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

CAPTA[1] REPORT

In the Matter of
S.D.
Minor Child[2]

9-03-2008-00006

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

The case regarding S.D. is considered a near death incident due to physical abuse perpetrated by the child's father. At the time of the near death incident, the child was eighteen months of age and residing under the care and supervision of her father.

In January of 2007, the child presented to the Emergency Department in a coma-like state with multiple bruises to the head, face, right leg and forearm. Child's father initially reported to Emergency Department staff that he and the child went bowling the night prior and child had fallen in the bowling alley, but did not appear to be hurt. Father stated that upon returning home, from the bowling alley, child was put to bed with a bottle. Early that morning, father went to wake the child but he could not arouse her. The child was given a bath in an effort to revive her but child still seemed lethargic and therefore father decided to bring her to the hospital.

At the hospital, child was placed on a respirator, breathing tube, and given morphine. Once stabilized, the child was transferred to another hospital for further examination and care management.

Upon arrival to the children's hospital, the child was examined by Delaware's Child Abuse Expert. It was determined that the child was shaken with an amount of force that would fully extend the child's head back and forth thus causing the two subdural hematomas. A bolt was inserted in order to alleviate the child's cranial pressure. The child also had a basal skull fracture that resembled an injury from blunt force trauma. The child had bruising on her left anterior arm, behind both ears (this is from pooled blood through cracks in the skull), left anterior thigh, left eye, left ear, inner left thigh, and left forearm.

It was further reported that some of the injuries, such as the red marks, would have been visible the prior night. The bruising on her right leg resembled that of a handprint. The blackened eyes were from the subdural hematomas. The child also had a lump and a soft tissue injury on the back of her head.

On the same day as the near death incident, the Division of Family Services' (DFS) Child Abuse Reportline and local law enforcement were contacted to report the alleged physical abuse of the child, perpetrated by father.

Staff from the Emergency Department was informed by law enforcement as well as the Division of Family Services' (DFS) investigation caseworker that they had been at the bowling alley the night prior and observed the child to be sluggish, with no emotion. The staff further reported that when father recognized the staff he changed his story and reported that the child was pushed off a park slide by a six year old boy approximately one week ago.

The Child Abuse Expert determined that the injuries sustained by the child were a result of non-accidental trauma and the explanation provided by father did not coincide with the child's injuries. Furthermore, the time frame for the head injury was between twelve and twenty-four hours, at which time the child was in her father's care.

The DFS investigation caseworker noted that previous history existed with the father. Such history revealed that the father had allegedly injured another child (from a different mom) in 2004. That particular child had a fracture in her left arm, a skull fracture in the back of her head, and a healed fracture of her left tibia. There was also a diagnosis of failure to thrive. Child was placed in foster care and both father and mother were substantiated for physical abuse, level IV. Neither parent was charged criminally. Mother and father, both entered into a case plan with DFS. Father never completed the elements of his case plan, which included anger management. Case was closed and transferred to the Adoption Unit.

Local law enforcement were notified that the prior night, Delaware State Police (DSP) had responded to the bowling alley for reports that witnesses had observed the child being accosted by father. Four people witnessed the child being injured. DSP responded to the bowling alley and spoke with the father and briefly observed the child. At that point in time, the child was lying down on a bench drinking from her sippy cup. Officers felt that the child was not injured due to her appearance. However, the lighting in the bowling alley was very dark and the child was dark skinned so injuries may not have been apparent upon first observations.

Initial statements were gathered from father at headquarters. During this time father admitted to shaking and hitting the child while at the bowling alley. Since the location of the bowling alley falls under the jurisdiction of Delaware State Police, the case was transferred to DSP.

Father was arrested by Delaware State Police and charged with felony level Assault by Abuse and felony level Endangering the Welfare of a Child. Father was to have no contact with the child and no unsupervised contact with any child under the age of eighteen.

The detective informed the caseworker that the 911 tape was pulled and reviewed. Contact was made by the detective with those individuals who reported the incident. Statements were confirmed that father was seen hitting the child with his hand, poking her head and neck, and slamming her head into the seat of the bench. The detective also reported that a taped confession was also obtained during father's initial statements.

Seven days after the near death incident, the investigation caseworker was contacted by the treating hospital and informed that the child was in stable condition. There was evidence of brain damage but the extent is unknown. The child's speech, motor functions, and vision were all affected and the child continues to have breathing problems.

Based on the information gathered by the caseworker, the investigation was substantiated for physical abuse – head trauma, level IV. The case was not transferred to treatment as ongoing services under the auspices of the Division of Family Services were not deemed necessary as child would be residing with mother.

The criminal prosecution resulted in father pleading to one count of felony level Assault by Abuse. The original secondary charge of felony level Endangering the Welfare of a Child was Nolle Prossed. In July of 2007, father was sentenced to five years at a level V, suspended after two years served, suspended to level III probation for eighteen months.

System Recommendations

After review of the facts and findings of this case, the Panel determined that reasonable standards of practice were not met by the systems involved. Therefore, the following recommendations were put forth:

1) Law enforcement shall adhere to 16 Del. C. § 903, 904, and 905, DSCYF policy, and the 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 reporting child abuse and neglect via the report line.
    a. *Rationale*: This incident is a failure to report on behalf of law enforcement as officers did not adhere to the statute after responding to call that alleged that father was abusing his daughter.
    b. *Anticipated Result*: Adherence to the statute and policy
    c. *Responsible Agency*: Police Chief's Council

2. CDNDSC recommends that Law Enforcement Officers be educated on the effects of Abusive Head Trauma. Law Enforcement Officers should know their role in identifying and reporting cases of suspected abuse due to Abusive Head Trauma and that physical injury might not be noticeable but internal injury may be present.
    a. *Rationale*: Law enforcement responded after 911 received a call from the bowling alley that father had been abusing his child for twenty

minutes. Upon arrival, law enforcement looked the child over and determined that the child had sustained no injuries. However, because law enforcement is undereducated on the issue of Abusive Head Trauma, their ability and expertise to identify such injuries is limited.

b. *Anticipated Result*: Law Enforcement will have a better understanding of the effects of Abusive Head Trauma.
c. *Responsible Agency*: Child Protection Accountability Commission

3. CDNDSC recommends that a protocol be developed for emergency phone call operators regarding child abuse and neglect calls to include a standard line of questioning which would identify more about the perpetrator(s) and a description of the incident.[3]
    a. *Rationale*: More information will be given to first responders, so that first responders will be able to make a better assessment on how to proceed and handle cases where child abuse and/or neglect is suspected.
    b. *Anticipated Result*: Better intake and dissemination of information to appropriate agencies
    c. *Responsible Agency*: Emergency Medical Services

Ancillary Recommendations

4. CDNDSC recommends that cases involving multigenerational or chronic patterns of child abuse and/or neglect be given a higher level of supervisory oversight than cases without such history.
    a. *Rationale:* A pattern of abuse/neglect has been identified by the CAN Panel along with a multigenerational history of abuse and these cases require more in-depth support and investigative services.
    b. *Anticipated Result:* To ensure the safety of all children known to the Division and provide earlier intervention where needed for families with multigenerational and chronic patterns of child abuse and/or neglect.
    c. *Responsible Agency:* Child Protection Accountability Commission

5. CDNDSC recommends that research be conducted to review national standards as to what other Child Protection Services are doing with regard to families that present with multigenerational histories of child abuse and neglect.
    a. *Rationale:* to establish best practice in the State of Delaware for cases of child abuse and neglect.
    b. *Anticipated Result:* Best practices in Delaware.
    c. *Responsible Agency:* Child Protection Accountability Commission

[3] 2 abstentions