CRITICAL INCIDENT ANNUAL REPORT

Child Fatalities and Near Fatalities Due to Abuse/Neglect

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR SOCIAL SERVICES

Office of Planning and Quality Improvement

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Executive Summary

The West Virginia Department of Health and Human Resources (DHHR or Department) is the state agency responsible for child welfare as defined in Chapter 49 of the W. Va. Code. Incidents of abuse and neglect are investigated by Child Protective Services (CPS) located within DHHR's Bureau for Social Services (Bureau or BSS).

Child Fatality Review and Report

A review of child fatalities is conducted by several entities in West Virginia: the Supreme Court of Appeals of West Virginia, the West Virginia Child Fatality Review Team, and the Infant Mortality Review Team. The Supreme Court of Appeals of West Virginia analyzes the court system's performance and recommends changes that need to be made. The West Virginia Child Fatality Review Team and the Infant Mortality Review Team are conducted by the Commissioner of DHHR's Bureau for Public Health. The West Virginia Child Fatality Review Team reviews all deaths of children under the age of 18, and the Infant Mortality Review Team examines, analyzes, and reviews the deaths of infants and women who die during pregnancy or at the time of birth and children who die within one year of birth. W. Va. Code §61-12A-1, *et seq.* created the Fatality and Mortality Review Team (FMRT). The FMRT is required to establish four advisory panels**:**

1. An unintentional pharmaceutical drug overdose fatality review panel to examine, analyze, and review deaths resulting from unintentional prescription or pharmaceutical drug overdose;
2. A child fatality review panel to examine, analyze, and review deaths of children under the age of 18 years;
3. A domestic violence fatality review panel to examine, analyze, and review the deaths of infants and women who die during pregnancy, at the time of birth or within one year of birth of a child; and
4. An infant and maternal mortality review panel to examine, analyze, and review the deaths of infants and women who die during pregnancy, at the time of the birth, or within one year of the birth of a child. The Child Fatality Review Panel includes one CPS worker and the Director of BSS's Office of Social Services.

Since 2000, the BSS has submitted information related to child abuse and neglect, including child fatalities as a result of abuse and neglect, to the National Child Abuse and Neglect Data System (NCANDS), which is submitted based on the federal fiscal year (FFY) October 1 to September 30. When there is a history of CPS involvement, case level information, known as the Child File, is collected by NCANDS directly from the West Virginia Statewide Automated Child Welfare Information System (SACWIS), known as the Families and Children Tracking System (FACTS). Additional information about abused and neglected children with no prior history with CPS is obtained from DHHR's Office of the Chief Medical Examiner by BSS staff and submitted to NCANDS in the Agency File. This report is to fulfill the needs of gathering and analyzing this information.

The Critical Incident Review Team

In 2014, BSS established what is now known as the Critical Incident Review Team to review incidents involving fatalities and near fatalities. The process and criteria developed by the review team is now used for the systematic review of critical incidents that have occurred in families known to the Bureau or that have come to its attention through the Centralized Intake assessment process.

The Critical Incident Review Team meets quarterly and is chaired by the Division of Planning and Quality Improvement (DPQI). Team members are comprised of the BSS Commissioner and Deputy Commissioners, the Regional Directors, and representatives from the offices of Field Support, Programs and Resource Development, Planning and Research, the Director of Centralized Intake, the Director of the Division of Training, and the Office of Field Operations. In addition, the Community Services Manager for any district having a history with the child or his/her family is included in the case review for that child. This team reviews all critical incidents of a child with a known history with the DHHR in order to make necessary improvements to the CPS process. This is done by pinpointing areas of the child protective service practice process that may need to be improved upon or changed.

The Critical Incident Review process begins when the BSS is notified of a critical incident through the Centralized Intake assessment. CPS will assess the case and take appropriate actions based on policy. Once the assessment is completed, the incident is then assigned to a three-person Field Review Team which consists of a regional program manager or designee who is a policy expert, a CPS policy specialist, and a specialist from Division of Planning and Quality Improvement who leads the field review team.

The Field Review Team conducts a case record review of the family history of abuse and/or neglect, DHHR's interventions, services provided to the family, and the circumstances surrounding the critical incident. Interviews are conducted with Department staff, law enforcement, medical staff, and service providers. The DPQI Specialist presents their findings of the Critical Incident Review Team at the quarterly meetings. A decision is made on each case as to whether the critical incident did or did not result from abuse or neglect as defined in state code and is evaluated for adherence to the Bureau for Social Services' policy and practice. The Critical Incident Review Team develops a Plan for Action to enhance the case work practice and improve outcomes for children and families based on the findings and recommendations from the critical incident reviews.

The information collected during the review process is aggregated, analyzed, and included in this annual report to the West Virginia Legislature.

Since 2016, the Critical Incident Review Team review process also includes families in which no other children resided in the home; however, the death was attributed to abuse or neglect, or both. Prior to this policy change, cases were investigated for the safety of the children remaining in the home. These changes increased the number of investigations for field staff, increased the number of critical incident reviews, and increased the number of children being reported.

In 2020, the Critical Incident Standard Operating Procedure was updated to include the review of critical incidents involving children in foster care if the critical incident was determined to be the result of child abuse and/or neglect.

Child Fatalities

Initiatives that were continued and updated in 2021 include:

- Critical Incident Training
- Safe Sleep Initiative
- Drug-Affected Infant Policy
- Mandated Reporter Training
- Supervisory Consultation
- Reflective Supervision
- Domestic Violence Training
- Safety Planning Training
- Plan of Safe Care Pilot Project

In FFY 2021, there were five fatalities due to abuse and neglect of children known to the BSS This is an increase of one child compared to FFY 2020. The information below reflects the data collected from our internal Critical Incident Review Team for FFY 2021.

See **Appendix A** for a narrative of each child fatality for FFY 2021.

Critical Incidents FFY 2017	Critical Incidents FFY 2018	Critical Incidents FFY 2019	Critical Incidents FFY 2020	Critical Incidents FFY 2021
Fatality: 10	Fatality: 9	Fatality: 8	Fatality: 4	Fatality: 6

Map of Total Child Fatalities Due to Abuse and/or Neglect FFY 2021

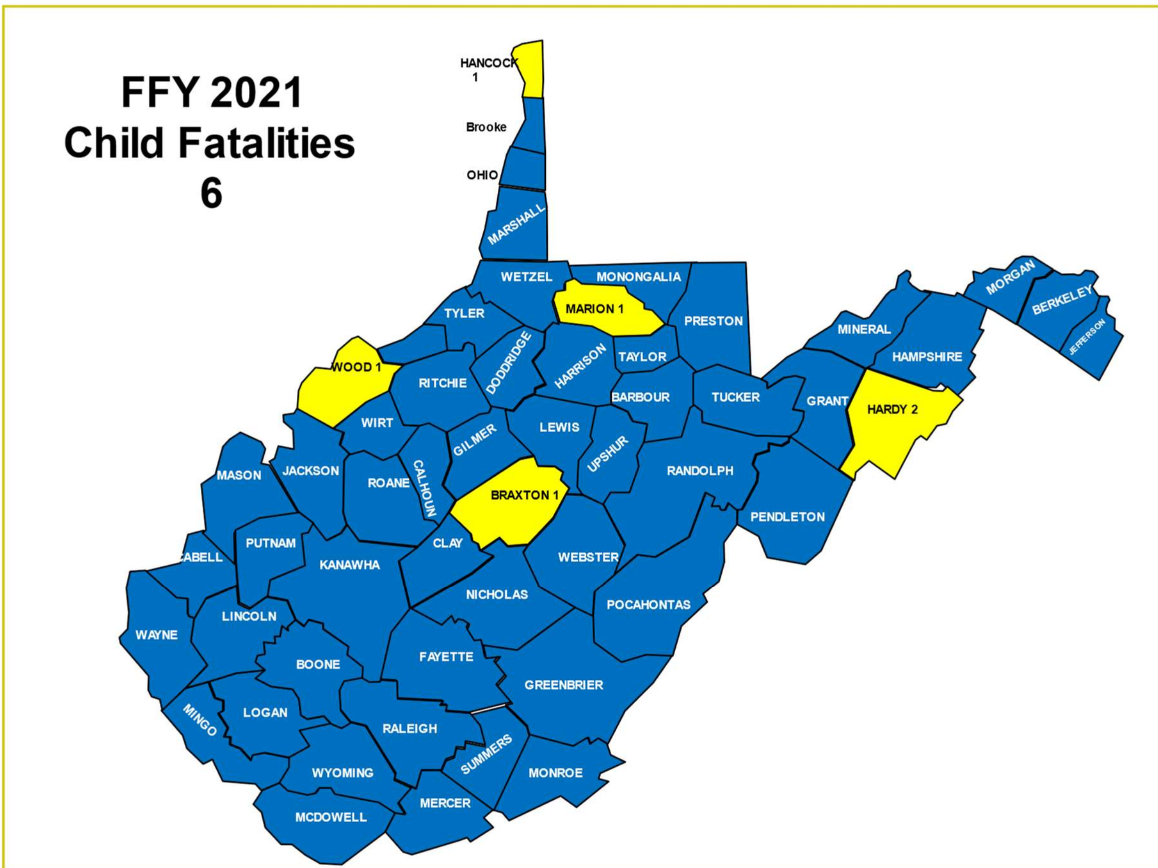


Figure 1: Child Fatalities 2021

Number of Victims in Abuse and Neglect Incidents by Known Cause of Fatality FFY 2021	
Physical Abuse	2
Smoke Inhalation/Confinement	1
Injuries Sustained in Motor Vehicle Accident/Impaired Driver	1
Firearm	2

Child Fatality – Demographics of Children, FFY 2021

Number of Victims in Fatal Incidents by Age	
Less Than 5 Years	3
5 to 10 Years	3

Number of Victims in Fatal Incidents by Race	
White	5
White/African American	1

Number of Victims in Fatal Incidents by Gender	
Male	4
Female	2

Child Fatality – Maltreater Demographics, FFY 2021

The data listed below reflect a case that contained two maltreaters.

Number of Maltreaters in Fatal Incidents by Age	
21-29 years	1
30-39 years	5
40-49	

Number of Maltreaters in Fatal Incidents by Relationship	
Father	3
Mother	2
Paramour	1

Number of Maltreaters in Fatal Incidents by Race	
White	5
African American	1

Number of Maltreaters in Fatal Incidents by Gender	
Male	4
Female	2

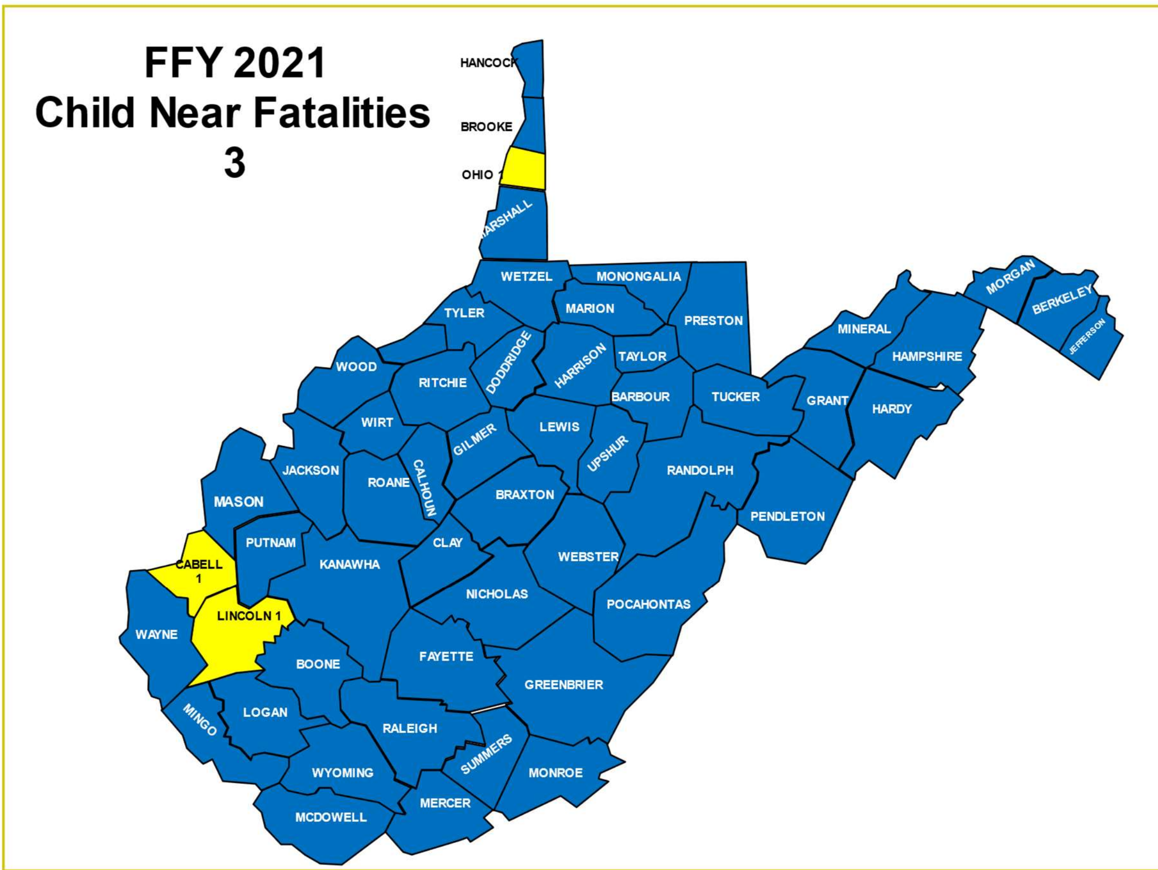
Child Near Fatalities

In FFY 2021, there were four children who were seriously injured due to abuse and/or neglect that were known to DHHR. This is a decrease of one child compared to FFY 2020.

See **Appendix B** for a narrative of each child near fatality for FFY 2021

Critical Incidents FFY 2017	Critical Incidents FFY 2018	Critical Incidents FFY 2019	Critical Incidents FFY 2020	Critical Incidents FFY 2021
Near Fatality: 2	Near Fatality: 5	Near Fatality: 8	Near Fatality: 5	Near Fatality: 3

Map of Total Child Near Fatalities Due to Abuse and/or Neglect FFY 2021



Number of Victims in Abuse and Neglect Incidents by Known Cause of Near Fatality, FFY 2021	
Firearm	1
Drug Overdose/Fentanyl	1
Physical Injury/Blunt Force Trauma	1

Child Near Fatality – Demographics of Children, FFY 2021

Number of Victims in Near Fatal Incidents by Age	
Less than 5 Years	2
5 to 10 Years	1

Number of Victims in Near Fatal Incidents by Race	
White	3
Other	0

Number of Victims in Near Fatal Incidents by Gender	
Male	1
Female	2

Child Near Fatality – Maltreater Demographics, FFY 2021

Number of Maltreaters in Near Fatal Incidents by Age	
20-29 years	1
30-39 years	1
40-49 years	1

Number of Maltreaters in Near Fatal Incidents by Relationship	
Father	2
Mother	1

Number of Maltreaters in Near Fatal Incidents by Race	
White	3
Other	0

Number of Maltreaters in Near Fatal Incidents by Gender	
Male	2
Female	1

Summary of 2021 Data

In 2021, the State of West Virginia continued to experience the devastating impact of substance abuse. As reported by the West Virginia Metro News on November 17, 2021, yearly overdose deaths have topped 100,000 for the first time with some of the largest increases in West Virginia. The U.S. Centers for Disease Control and Prevention said the unprecedented milestone is tied to the COVID-19 pandemic and a more dangerous drug supply. Many of the deaths involve illicit fentanyl, a highly lethal opioid. Overdose deaths nationally increased nearly 30 percent from April 2020 to April 2021. In West Virginia, that number jumped by 62 percent. West Virginia saw the second-highest increase behind Vermont at 70 percent. Out of the 100,000 deaths, more than 1,600 West Virginians died in the last year. Substance abuse and addiction has historically been a growing contributing factor to child abuse and neglect in West Virginia, impacting thousands of children and taxing the state's child welfare resources. Substance abuse and addiction has become increasingly prevalent across generations, making it more challenging to place children in the care of appropriate relatives. This contributes to a strain on the availability of placements for children entering foster care. Drug or alcohol use was noted in seven of the nine cases reviewed during FFY 2021, either at the time of the critical incident or historically by the caregivers. A resource map has been developed and made available to all child welfare staff. The map includes all available substance abuse treatment services throughout the state. This map aids staff with locating and contacting needed services in a quicker and more efficient way.

Critical incidents occurring in FFY 2021 were primarily the result of violence against children by their caregivers. Seven of the nine children included in this annual report were victims of violence. FFY 2021 largely encompassed the COVID19 pandemic, when families were quarantined, children attended school virtually, and less contact occurred with mandated reporters. Children were increasingly vulnerable in these circumstances.

In FFY 2020, maltreaters were predominately the mother of the child. This was true in six of the nine cases reviewed. Data gathered in 2021, indicates the father/male caregiver was identified as the maltreater in six of the nine cases reviewed. In FFY 2021, the maltreater age group was primarily 30-39 years, which is an older population of maltreaters than in 2020. In FFY 2021, most victims in child fatalities were males, while the victims of near fatalities were primarily females. Both maltreaters and victims were predominately white, which was consistent with the FFY 2020 and FFY 2019 reports. In FFY 2021 incidents of fatalities and near fatalities were not centralized to any specific area of the state. During the current reporting period, there were no critical incidents involving children in foster care that met the criteria for case review.

West Virginia continues to have many children in foster care placements. In September of FFY 2020, 6,935 children were in foster care. In September of FFY 2021, the number decreased by 51 children to a total of 6,884 children in foster care placements. This is the second consecutive year in which West Virginia has shown a slight decrease in the total number of children in foster care placements.

Plan for Action

The Bureau for Social Services' Plan for Action, based on the results of the critical incident reviews, is designed to increase awareness, support practice, and improve outcomes in child welfare cases.

- **Critical Incident Training for Staff to Increase Knowledge and Understanding**

  Critical incident training continues to be a mandatory training requirement for all new child welfare staff and must be completed within the first 18 months of employment. The training provides participants with statistical data on child fatalities in West Virginia and identifies trends in child welfare practices, factors related to child deaths, best practice standards, working with vulnerable children, supervisory consultation, safety planning, information gathering, co-sleeping, and substance abuse related child fatalities. Instructional methods for the training include lecture, small group activity, practice simulation, and group discussion. Updates are completed each January to include current state statistics and trends.

  During FFY 2020, BSS's expanded the safety planning training to include a refresher course for all workers emphasizing the control of safety threats and advanced safety planning training for all supervisors to aid in guiding workers in effective safety planning. The purpose of including safety planning in reflective supervision is to ensure workers accurately identify and address safety threats that could lead to a critical incident. This training continued to be provided during FFY 2021.

- **Safe Sleep Initiative**

  The BSS continues to focus on educating all parents of children under the age of one on safe sleep. DHHR continues to show safe sleep videos in their offices and lobbies to help educate clients on safe sleep. The information provided can be reviewed at www.safesoundbabies.com. The *Our Babies: Safe and Sound* group, which educates West Virginia families about infant safety, will also work with DHHR's

Office of Maternal, Child, and Family Health to ensure consistent and up-to-date messaging on safe sleep. Safe-sleep information is especially targeted to parents with drug-affected infants due to their higher risk. Updated material was provided to the Statewide Child Fatality Review Team (Infant Mortality and Morbidity Workgroup) on safe sleep.

The *Our Babies: Safe and Sound* project offers the following to their partners for education to further the efforts of Safe Sleep in West Virginia:

a. Annual statewide competency training, a day-long session with national and state level presenters. This training is free and continuing education units (CEUs) are provided for nurses, early childhood professionals, and social workers.
b. Quarterly peer topical calls.
c. An online training module, which reviews the research and latest American Academy of Pediatrics recommendations. This certified module is 1.5 hours, provides free CEUs, and can be viewed online at: www.safesoundbabies.com. Family childcare providers are required to complete this training.
d. Ongoing technical assistance and field updates.

Child welfare staff continue to assess sleeping arrangements of infants and to discuss safe sleep with their caregivers. Additionally, educational pamphlets regarding safe sleep practices are provided to parents during maltreatment assessments and in open child welfare cases.

- **Drug-Affected Infant Policy**

Drug-affected infants defined in the federal Comprehensive Addiction and Recovery Act (CARA) as those infants referred by medical staff, including hospital social workers, who are less than one year old, test positive for legal or illegal substances or prescribed medication or suffer from withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Bureau policy complies with the federal requirement that every child identified as drug-affected would have a Plan of Safe Care. In June 2020, BSS released the following correction to CPS policy to reflect current practice regarding drug-affected infants.

> *If the assessment determines that there is a drug-affected infant but there is no maltreatment finding and no safety concerns or impending dangers identified, the worker will open a case for Plan of Safe Care, document the Plan of Safe Care in the service log, document other services put in place on the service log screen, and close the case immediately.*

The Bureau has submitted a proposal to the Office of Maternal Child and Family Health, to provide assessment and monitoring of Plans of Safe Care. To date, the proposal is on hold pending the submission of a proposed project budget from the Office of Maternal Child and Family Heath.

- **Mandated Reporter Training**

The Children's Justice Task Force has developed an online mandated reporter training which offers a certification for being trained as a mandated reporter. This training will be available to child welfare staff in 2022. The BSS has updated their virtual training for mandated reporters and the training has been provided to groups outside of the bureau when requested. The mandated reporter curriculum has been provided to the Bureau's regional directors and shared with BSS community service managers for local organization and community training.

- **Supervisory Consultation**

Each month a subject, policy, process, or trend is selected with input from the Child Welfare Oversight team to be presented during part of each supervisor's meeting with their staff. Each unit meeting is to have an agenda, a sign-in sheet, and produce minutes which clearly indicate coverage of the selected topic. Staff should consistently attend unit meetings and view them as an opportunity to learn, share, and connect with their peers. For staff unable to attend, the information is covered in their monthly conference with the supervisor and includes documentation of what was discussed. These documents are shared with the community services manager, who has the responsibility of ensuring these requirements are met.

Topics for monthly unit meetings in FFY 2021 that had an impact on Critical Incident Reviews:

March 2021: Safe Sleep

April 2021: Conducting Social Services Record Searches

June 2021: Notifications of Serious Injury and Sexual Abuse to Law Enforcement

August 2021: Supporting Foster Parents and Relative Caregivers

September 2021: West Virginia Birth to Three Services

Social services supervisor meetings are held every other month and address the monthly unit meeting topics, trends in practice, policy revisions and ways to improve management skills. Peer reviews of casework practice occur twice per year. The reviews are designed to educate supervisors on best practices and to provide a learning and sharing platform in which supervisors can review and discuss cases and casework practice.

- **Reflective Supervision**

To address issues surrounding worker retention and secondary trauma, DHHR, in conjunction with Casey Family Programs, initiated the implementation of reflective supervision. The purpose of reflective supervision is to promote effective, trauma-informed decisions, and build strong supervisory relationships. Reflective supervision relates to professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work. Reflective supervision is regular, collaborative reflection between a supervisee and supervisor that builds on the supervisee's use of thoughts, feelings, and values within a service encounter. Reflective supervision is specifically designed

to improve supervisory support for workers through relationship-focused, collaborative time between them. Unlike a more task-centered approach to supervision, reflective supervision meetings examine work-life balance, secondary trauma, and learning needs in a parallel process. The primary objectives of reflective supervision include the following:

- To form a trusting relationship between supervisor and practitioner.
- To establish consistent and predictable meetings and times.
- To listen and remain emotionally present.
- To teach, guide, nurture, and support staff.
- To foster the reflective process to be internalized by the supervisee.
- To explore the parallel process and allow time for personal reflection and attend to how reactions to the content affect the process.

As part of the state's Child and Family Services Review Round 3 Program Improvement Plan, safety planning was incorporated into reflective supervision. A standard operating procedure was developed to guide the supervisors in the monitoring of ongoing risk and safety assessments to ensure safety is being assessed for all children in the home. During FFY 2021, the Casey Family Programs worked with eight districts throughout the state of West Virginia to provide additional training and support in utilizing reflective supervision. Two statewide trainings were held for social services supervisors during FFY 2021 to teach and promote the reflective supervision model.

- **Domestic Violence Training**

As noted in the Summary of 2021 Data, most critical incidents during FFY 2021 were violent in nature. BSS has continued to partner with the West Virginia Domestic Violence Coalition to provide training for child welfare staff. During FFY 2021, the Coalition provided additional training to the Bureau for Social Services' Centralized Intake staff to educate them regarding information gathering and decision making when receiving maltreatment reports that include allegations of domestic violence.

New Activities Initiated in 2021

I. West Virginia Resilience Alliance

West Virginia Resilience Alliance was previously included in the Plan for Action, but during FFY 2021, BSS made significant changes within this project. West Virginia recognizes that child welfare staff interact with people who have experienced multiple traumas on a daily basis. Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another person. Given the nature of their work, child welfare staff and community-based providers are at very high risk of developing STS and can be at risk of experiencing trauma first-hand. In addition, the trauma and secondary trauma experienced by their clients and staff can affect organizations and the organizational culture. If left unaddressed, STS can have a negative impact on the ability of

individuals and organizations to help children and families. Supervisors and administrators have the challenging task of developing and maintaining high-quality practice in a traumatogenic environment (modified from the National Child Traumatic Stress Network-NCTSN).

The Bureau has made concerted efforts to address STS with its staff and to provide supportive counseling services. These efforts were hindered by staffing issues and COVID-19, which greatly impacted the ability to have meaningful in-person interactions with staff who were experiencing STS, often directly related to critical incidents. During FFY 2021, the BSS began working with Marshall University's Center for Excellence to develop a process to address STS within the agency. The process will include assessment of the BSS's needs, supervisor training and competency in recognizing and supporting staff who may be experiencing STS, teaching self-care, peer support groups, and the development of a team within the BSS who will facilitate this process. A specific component of this collaboration is Crisis Intervention for Critical Incident Teams. Critical Incident Stress Management, or CISM, is an intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structured, and professionally recognized process for helping those involved in a critical incident by allowing them to share their experiences, vent emotions, learn about stress reactions and symptoms, and providing referral for further help if required (CISM International). It is anticipated that these supportive services will be available to child welfare staff during FFY 2022.

Definitions

Abused Child: A child whose health or welfare is harmed or threatened by a parent, guardian, or custodian who knowingly or intentionally inflicts, attempts to inflict, or knowingly allows another person to inflict, physical injury or mental or emotional injury upon the child or another child in the home; sexual abuse or sexual exploitation; or the sale or attempted sale of a child by a parent, guardian, or custodian; domestic violence as defined in W. Va. Code §48-27-202; or human trafficking or attempted human trafficking, in violation of W. Va. Code §61-14-2d. In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment (W. Va. Code §49-1-201).

Caregiver is Intoxicated (alcohol or other drugs): Report identifies a caregiver who is currently drunk or high on illegal drugs and unable to provide basic care and supervision to a child at that moment. In order to qualify as present danger, it must be evident in the report that a caregiver who is primarily responsible for childcare is unable to provide care for his/her child right now due to his/her level of intoxication. The state of the parent's/caregiver's condition is more important than the use of a substance (drinking compared to being drunk, or when he/she uses drugs as compared to being incapacitated by the drugs), and affects the child's safety.

Caretaker: The person responsible for the care of a child, including:
a) Parent, guardian, custodian, paramour of parent or foster parent.
b) A relative or any other person with whom the child resides and who assumes care or supervision of the child, without reference to the length of time or continuity of such residence.
c) An employee or agent of any public or private facility providing care for a child, including an institution, hospital, healthcare facility, group home, mental health center, residential treatment center, shelter care facility, detention center, or childcare facility.
d) Any person providing care for a child, but with whom the child does not reside, without reference to the duration of the care. A person who assumes responsibility for the care or supervision of the child may assume such responsibility through verbal or written agreement, or implicitly through the willing assumption of the care-taking role.

Child: Any person under 18 years of age (W. Va. Code §49-1-202).

Child Fatality: The death of a person under the age of 18 that is a result of abuse or neglect, or both.

Child Maltreatment*:* A caregiver's behaviors and interactions with a child are consistent with the statutory definition of child abuse or neglect.

Child Near Fatality: Any medical condition of the child which is certified by the attending physician to be life-threatening.

Comprehensive Addiction and Recovery Act (CARA): On July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (P.L. 114-198). This law establishes a comprehensive, coordinated balanced strategy through enhanced grant programs that expand prevention and education efforts while also promoting treatment and recovery. CARA has been subsequently amended.

Critical Incident: A reasonable suspicion that a fatality or near fatality was caused by abuse or neglect or when abuse or neglect has been determined to have led to a child's death or near death.

Critical Incident Review Team: A team of individuals defined by the Commissioner of the West Virginia Department of Health and Human Resources' Bureau for Social Services to review critical incidents for the purpose of improving the casework process to prevent future critical incidents.

Drug-Affected Infants: A child reported by a medical professional, including a hospital social worker, indicating that the infant was born testing positive for a legal or illegal drug or prescribed medication or the infant is suffering from withdrawal from a legal or illegal drug or prescribed medication (including drugs that treat addiction), or Fetal Alcohol Spectrum Disorder.

Federal Fiscal Year (FFY): The federal budget or financial year for the period from October 1 through September 30. It is used by the federal government to report revenue and expenditures.

Known to the Bureau: A family with an open CPS case or a Youth Service (YS) case in the last 12 months or whom CPS or YS assessed within the last 12-months.

Maltreater: A person is considered to be a maltreater when a preponderance of the credible evidence indicates that the conduct of the person falls within the boundaries of the statutory and operational definitions of abuse or neglect.

Neglected Child: A child whose physical or mental health is harmed or threatened by a present refusal, failure, or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care, or education, when such refusal, failure, or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or, who is presently without necessary food, clothing, shelter, medical care, education, or supervision because of the disappearance or absence of the child's parent or guardian (W. Va. Code §49-1-201).

Substance Abuse: An element of the definition of child abuse or neglect in many states. Circumstances that are considered abuse or neglect in some states include the following:

- Prenatal exposure of a child to harm due to the mother's use of an illegal or legal drug or other substance.
- Manufacture of methamphetamine in the presence of a child.
- Selling, distributing, or giving illegal drugs or alcohol to a child.
- Use of a controlled substance by a caregiver that impairs the caregiver's ability to adequately care for the child.
- Infant born testing positive for a legal or illegal drug or prescribed medication or the infant is suffering from withdrawal from a legal or illegal drug or prescribed medication (including drugs that treat addiction), or Fetal Alcohol Spectrum Disorder.

Appendix A: Abuse and/or Neglect Cases Resulting in Child Fatality FFY 2021

Child's Initials	County	Date of Incident	Gender	Age	Race/ Ethnicity	Type of Maltreatment	Brief Summary of Incident	Cause of Fatality
K.H.	Braxton	2/2/21	Male	3 yrs., 5 mos.	White	Abuse Physical Injury	Child was beaten while on visitation with his half-sibling's father.	Physical Abuse
G.A.	Marion	3/4/21	Male	4 yrs., 2 mos.	White/African American	Abuse Physical Injury	Child was beaten by his father.	Physical Abuse
K.J.	Hancock	3/13/21	Male	3 yrs., 10 mos.	White	Abuse Mental/Emotional Injury Neglect Lack of Supervision	Child was confined to a locked room and died when the home caught fire.	Smoke Inhalation
S.B.	Hardy	4/1/21	Female	10 yrs., 7 mos.	White	Abuse Physical Injury	Child was shot by her mother, who then committed suicide.	Murder by Firearm
C.T.	Wood	5/11/21	Male	5 yrs., 8 mos.	White	Abuse Drug Use Caretaker	Father was driving impaired and wrecked. Child was an unrestrained passenger in the vehicle.	Multiple Blunt Force Injuries

Appendix B: Abuse and/or Neglect Cases Resulting in Child Near Fatality FFY 2021

Child's Initials	County	Date of Incident	Gender	Age	Race/ Ethnicity	Type of Maltreatment	Brief Summary of Incident	Cause of Injury
E.S.	Cabell	10/4/20	Male	9 yrs., 1 mo.	White	Neglect Abuse Physical Injury	Child was shot by his father, who was prohibited from possessing firearms. The child's mother was aware of this restriction.	Gunshot Wound
W. E.	Ohio	11/20/20	Female	24 days	White	Abuse Physical Injury Neglect Lack of Supervision	Child ingested fentanyl. It is unclear how the ingestion occurred as multiple drug users had access to the child.	Child Ingested Fentanyl
W.P.	Lincoln	12/12/20	Female	4 yrs., 7 mos.	White	Physical Injury	Child was physically abused by her father.	Blunt Force Trauma
L.B.	Hardy	4/1/21	Female	10 mos.	White	Physical Injury	Child was shot by her mother who then committed suicide.	Attempted Murder by Firearm