



STATE OF DELAWARE
Child Death, Near Death and Stillbirth Commission (CDNDSC)
900 King Street
Wilmington, DE19801-3341

CAPTA¹ REPORT

In the Matter of
M.G.
Minor Child

9-03-2012-00030

February 10, 2015

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

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.

The case information presented below is based on documents reviewed and presented from the treating hospitals, the Division of Family Services, the Office of the Child Advocate, Family Court, Law Enforcement, and the Department of Justice.

Case Synopsis

Child was born via cesarean section for failure to progress at thirty-nine weeks gestation, weighing 8 pounds 9 ounces. Child had transient hypoglycemia, which responded appropriately to feeding of formulas. Mother of the Baby (MOB) was Group B Streptococcus (GBS) positive and adequately treated before delivery. All other prenatal tests were completed and negative.

In October 2010, MOB telephoned the primary care physician (PCP) stated that M.G. had been fussy for the past two to three days and slightly warm, sleeping a lot but not other localizing symptoms such as cough, congestion or fever. She stated that 45 minutes prior to the call, M.G. “lurched” out of the Father of the Baby’s (FOB) arms and was falling down and FOB caught her by her left arm and seemed to have yanked it. M.G. was noted to be not moving the shoulder very well but moving elbow down well and able to grasp. No swelling or bruising was noted by MOB. M.G. did cry when her arm was lifted above the shoulder. The PCP instructed MOB to give M.G. acetaminophen and if swelling in that area or symptoms worsen take her to the Emergency Department (ED). Per medical record review, no follow up phone call occurred the next day to inquire about M.G. nor was a visit requested. M.G. was not seen again until several weeks later at her two month check up.

In December 2010, Emergency Medical Services (EMS) arrived to the 3 month old child’s residence where child was brought to an awaiting stretcher and observed to be pulseless, skin was cool and dry, and a bruise was apparent on the forehead. EMS found the baby lying on a coffee table, not breathing and her skin blue. An automated external defibrillator was placed and advised no shock, so a nasal airway was inserted, bag-mask used for ventilation and cardiopulmonary resuscitation (CPR) was continued. EMS obtained a report that the child had fallen that day and was unresponsive. Child was transported via ambulance to the local hospital.

Child arrived in the ED and resuscitation was continued due to no heart rate. Child received an intraosseous and intravenous line in order to administer medications including epinephrine, atropine, and fluids. The child was intubated and placed on a ventilator after a heart rate was re-established. The child's exam showed an unconscious, pale child with slowly reacting, moderately dilated pupils, a distended abdomen and flaccid (floppy) extremities. Initial lab studies demonstrated anemia and elevated liver enzymes. A computed tomography (CT) scan of the head was done and demonstrated a skull fracture with possible subdural hemorrhage and a limited skeletal survey demonstrated a healing left tenth rib fracture. Child was transferred to a children's hospital for further care management.

Upon arrival at the children's hospital emergency room it was first noted that the child had very high blood pressure, the anterior fontanelle (soft spot) was very tense and the abdomen was distended. An ultrasound of the abdomen demonstrated possible blood in the abdomen. Within a few minutes the child's blood pressure dropped, blood and frothy secretions came out of the endotracheal tube and the heart rate became unsteady. The child was immediately taken to the operating room as the ultrasound also demonstrated poor filling of blood into the heart. An exploratory laparotomy (opening of the abdomen to look for injuries) was done to look for the source of bleeding, however, when opened, the abdomen spilled a large amount of cloudy purulent fluid, which was drained and cultured. Due to poor heart contractility (squeezing), a pericardotomy was performed (opening the sac around the heart), however no fluid was found to be obstructing the heart's function. Bilateral chest tubes (tubes around lungs inside chest cavity) were placed, a central line was placed in the right femoral area (groin), and the abdomen was left open with a sterile dressing in place. The child was then brought to the Pediatric Intensive Care Unit (PICU) for continued management including mechanical ventilation and medications to maintain blood pressure at an adequate level to perfuse her tissues.

Over the course of the next 2 days, the child developed worsening cerebral edema (brain swelling) and pulmonary edema (lung swelling). A repeat CT scan of the head showed a possible hemorrhage in the child's left eye. Ophthalmology exam demonstrated multiple bilateral retinal and vitreal hemorrhages. The child's sedative medications were weaned down and her neurological reflexes were consistent with brain death. Two separate neurological brain death studies were performed by different physicians at different times by protocol and were consistent with brain death. A cerebral brain flow study was performed and confirmed lack of cerebral brain flow and the infant was declared brain dead. Her body was turned over at that time to the state Medical Examiner's Office to determine the cause of death. The cause of death was blunt force trauma and the manner was ruled as homicide.

When questioned by investigators, FOB said that he had been supervising the child the day before the near death incident. He indicated that he was sitting with the baby in his lap she sneezed and he lost his grip, she then fell onto the carpeted floor. He noticed that the baby developed a large bump on the back of her head, so he applied an ice pack. The next day, FOB was supervising the child. He had M.G. in his lap while MOB was at work and the infant became startled, he lost his grip of her, and she fell to the floor hitting her

head. Afterwards, the baby was making a gasping noise and went limp. He placed her on the coffee table to perform CPR since she was no longer breathing. He could not remember CPR so he blew in her mouth.

MOB reported to Law Enforcement that there were three incidents where child may have been hurt accidentally. The first time, FOB tripped over the cat and M.G. hit her head on the door. She had a bruise on her forehead as a result and a red mark on the side approximately three to four weeks ago. The second incident, FOB may have squeezed the child too tight thus causing the rib fractures. The third incident was when M.G. fell off the FOB's lap twice.

Law enforcement conducted a scene investigation including photographs. Law Enforcement noted that FOB was playing a video game at the time of the near death incident as the game was paused on the television screen. FOB met MOB five years prior at a book fair out of state. FOB has not worked in five years. He has lived in five different states. FOB states that he did not have a good childhood. The family was not receiving DFS services at the time of the infant's death.

Family History:

In August 2007, the Division of Family Services (DFS) child abuse Report Line received a report alleging sexual abuse of M.G.'s sibling (age 7). The alleged sexual abuse took place in another state with M.G.'s sibling's Father. DFS administratively discontinued the case and referred the investigation to the other state.

In April 2008, the DFS child abuse Report Line received a report alleging bruising to the backs of M.G.'s sibling's (age 8) upper thighs. It was alleged that her stepfather (FOB) beat her with the belt and it happens a lot. The reporter also stated that they know M.G.'s sibling was previously abused by her grandfather.

It was stated that the child has many serious mental health issues, has been lying, and stealing recently. MOB and FOB admit that the child was spanked but not on her legs. They had found feces behind a dresser and therefore spanked the child. M.G.'s sibling told MOB that the marks on the back of her legs were from falling on the playground at the school but she told DFS that the marks were from falling off her bike, which GrandMom disputed since M.G.'s sibling does not ride her bike. MOB stated that they must deal with the child's lies repeatedly and this was evidence of her lying. This case was unsubstantiated as the bruising did not resemble belt marks and the child recanted. The family is active with the school Family Crisis Therapist and a local counseling agency. Collateral contacts by DFS included extended family, school psychologist, and Law Enforcement.

In December 2008, the DFS child abuse Report Line received a report alleging that the Maternal GrandFather spanked the child after they discovered M.G.'s sibling had defecated in a bowling bag. The Maternal GrandFather also shoved the child's face in the feces. No physical marks were observed on the child and the case was closed unsubstantiated. M.G.'s sibling has been living with her Father as MOB could no longer handle the child's behaviors and mental health issues. Child remains in counseling.

From May 2010 to July 2010, DFS received three separate hotline reports regarding this family. The first DFS hotline report was alleging emotional abuse by MOB and FOB of M.G.'s sibling. This child was diagnosed with pervasive developmental delay which is a disorder in the autism spectrum. M.G.'s sibling picks at her skin, gums and has even pulled her own teeth out. The child lives most of the time with her Father but visits MOB and FOB. Two weeks prior, FOB shaved the child's head so she would stop picking her scalp. In addition, FOB calls her a "stupid, dumb idiot dog who can't learn". Approximately one year ago, M.G.'s sibling's Father also shaved her head when she was picking at her scalp and pulling her hair out. Child continues to see a psychiatrist and a counselor but the family is unwilling to follow through at home behavior modifications. M.G.'s sibling has reported to the counselor that her Father continues to spank her and hit her in the face, despite the parents denying any physical discipline.

The second DFS hotline report alleged that M.G.'s sibling was not receiving her psychotropic medication. The Father wants the child institutionalized and the child alleged that a few months ago, Father punched her in the nose. Similar concerns as in the previous hotline report were shared.

The third DFS hotline report alleged that M.G.'s sibling was further abused as the Father poured rubbing alcohol on the child's self-inflicted head wounds. Child has also been disclosing to the reporter that Father will punch her as hard as he can in the stomach and face. Currently, the child does not have any marks. FOB also tells M.G.'s sibling that he does not love her and he wishes that she was not around. MOB and FOB are currently expecting their own child. DFS closed the case unsubstantiated for emotional and physical abuse due to no evidence. Case was closed with concern.

Approximately one month later, DFS received an additional hotline report from a professional regarding M.G.'s sibling. Child alleged to the reporter that she urinated on the floor and her Father kicked her in the stomach. She disclosed that she struggled to breathe after being kicked. The case was administratively discontinued as the child had no marks on her, no concept of time and the allegations were addressed the month prior.

Criminal /Civil Disposition

Father was substantiated for physical abuse level IV. He was charged with Murder by Abuse/Neglect in the 1st Degree. Father was found guilty of Murder by Abuse in the 1st Degree and sentenced to life in prison, level V supervision, without the possibility of parole.

System Recommendations

After review of the facts and findings of this case, the Commission determined that all systems met the current standards of practice; therefore, no primary system recommendations were put forth; however, the following ancillary recommendation was put forth by the Panel.

Ancillary Recommendations

- (1) CDNDSC recommends that when a case is made known to the Division of Family Services and when a family has recently moved to Delaware from another state, that the caseworker follow policy and request information from that state's Child Protective Services and CJIS (Criminal Justice Information System) in order to rule out multigenerational or chronic patterns of child abuse and/or neglect and/or criminal offenses that may serve as a risk factor in assessing the safety of a child.
 - a. Rationale: During the previous investigations, DFS did not contact the other states in regards to Father of the Baby or the baby's sibling's Father.
 - b. Anticipated Result: A complete history of all caretakers will be assessed during the case investigation.
 - c. Responsible Agency: Division of Family Services

- (2) CDNDSC recommends that the Division of Family Services and the investigating law enforcement agency comply with the existing Memorandum of Understanding between the Department of Services for Children, Youth, and Their Families, the Children's Advocacy Center, the Department of Justice, and Delaware Police Departments when conducting forensic interviews with a child who presents with serious mental and/or emotional disabilities.
 - a. Rationale: During the investigations with the baby's sibling, DFS did not have the sibling interviewed at the Children's Advocacy Center.
 - b. Anticipated Result: A multi-disciplinary response would have benefited the investigation of physical and emotional abuse for the baby's sibling.
 - c. Responsible Agency: Division of Family Services

- (3). CDNDSC recommends that the Division of Family Services follow policy as it pertains to the medical examination or medical screening of a child, under the age of nine, "based on the Medical Examination Protocol in the Investigation User Manual. Medical examinations shall be conducted by qualified medical staff (e.g., physician)."
 - a. Rationale: During the investigations with the baby's sibling, DFS did not have the sibling medically examined for internal injuries.

- b. Anticipated Result: A child will be examined for all types of internal injuries and external that may not be apparent to those who are not medically trained.
- c. Responsible Agency: Division of Family Services