



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

CAPTA¹ REPORT

In the Matter of
S.C.
Minor Child

9-03-2012-00016

May 13, 2015

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).

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 Department of Services for Children, Youth and Their Families, the Office of the Child Advocate, Family Court, Law Enforcement, and the Department of Justice.

Case Synopsis

The female child who is the subject of this review, S.C. was born in July of 2011.

In April 2012, the Division of Family Services (DFS) Child Abuse and Neglect Report Line received an urgent referral alleging physical abuse of S.C. Reports indicated that the nine month old child presented to the Emergency Department (ED) with a left femur fracture. Both the Mother of baby (MOB) and Father of baby (FOB) provided no explanation for this injury. They explained that they brought S.C. to the Emergency Department because of a “ball” they noticed on her left leg just prior to arrival. On exam, left leg swelling was noted in mid-shaft, thigh area. An intravenous catheter was placed and lab studies obtained. X-rays of the left femur demonstrated complete transverse fracture through the mid-diaphysis of the femur with 100% inferomedial displacement of the distal fracture segment, with normal bone mineralization. A splint was applied to S.C.’s left leg. It was decided that S.C. would be transferred to the Children’s Hospital for further evaluation, where a skeletal survey would be performed.

Once S.C. was at the Children’s Hospital, a full evaluation was completed, intravenous access obtained; skeletal survey completed and orthopedic and trauma teams were consulted. Skeletal surveys were concerning for multiple healing left sided rib fractures and the displaced acute left femur fracture. S.C. was sedated and the fracture was reduced and a hip spica cast was placed. Computed tomography (CT) scans of S.C.’s head as well as blood studies were obtained at that time. Ophthalmology exams demonstrated no retinal hemorrhages.

Family History: MOB

At the time of the review of case, MOB did not reside in Delaware, but in Philadelphia, PA. She had no history with DFS in Delaware or with the Philadelphia Department of Human Services.

MOB denied any alcohol or drug history. MOB had no significant criminal history at the time.

It was noted that MOB appeared to have cognitive issues.

Family History: FOB

At the time of review of this case, there was no history noted by DFS as well as no significant criminal history for FOB.

FOB denied any alcohol or drug history. It was noted that FOB appeared to have cognitive issues, with no formal diagnosis.

S.C.'s Near-Death Incident

In April 2012, the DFS Child Abuse and Neglect Report Line received an urgent referral alleging the physical abuse of S.C. Reports indicated that this nine month old child presented to the ED with a left femur fracture. MOB and FOB had provided no explanation for this injury. Both explained that they brought S.C. to the Emergency Department because of a "ball" they noticed on her left leg just prior to arrival. On exam, left leg swelling was noted in mid-shaft, thigh area. An intravenous catheter was placed and lab studies were obtained. X-rays of the left femur demonstrated complete transverse fracture through the mid-diaphysis of the femur with 100% inferomedial displacement of the distal fracture segment, with normal bone mineralization. A splint was applied to S.C.'s left leg and the Emergency Department decided that S.C. would be transferred to the Children's Hospital for further evaluation, where a skeletal survey would be performed.

A caseworker from DFS contacted Law Enforcement and requested they respond to the Children's Hospital together to speak to S.C.'s parents regarding this incident. When the caseworker and Law Enforcement arrived at the Children's Hospital, staff explained to them that MOB and FOB were in the x-ray room with the child and that all MOB and FOB had provided as an explanation to S.C.'s injuries was that FOB set her on the couch and then she started crying. Caseworker and Law Enforcement went into the x-ray room to meet with MOB and FOB to question them about what had happened.

A full evaluation of S.C. was done, intravenous access obtained; skeletal survey completed and orthopedic and trauma teams were consulted. The skeletal survey was concerning for multiple, healing, left side rib fractures in addition to the displaced acute

left femur fracture. Both MOB and FOB were still unable to provide an explanation for the child's injuries. S.C. was sedated and the fracture was reduced and a hip spica cast was placed. An ophthalmology exam demonstrated no retinal hemorrhages and screening tests for blunt abdominal trauma were within normal limits.

On the day S.C. was brought to the Emergency Department, Law Enforcement conducted a scene investigation of the home. MOB and FOB were brought to the police station for interviews. FOB eventually admitted hitting the child on her left thigh because she would not stop crying. MOB admitted that the incident occurred in her presence as she was sitting next to child on the couch. FOB also explained that he had squeezed S.C.'s stomach with his hands, resulting in her seven rib fractures. Additionally, both MOB and FOB admitted to seeing swelling of the S.C.'s chest but failed to seek medical attention.

S.C. was discharged from the Children's Hospital into DFS custody and placed in a foster home.

Criminal /Civil Disposition

As a result of her injuries, FOB was substantiated for two counts of physical abuse, level IV. MOB was substantiated for severe physical neglect, level III, as a result of her failure to protect the child.

FOB was arrested in April of 2012 and charged with Assault 2nd Degree and Endangering the Welfare of a Child. FOB pled guilty to Assault 2nd Degree in January of 2013. FOB was sentenced in April 2013 to two years level V, suspended to two years level IV after six months for 18 months level III. The charge of Endangering the Welfare of a Child was Nolle Processed.

System Recommendations

After review of the facts and findings of this case, the Commission determined that all systems did meet the current standards of practice.

The following supportive statement was put forth by the panel:

1. CDNDSC supports that the Division of Family Services transferred the case to the DFS Serious Injury Unit during the investigation.