



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission
900 King Street
Wilmington, DE 19801-3341

CAPTA¹ REPORT

In the Matter of
E.J.
Minor Child²

9-03-2011-00008

November 30, 2012

¹ The federal Child Abuse Prevention and Treatment Act requires the disclosure of facts and circumstances related to a child's near death or death. 42 U.S.C § 5106 a(b)(2)(A)(x). See also, 31 Del.C. § 323 (a).

² To protect the confidentiality of the family, case workers, and other child protection professionals, pseudonyms have been assigned.

Background and Acknowledgements

The Child Death, Near Death and Stillbirth Commission (“CDNDSC”) was statutorily created in 1995 after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The mission of CDNDSC is to safeguard the health and safety of all Delaware children as set forth in 31 Del.C., Ch., 3.

Multi-disciplinary Review Panels meet monthly and conduct a retrospective review of the history and circumstances surrounding each child’s death or near death and determine whether system recommendations are necessary to prevent future deaths or near deaths. The process brings professionals and experts from a variety of disciplines together to conduct in-depth case reviews, create multi-faceted recommendations to improve systems and encourage interagency collaboration to end the mortality of children in Delaware.

Summary of Incident

Child was born on full term via spontaneous vaginal delivery in June of 2009, weighing five pounds and 13 ounces. Upon birth no abnormal conditions or congenital anomalies were noted and the child and mother were discharged from the hospital two days later.

Approximately three months after the child’s birth, in September of 2009, the child presented to the Emergency Department with the chief complaint of seizure like activity. It was reported that the onset of the child’s symptoms were sudden, lasting between one and five minutes, and began approximately one hour prior to his arrival to the Emergency Department. Mother reported that the child had been under the care and supervision of a babysitter when the alleged seizures began. The child had been under the supervision of the babysitter since he was six weeks of age and mother had no concerns regarding the care that was being provided to him.

While in the Emergency Department a computed tomography (CT) scan of the child’s head was completed and revealed no evidence of intracranial hemorrhages, acute fractures, or masses. The child was transferred to a children’s hospital for further evaluation and care management.

At the children’s hospital, the child underwent magnetic resonance imaging (MRI) which revealed bilateral subdural hemorrhages and a small subarachnoid hemorrhage (bleeding in the right temple of the brain). At this point in time, the child’s injuries were deemed non-accidental and inflicted trauma was suspected. No explanation as to how the child received his injuries was provided by mother or the child’s babysitter.

The very next day, the Division of Family Services’ Child Abuse Reportline received an urgent referral alleging the physical abuse, head trauma, of the child. The report was accepted and a collaborative investigation between Delaware State Police and the Division of Family Services’ Investigation Unit commenced.

Within twenty four hours after the alleged seizure like activity occurred, the child was observed by Delaware's Child Abuse Expert. The following findings were reported to law enforcement as well as DFS Investigation caseworker: the child suffered from two separate subdural bleeds. The more recent bleed occurred between twenty-four to forty-eight hours; whereas, the older bleed occurred at least two weeks prior to the diagnosis. It was further advised that there were no external injuries or damage to the skull. The injuries were consistent with those often seen in cases of Abusive Head Trauma. It was concluded that the child had likely suffered trauma to the head, either by shaking or by impact with a soft object.

Four days after the near death incident, DFS petitioned for and was granted custody of the child since the perpetrator was unknown and there was no alternative resource/placement within the child's family.

Five days after the near death incident, the child's mother was interviewed by law enforcement. Mother reported that she works for a health center Monday through Friday from 8:00AM to 5:00PM. Mother denied ever intentionally or accidentally injuring the child or engaging in behavior that may have caused the child's injuries. Mother further stated that the child has never fallen or had any other accidents. Mother informed the detective that the child's father is an undocumented alien who left the country shortly after learning of her pregnancy and returned shortly after the child's birth. The child's father has only visited with the child a few times, the last visitation being approximately three weeks ago.

Eight days after the near death incident, the child's babysitter was interviewed by law enforcement. The babysitter advised that she is the caregiver for the child during the week. Mother typically drops the child off around 7:00AM and picks the child up around 5:40PM. On the day of the near death incident, the child was dropped off around 9:15AM. The child's morning routine remained normal until around 12:00PM. At that time, the child began to cry and a bottle was prepared for him. However, the child did not take his bottle. The babysitter advised that as he continued to cry, she began to rock the child in an attempt to soothe him. The child remained irritable. The babysitter then picked him up and held him in front of her, by the child's torso, in order to observe him and the child went limp. The babysitter called the child's mother who then informed her that she would call the doctor. The child had one more episode of crying and limpness, immediately following the first, prior to Emergency Medical Services being called. The child was placed on the couch while the babysitter spoke with the 911 operator. It was at this point that the child became stiff and his eyes rolled back. Paramedics arrived and checked on the child where they determined that he was fine. They informed the babysitter that the child did not need to be taken to the Emergency Department, but should be seen by his primary care physician. Mother then arrived at the babysitter's residence and insisted that paramedics take the child to the hospital.

The babysitter informed law enforcement that she began watching the child in July of 2009 and was never informed by mother of any medical conditions that the child may have. When asked about the child's crying, the babysitter stated that some days the

child was more irritable than other days. She noted that the child seemed was more irritable on Mondays and appeared to calm down as the week progressed. The babysitter stated that she did not intentionally hurt the child when he was in her care.

A Deputy Child Advocate was appointed to represent the child six days after the near death incident. Initially, the goal was reunification with father and/or family. However, due to father's status as an undocumented alien, father was assisted in finding an immigration attorney to help him obtain legal statues. As of April 2011, the child was residing with father and father's family, whom were deemed appropriate by the Division of Family Services.

The near death incident of the child was unsubstantiated by the Division of Family Services as a perpetrator was unable to be identified. Furthermore, there was no criminal prosecution in this case as there was insufficient evidence to prosecute.

System Recommendations

After review of the facts and findings of this case, the Panel determined that all systems did meet the current standards of practice and therefore no system recommendations were put forth.