities; DCBS issues; Education/child care issues;		Abusive head trauma; Physical abuse; Neglect (medical)		Potentially preventable
NF-035-17-C	Drowning/near -drowning	Bystander issues/ opportunities; DCBS history; Financial issues; Neglectful entrustment; Supervisional neglect; Unsafe access to deadly means; DCBS issues; Impaired caregiver; Substance abuse by caregiver (current); Environmental neglect	Environmental neglect	Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means		Apparently accidental; Potentially preventable
NF-036-17-C	Overdose/ ingestion	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; Financial issues; Housing instability; Impaired caregiver; Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Unsafe access to deadly means; Supervisional neglect; DCBS issues; Serial relationships		Neglect (general - can include leaving child with unsafe caregiver); Neglect due to unsafe access to deadly/ potentially deadly means; Neglect (impaired caregiver); Supervisory neglect		Potentially preventable
NF-037-17-C	Overdose/ ingestion	Criminal history (in the home); DCBS history; Family violence; Financial issues; Housing instability; Mental health issues (caregiver); Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-038-17-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Cognitive disability (caregiver); Criminal history (caregiver); Criminal history (in the home); DCBS history; Family violence; Financial issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Medical neglect; Substance abuse (in home); Substance abuse by caregiver (current);	Overwhelmed caregiver - dad had cancer	Abusive head trauma; Neglect (impaired caregiver); Neglect (medical); Physical abuse		Potentially preventable
NF-039-17-C						
NF-040-17-C	Blunt force trauma - not inflicted MVC	Financial issues; Impaired caregiver; Mental health issues (caregiver); Substance abuse by caregiver (current); Substance abuse (in home); DCBS history; Family violence; Serial relationships		Neglect (impaired caregiver)		Apparently accidental; Potentially preventable
NF-041-17-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Impaired caregiver; Medical neglect; Serial relationships; Substance abuse by caregiver (current); Unsafe access to deadly means; Other;	Caregivers were not drug tested at the time of the event.	Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means		Apparently accidental; Potentially preventable
NF-042-17-NC	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); Lack of regular child care; Serial relationships; Financial		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable
NF-043-17-NC	Physical abuse; Abusive head trauma	Cognitive disability (caregiver); Substitute caregiver at time of event		Physical abuse; Neglect (general - can include leaving child with unsafe caregiver); Abusive head trauma		Potentially preventable
NF-044-17-C	Abusive head trauma; Physical abuse	Criminal history (in the home); DCBS history; Family violence; Lack of treatment (mental health or substance abuse); Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current)		Abusive head trauma; Physical abuse; Neglect (medical)		Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-045-17-C	Natural causes/medical diagnosis	Criminal history (caregiver); Criminal history (in the home); Financial issues; Substance abuse by caregiver (current); Medical issues/management; Medical neglect; Mental		Neglect (medical)		
NF-046-17-NC	Overdose/ ingestion	Mental health issues (caregiver); Lack of regular child care; Substance abuse by caregiver (current); Unsafe access to deadly		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-047-17-NC	Other	Financial issues; Language/ cultural issues		Other		Manner undetermined/ foul play not ruled out
NF-048-17-C	Natural causes/medical diagnosis	Criminal history (caregiver); DCBS history; Family violence; Impaired caregiver; Medical issues/ management; Mental health issues (caregiver); Substance abuse (in home); Criminal history (in the home); Substance abuse by		No abuse or neglect		
NF-049-17-NC	Failure to thrive/ malnutrition	Criminal history (in the home); DCBS issues; Evidence of poor bonding; Failure to thrive; Financial issues; Lack of treatment (mental health or substance abuse); Medical issues/management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Criminal history (caregiver); DCBS	Overwhelmed caregiver	Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)		Potentially preventable
NF-050-17-NC	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Financial issues; Mental health issues (caregiver);		Abusive head trauma; Physical abuse; Neglect (medical)		Potentially preventable
NF-051-17-NC	Abusive head trauma; Physical abuse	Evidence of poor bonding; Financial issues; Language/ cultural issues; Medical neglect; Substitute		Abusive head trauma; Neglect (medical); Physical abuse		Potentially preventable
NF-052-17-C	Burn; Smoke inhalation/fire			No abuse or neglect		Apparently accidental
NF-053-17-C	Burn; Smoke inhalation/fire			No abuse or neglect		Apparently accidental

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-054-17-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Bystander issues/ opportunities; Financial issues; Lack of treatment (mental health or substance abuse); Medical neglect; Medically fragile child; Family violence; Mental health issues (child)		Abusive head trauma; Physical abuse; Neglect (medical)		Potentially preventable
NF-055-17-C	Neglect	Medical issues/ management; Medically fragile child; DCBS history; Medical neglect; Mental	Caregiver overwhelmed - additional services needed	Neglect (medical)		Potentially preventable
NF-056-17-NC	Abusive head trauma; Physical abuse	Neglectful entrustment; Substitute caregiver at time of event ; Lack of regular child care; Language/	Language barriers	Abusive head trauma; Physical abuse		Potentially preventable
NF-057-17-C	Natural causes/ medical diagnosis	Bystander issues/ opportunities; DCBS history; Education/child care issues; Environmental neglect; Financial issues; Medical neglect; Other; Supervisional neglect; Lack of family support system ; Unsafe access to deadly means	father clearly overwhelmed with 5 children and dying spouse, community supports intervention.	Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect		Potentially preventable
NF-058-17-C	Overdose/ ingestion	DCBS issues; Financial issues; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current); Unsafe access to deadly means; Judicial process issues; Bystander issues/ opportunities; Criminal history (in the home); DCBS history; Environmental neglect; Impaired caregiver; Lack of family support system ; Lack of treatment (mental health or substance abuse); Medical issues/ management		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-059-17-C	Blunt force trauma - not inflicted (farm machinery, ATV, fall)	Neglectful entrustment; Supervisional neglect; Unsafe access to deadly means; Criminal history (caregiver); Substitute caregiver at time of event		Neglect (general - can include leaving child with unsafe caregiver); Supervisory neglect; Other; Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-060-17-C	Gunshot (accidental)	Bystander issues/ opportunities; Cognitive disability (caregiver); DCBS history; Environmental neglect; Family violence; Mental health issues (caregiver); Supervisional neglect; Unsafe access to deadly means; Financial issues		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-061-17-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Impaired caregiver; Lack of treatment (mental health or substance abuse); Law enforcement issues; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Supervisional neglect; Unsafe access to deadly means; Housing instability; Financial issues; Medical issues/management; Medical neglect; MAT involvement	MAT involvement	Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Neglect (impaired caregiver)		Potentially preventable; Manner undetermined/ foul play not ruled out
NF-062-17-C	Natural causes/medical			No abuse or neglect		
NF-063-17-C	Abusive head trauma; Physical abuse	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Neglectful entrustment; Substitute caregiver at time of event ; Family violence; Housing instability; Medical issues/ management; Substance abuse by caregiver (current)		Abusive head trauma; Neglect (general - can include leaving child with unsafe caregiver); Physical abuse		Potentially preventable
NF-064-17-C	Physical abuse	Bystander issues/ opportunities; DCBS history; Education/child care issues; Financial issues; Family violence; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Evidence of poor bonding; Law enforcement issues; Medical neglect; Neglectful entrustment; Substitute		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse		Potentially preventable

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-065-17-C	Blunt force trauma - not inflicted MVC	Bystander issues/ opportunities; DCBS history; DCBS issues; Family violence; Financial issues; Housing instability; Inadequate restraint; Lack of family support system ; Substance abuse (in home); Substance abuse by caregiver (current); Criminal history (caregiver); Criminal history (in the		Neglect (inadequate/ absent child restraint in motor vehicle); Neglect (impaired caregiver)		Potentially preventable; Apparently accidental
NF-066-17-NC	Gunshot (accidental)	Other; Unsafe access to deadly means	CPS history out of state.	Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-067-17-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Financial issues; Lack of treatment (mental health or substance abuse); Family violence; Failure to thrive;		Abusive head trauma; Physical abuse		Potentially preventable
NF-068-17-NC	Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Environmental neglect; Family violence; Financial issues; Medical neglect; Neglectful entrustment; Substance abuse (in home); Substitute caregiver at time of event ; Substance abuse by caregiver (current)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Physical abuse; Torture		Potentially preventable
NF-069-17-C	Overdose/ ingestion	DCBS history; Housing instability; Judicial process issues; Mental health issues (child); Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Manner undetermined/ foul play not ruled out
NF-070-17-C	Abusive head trauma	DCBS history; Family violence; Serial relationships; DCBS issues; Mental health issues (caregiver); Substitute		Abusive head trauma; Physical abuse		Potentially preventable
NF-071-17-C	Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Financial issues; MAT involvement; Medical issues/management; Medical neglect; Medically fragile child; Substance abuse (in home); Substance abuse by caregiver (current)		Neglect (medical)	DCBS did not accept referral.	Manner undetermined/ foul play not ruled out

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-072-17-NC	Abusive head trauma; Physical abuse	Financial issues		Abusive head trauma; Physical abuse		Potentially preventable
NF-073-17-NC	Drowning/ near-drowning	Supervisional neglect; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Apparently accidental; Potentially preventable
NF-074-17-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Medical neglect; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substance abuse by caregiver (current); Substitute caregiver at time of event ; Financial issues; Judicial process issues		Abusive head trauma; Physical abuse; Sexual abuse; Torture; Neglect (medical); Neglect (general - can include leaving child with unsafe caregiver)		Potentially preventable
NF-075-17-NC	Neglect	Cognitive disability (child); Education/child care issues; Financial issues; Lack of family support system ; Medical issues/ management; Medical neglect; Medically fragile child; Mental health issues (caregiver); Mental health issues (child)		Neglect (medical)		Potentially preventable
NF-076-17-NC	Abusive head trauma; Physical abuse	Financial issues; Lack of regular child care; Medical issues/management		Abusive head trauma; Physical abuse		Potentially preventable
NF-077-17-C	Overdose/ ingestion	Criminal history (in the home); DCBS history; Mental health issues (caregiver); Substance abuse (in home); Financial issues; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-078-17-C	Overdose/ ingestion	Criminal history (caregiver); DCBS history; Substance abuse (in home); Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-079-17-C	Overdose/ ingestion; Neglect	Criminal history (in the home); DCBS history; DCBS issues; Evidence of poor bonding; Family violence; Lack of treatment (mental health or substance abuse); Medical neglect; Mental health issues (caregiver); Mental health issues (child); Substance abuse (child); Supervisional neglect; Unsafe access to deadly means; Criminal history (caregiver); Education/child care issues; Financial issues; Impaired caregiver; Judicial process issues; Serial relationships; Substance abuse (in home)		Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Potentially preventable
NF-080-17-NC	Drowning/near -drowning	Supervisional neglect; Judicial process issues; Unsafe access to deadly means		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-081-17-C	Neglect; Natural causes/ medical diagnosis	Criminal history (in the home); DCBS history; Family violence; Financial issues; Housing instability; Language/cultural issues; Medical neglect; Mental health issues (caregiver); Neglectful entrustment; Substance abuse (in home); Substitute caregiver at time of event ; Impaired caregiver; Education/child care issues; Other; Medically fragile child	Overwhelmed caregiver	Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical)		Potentially preventable
NF-082-17-C	Physical abuse; Abusive head trauma	DCBS history; Lack of regular child care; Other; Medically fragile child	Child was in FC. Reports of previous injuries not fully investigated by the foster care agency.	Abusive head trauma; Physical abuse		Potentially preventable
NF-083-17-C	Other	Bystander issues/ opportunities; Criminal history (caregiver); DCBS history; Environmental neglect; Family violence; Financial issues; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Substance abuse (in home); Substance abuse by caregiver (current); Neglectful entrustment;		Neglect (impaired caregiver); Neglect (general - can include leaving child with unsafe caregiver); Other		Potentially preventable

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Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-084-17-C	Overdose/ ingestion; Neglect	Criminal history (caregiver); Criminal history (in the home); DCBS history; DCBS issues; Family violence; Housing instability; Medical neglect; Mental health issues (caregiver); Unsafe access to deadly means; Cognitive disability (caregiver); Supervisional neglect		Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means; Supervisory neglect		Apparently accidental; Potentially preventable
NF-085-17-C	Neglect; Physical abuse; Failure to thrive/ malnutrition	Bystander issues/ opportunities; Cognitive disability (caregiver); DCBS history; Evidence of poor bonding; Failure to thrive; Family violence; Financial issues; Housing instability; Medical issues/ management; Medical neglect; Serial relationships; Substance abuse by caregiver		Neglect (medical); Physical abuse; Neglect (general - can include leaving child with unsafe caregiver); Torture		Potentially preventable
NF-086-17-C	Overdose/ ingestion	Criminal history (caregiver); DCBS history; Housing instability; Lack of treatment (mental health or substance abuse); Mental health issues (caregiver); Serial relationships; Substance abuse (in home); Substance abuse by caregiver (current); Supervisional neglect; Environmental neglect; Financial issues; Medical neglect; Neglectful entrustment; Perinatal depression (caregiver); Unsafe access to deadly means		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Neglect due to unsafe access to deadly/ potentially deadly means		Potentially preventable; Apparently accidental
NF-087-17-NC	Other	Criminal history (caregiver); Criminal history (in the home);				
NF-088-17-C	Other	Bystander issues/ opportunities; DCBS history; Financial issues; Family violence; Substance abuse by caregiver (current); Supervisional neglect; Environmental neglect; Medical neglect; Mental health issues (caregiver)		Neglect (general - can include leaving child with unsafe caregiver); Neglect (medical); Supervisory neglect		Potentially preventable; Manner undetermined/ foul play not ruled out

CASE REVIEWS FOR FISCAL YEAR 2017

Case Number	Categorization	Family Characteristics	Family Characteristics	Panel Determination	Missed Opportunities	Other Qualifiers
NF-089-17-C	Overdose/ ingestion	Criminal history (caregiver); Criminal history (in the home); DCBS history; Education/ child care issues; Environmental neglect; Family violence; Financial issues; Housing instability; Impaired caregiver; Neglectful entrustment; Serial relationships; Substance abuse by caregiver (current); Supervisional neglect; Unsafe access to deadly means; Medical neglect		Neglect (general - can include leaving child with unsafe caregiver); Neglect (impaired caregiver); Neglect due to unsafe access to deadly/potentially deadly means; Supervisory neglect; Neglect (medical)		Apparently accidental; Potentially preventable
NF-090-17-NC	Overdose/ ingestion			No abuse or neglect		Apparently accidental
NF-091-17-C	Burn; Physical abuse; Abusive head trauma	Bystander issues/ opportunities; Criminal history (caregiver); Evidence of poor bonding; Substance abuse by caregiver (current); Substitute caregiver at time of event ; Law enforcement issues		Physical abuse; Abusive head trauma; Torture		
NF-092-17-C	Overdose/ ingestion	Criminal history (caregiver); DCBS history; Education/child care issues; Family violence; Financial issues; Housing instability; Substance abuse (in home); Unsafe access to deadly means; Substance abuse by		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable
NF-093-17-C	Abusive head trauma; Physical abuse	Bystander issues/ opportunities; DCBS history; DCBS issues; Medical issues/ management; Medical neglect; Neglectful entrustment; Supervisional neglect; Environmental neglect; Family violence; Mental health issues (caregiver); Serial relationships		Abusive head trauma; Neglect (medical); Physical abuse; Torture		Potentially preventable
NF-094-17-C	Drowning/ near-drowning	Financial issues		Neglect due to unsafe access to deadly/ potentially deadly means		Apparently accidental; Potentially preventable

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