



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

CAPTA¹ REPORT

In the Matter of
Vanessa Brooks
Minor Child²

9-03-2011-00004

September 16, 2011

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

The case regarding Vanessa Brooks is considered a near death incident due to a single vehicle motor vehicle collision which resulted from Vanessa’s mother having been intoxicated. At the time of the near death incident, Vanessa was eight years of age and residing in the home of her mother.

On the morning of the near death incident, Vanessa and mother were found in a car was off the road. Vanessa was found in front seat with her mother. Vanessa did not recall what had happened except she and her mother were on their way to church. Vanessa complained of burning in her stomach which extended through to her back. An intravenous line was placed and a bolus of fluid given. Vanessa was placed on a backboard, a cervical collar was placed, and she was transported to the Emergency Room. In the Emergency Room, Vanessa underwent a CT of the head, cervical spine, chest, abdomen and pelvis. A moderate amount of free fluid was noted in the pelvis and a right ileopsoas (refers to 3 muscles: psoas major, psoas minor, iliacus) hematoma was noted. Vanessa was given antibiotics and narcotics, for pain relief. Vanessa was noted to have bruising across her lower abdomen consistent with lap belt and she complained of pain in both lower quadrants of her abdomen. Vanessa also complained of pain in her lower back and had not voided since 2000 hours the night before. On exam, two small bruises on her posterior right wrist, an abrasion from her right eyebrow to right temple, and a laceration to the right upper eyelid were noted. Vanessa was transported to a children’s hospital for further evaluation and treatment.

Vanessa’s mother was also treated at the Emergency Room where upon arrival she was noted to have a strong odor of alcohol. Per the report of Emergency Medical services, there was airbag deployment. Mother stated that she ran into a tree because she swerved to avoid a raccoon that ran into the road. Mother’s urine drug screen was negative. There is no documentation of the mother’s blood alcohol level in her medical record. Mother was released from the Emergency Room into Delaware State Police custody.

Child arrived at the children’s hospital and underwent a trauma evaluation including X-rays of the spine and had further evaluations of the CT scans. CT scan of abdomen reviewed from the previous hospital noted an anterior compression fracture at L3 and a fracture of the tip of the L1 spinous process. Ophthalmology was consulted and no trauma to the eye itself was noted. A diagnostic laparoscopy was performed to

evaluate for hemoperitoneum (blood in the abdomen) and spinal trauma and resulted in diagnosis of a mesenteric hematoma (bruised bowel) and retroperitoneal hematoma. Vanessa was given a nasogastric tube and started on TPN (total parenteral nutrition). Four days later, an MRI of the spine was completed and diagnosed a ligamentous rupture between spinal processes at L2 and L3. Vanessa was placed in a Wilmington brace and limited occupational and physical therapy began. Additionally, Vanessa underwent posterior spinal fusion of L2-L3 and posterior spinal segmental instrumentation of L2-L3 with bone grafting. Vanessa was discharged twenty days after admission with restriction of limited activity including no running, jumping or bike riding or contact sports.

The Division of Family Services' Child Abuse and Neglect Report Line received a referral alleging the abuse of Vanessa. The report was accepted and a joint investigation between the Division of Family Services and law enforcement began. The Division of Family Services substantiated mother for physical abuse, level III. The case was closed because Vanessa was safe in the guardianship of her maternal grandparents and mother was aware of how to obtain appropriate resources. Criminal prosecution resulted in mother begin convicted of misdemeanor/level A endangering the welfare of a child as well as driving while under the influence (DUI). Mother received another DUI less than one month following this near death incident. The Division of Family Services determined that Vanessa would be put at significant risk if returned to her mother and therefore guardianship continues with Vanessa's maternal grandparents.

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.