

DISTRICT OF COLUMBIA CHILD FATALITY REVIEW COMMITTEE

REVIEW DATA AND FINAL REPORT FORM

CFRC Case #

INSTRUCTIONS: Sections A through I should be completed on all children. Section A is identifying data and may be removed for confidential reviews. Complete either Supplemental Form I for Natural, SIDS or Undetermined Deaths and Supplemental Form II for Unnatural Deaths.

A. DEMOGRAPHIC DATA OF DECEASED CHILD (Fill in the blanks or check the appropriate box)

Deceased's Name: (last, first, middle) [REDACTED]

1. Date of Birth: 01/11/98
MM DD YY

Place of Birth: ☐ Medical facility ☐ Home
☐ Other

2. Sex: ☒ M ☐ F Race: B

3. Date of Death: 03/11/98
MM DD YY

4. Cause of Death: Pending
Manner of Death: ☐ Natural ☐ Accident ☐ Suicide
☐ Homicide ☐ Undetermined ☐ Pending
Source of information:

B. BIOLOGICAL FAMILY DATA

1. Mother of Deceased: (last, maiden, first, middle) [REDACTED] Age at Birth of Deceased: [REDACTED]
Race*: [REDACTED] Education Level**: [REDACTED] Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address: Stable St, N.E. Ward 5

Employment Status: ☐ Employed Type/Place of Employment: [REDACTED] ☐ Unemployed

2. Father of Deceased: (last, first, middle) [REDACTED] Age at Birth of Deceased: [REDACTED]
Race*: [REDACTED] Education Level**: [REDACTED] Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address: [REDACTED] Ward [REDACTED]

Employment Status: ☐ Employed Type/Place of Employment: [REDACTED] ☐ Unemployed

3. Siblings of Deceased (Live births of either deceased child's mother and father, if known):

1st Child -	Age <u>17</u>	Sex <u>M</u>	Alive	Deceased	Date/Cause
2nd Child -	Age <u>15</u>	Sex <u>F</u>	Alive	Deceased	Date/Cause
3rd Child -	Age <u>3</u>	Sex <u>M</u>	Alive	Deceased	Date/Cause
4th Child -	Age <u>?</u>	Sex <u>?</u>	Alive	Deceased <u>X</u>	Date/Cause <u>Unknown</u>
5th Child -	Age	Sex	Alive	Deceased	Date/Cause
6th Child -	Age	Sex	Alive	Deceased	Date/Cause

4. Birth order of Deceased Child: (count all previous live births) ☐ Multiple birth (e.g., twins)

C. CIRCUMSTANCES AT TIME OF DISCOVERY OF DECEASED CHILD (Fill in the blanks or check the appropriate box)

1. Decedent's Residence At Time of Death: Stable St, N.E. Ward [REDACTED]
2. Relationship of person with whom child lived at the time of death or fatal injury who was responsible for the child's care: (Ex: if child lived with natural parents until incident and was then hospitalized until death, check natural parents; circle both sexes if child lived with both parents.)

Relationship	Sex	Age	Race	Relationship	Sex	Age	Race
<input type="checkbox"/> Natural/adoptive parent	M/F		*	<input type="checkbox"/> Foster parent/caretaker	M/F		*
<input type="checkbox"/> Relative	M/F		*	<input type="checkbox"/> Other	M/F		*

(specify) (specify)

3. Person responsible for child's care at time of death, if different from #1 above? ☐ Unknown

Relationship	Sex	Age	Race	Relationship	Sex	Age	Race
<input type="checkbox"/> Natural/adoptive parent	M/F		*	<input type="checkbox"/> Foster parent/caretaker	M/F		*
<input type="checkbox"/> Relative	M/F		*	<input type="checkbox"/> Other	M/F		*

(specify) (specify)

4. Date & time of fatal injury/incident Date & time pronounced dead

5. Place of discovery: ☐ Day care (unlicensed/licensed) ☐ Public Roadway (incl. sidewalk)
☐ Child's home (indoors or out) ☐ Hospital
☐ Other Residence (in or out) ☐ School (public/private) ☐ Other
☐ Unknown

DISTRICT OF COLUMBIA CHILD FATALITY REVIEW COMMITTEE
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SUPPLEMENTAL I - NATURAL/SIDS/UNDETERMINED/PENDING
CFRC Case # 98-005

mother had 4 other children, one allegedly died in either 1975 or 1995. The decedent stayed in the hospital 2 weeks after birth. He weighed 4 lbs. He weighed 5 lbs when he was discharged and at the time of his death. He appeared to be malnourished.

The hospital sent a visiting nurse to the home prior to discharge. The visiting nurse indicated that she visited the mother on 2/98 to ensure that she had the basic supplies and that environment was adequate. The home was clean and the mother appeared to have adequate supplies, except for bottles. The 3 year old was present and was very disruptive, appeared to be trying to get attention. A follow-up visit was scheduled, however, mother was not present, MGM did not know where she was. The family had bottles at the time of the 2nd visit. The visiting nurse cleared the home for discharge. The hospital social worker indicated that there was a problem where ever the mother went. There were 3 occasions where the mother had to be removed from the hospital. The baby should not have been discharged to the mother. A mental health assessment could not be done unless the mother volunteered or she acted out while being admitted.

Child welfare record indicates that case was initially referred to CFS by US Marshall Service at D. C. Superior Court. Report alleged that mother had 7 month old child and that she had dropped the child on the floor at least twice; her speech was "not focused, confused and she tended to ramble". Based on the investigation allegations were not supported (mother denied and the worker was unable to locate anyone who directly observed inappropriate behavior of the mother. However, based on contact with the health clinic, the child's immunizations were not current. The worker assisted the mother in getting an appointment. Therefore, the case was opened, serviced and closed at intake based on the medical issues. Three additional reports were received on 12/96 from an anonymous caller; 3/97 from a law enforcement officer and 2/98 from [redacted]. According to the hospital, last report was made based on the mother's inappropriate behavior during visits with infant, [redacted]. In reference to the last report, CFS worker indicated that based on her interviews she had no problem with the mother and felt no concern regarding her behavior. CFS cleared the home for child discharge from hospital. Mother had 3 year old in her care at time of infant's discharge. Other 2 children were living with the maternal grandmother. CFS social worker also indicated that based on her conversations with the mother she admitted having a problem with the hospital, however, she felt that the hospital was working against her. At the time of the visit, the mother had adequate supplies, she had [redacted] expressed no concerns about the mother's ability to care for the child. Her behavior was appropriate.

P. REVIEW TEAM ANALYSIS

1. Were there social, medical, community, systemic or legal factors that contributed to the child's death or quality of life?
☒ Yes ☐ No ☐ Unable to determine
[redacted]
 - There was no communication among various entities involved with the family.
 - Investigation by CFS inadequate, no follow-up with reporter or other collateral contacts.
2. Were there parental or familial behavior factors that contributed to the child's death?
☒ Yes ☐ No ☐ Unable to determine
[redacted]
3. Were all services and interventions (child protection, social, medical, police, legal, etc.) Appropriate for the needs of the child/family and provided in accordance with established statutes and policies?
☐ Yes ☒ No ☐ Unable to determine
 - No communication
 - Investigation inadequate
4. Were staff who were involved with the family adequately prepared to provide protective or other required services?
☐ Yes ☐ No ☐ Unable to determine
5. Are statutes and policies adequate?

Sylvester Brown

CFRC ID#

DISTRICT OF COLUMBIA CHILD FATALITY REVIEW COMMITTEE

REVIEW DATA AND FINAL REPORT FORM

CFRC Case # L96-040

Unsubmitted (37)

INSTRUCTIONS: Sections A through I should be completed on all children. Section A is identifying data and may be removed for confidential reviews. Complete either Supplemental Form I for Natural, SIDS or Undetermined Deaths and Supplemental Form II for Unnatural Deaths.

A. DEMOGRAPHIC DATA OF DECEASED CHILD (Fill in the blanks or check the appropriate box)

Age 8 4

Deceased's Name: (last, first, middle)

1. Date of Birth: 8 18 88 MM DD YY

3. Date of Death: 1 21 96 MM DD YY

Place of Birth: ☐ Medical facility ☐ Home ☐ Other

4. Cause of Death: Multiple Stab Wounds
Manner of Death: ☐ Natural ☐ Accident ☐ Suicide
☒ Homicide ☐ Undetermined ☐ Pending
Source of information: Death Certificate

2. Sex: ☒ M ☐ F Race: B

B. BIOLOGICAL FAMILY DATA

1. Mother of Deceased: (last, maiden, first, middle) Age at Birth of Deceased: 20 1/2
Race: B Education Level: ** Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address: Anacostia Avenue, N.E. Ward 7
Employment Status: ☐ Employed Type/Place of Employment: ☒ Unemployed

2. Father of Deceased: (last, first, middle) Age at Birth of Deceased:
Race: Education Level: ** Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Address: Landover Road Ward
Employment Status: ☐ Employed Type/Place of Employment: ☐ Unemployed

3. Siblings of Deceased (Live births of either deceased child's mother and father, if known):
1st Child - Age Sex Alive Deceased Date/Cause
2nd Child - Age Sex Alive Deceased Date/Cause
3rd Child - Age Sex Alive Deceased Date/Cause
4th Child - Age Sex Alive Deceased Date/Cause
5th Child - Age Sex Alive Deceased Date/Cause
6th Child - Age Sex Alive Deceased Date/Cause

4. Birth order of Deceased Child: 1 (count all previous live births) ☐ Multiple birth (e.g., twins)

C. CIRCUMSTANCES AT TIME OF DISCOVERY OF DECEASED CHILD (Fill in the blanks or check the appropriate box)

1. Decedent's Residence At Time of Death: SAH Ward 7
2. Relationship of person with whom child lived at the time of death or fatal injury who was responsible for the child's care: (Ex: if child lived with natural parents until death and was then hospitalized until death, check natural parents: circle both sexes if child lived with both parents.)

Relationship	Sex	Age	Race	Relationship	Sex	Age	Race
<input checked="" type="checkbox"/> Natural/adoptive parent	M/F		*	<input type="checkbox"/> Foster parent/caretaker	M/F		*
<input type="checkbox"/> Relative	M/F		*	<input type="checkbox"/> Other	M/F		*

3. Person responsible for child's care at time of death, if different from #1 above? ☐ Unknown

Relationship	Sex	Age	Race	Relationship	Sex	Age	Race
<input checked="" type="checkbox"/> Natural/adoptive parent	M/F		*	<input type="checkbox"/> Foster parent/caretaker	M/F		*
<input type="checkbox"/> Relative	M/F		*	<input type="checkbox"/> Other	M/F		*

4. Date & time of fatal injury incident: 1-21-96 10:51 PM Date & time pronounced dead

5. Place of discovery: ☐ Day care (unlicensed/licensed) ☐ Public Roadway (incl. sidewalk)
☐ Child's home (indoor or out) ☐ Hospital
☐ Other Residence (in or out) ☐ School (public/private) ☐ Other
☐ Unknown

Witnesses at preliminary scene that the mother was 28 at the time of the child's death.

DISTRICT OF COLUMBIA CHILD FATALITY REVIEW COMMITTEE

REVIEW DATA & FINAL REPORT

SUPPLEMENTAL II - UNNATURAL DEATHS

CFRC Case # L96-040

10. Did the deceased child have a history of:

- ☐ Severe mental health problems, e.g., psychoses
- ☐ Victim of child abuse/neglect (including sex abuse)
- ☐ Perpetrator of child abuse/neglect (including sex abuse)
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Involvement with the juvenile justice system (specify) _____

- | | | | |
|--------------------------------|------------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Known | <input type="checkbox"/> Suspected | <input type="checkbox"/> None | <input type="checkbox"/> Unknown |

M. CIRCUMSTANCES SURROUNDING DEATH (Describe any special contributing circumstances or factors thought to be responsible for the child's injury/death. Include action or inaction, ignorance or negligence, or environmental situations of caretaker, e.g., impairments):

The incident occurred in a residential home in Ward 7 of the District of Columbia, where the child resided with his mother. The decedent died as a result of multiple stab wounds that were inflicted by his mother.

N. SUMMARY OF FATALITY REVIEW (Describe the important and salient factors that were raised during the Review):

The preliminary review of this case was held on 11/19/97 at 10:00 A.M. The final review is pending the termination of the prosecution process and clearance from the US Attorney's Office.

The Fire Department (FD) representative indicated that while driving a fire engine they received a call regarding a stabbing and they immediately responded. The MPD and the Fire Department arrived simultaneously. Upon arrival at the home of the incident the firefighter, an officer and the medical team went inside. The child was lying on the bed completely nude and was not breathing. The fire fighter could not remember seeing any sheets on the bed but he indicated that the child was lying on a mattress that had blood all over. He also indicated that the mother was handcuffed and was standing in the doorway of the room where the child was found watching. The medics placed the child on the floor and began CPR, however, the child did not respond.

The police officer who was on the scene indicated that they also received a call of a stabbing. They responded and when arrived the mother opened the door and stated the child was trying to stab her and that was why she stabbed him. She also indicated that she was hearing voices and that she needed to get rid of him". The condition of the home was neat and clean. The child was taken to [REDACTED]

Based on the reports from the MPD and FD, there were two reports of this incident, one from a neighbor, who could hear the child screaming for his mother to stop and one from the mother.

The physician from [REDACTED] indicated that the child presented with multiple stab wounds (approximately 30, to the upper portion of the body. All attempts to revive the child were unsuccessful and he expired at 11:17 P.M. Based on a review of the hospital records, the child had received no other medical care at [REDACTED]. The Medical Examiner indicated that the cause of death was multiple stab wounds involving the heart and left lung. It was also indicated that there were wounds on the hands indicating that the child attempted to protect himself and stop his mother.

DC Public Schools representative indicated that the child attended [REDACTED] Elementary School and he was in school up to the day of his death. He had only missed 2 days during the 1995/1996 school year. He was well liked and described as being a mannerable child. The mother was reported as being very supportive of the child and visited the school often. The child left school for a short time to live with his father. He was an only child.

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SUPPLEMENTAL II - UNNATURAL DEATHS

CFRC Case # L96-040

The DCPS representative stated that the principal and teachers suspected that the mother was under a doctor's care but they did not know the type of care. However, there were no signs of chronic or serious psychological problems.

It was indicated by the CFRC Coordinator that this case was being reviewed as a LaShawn A. case because it was considered to be an at risk family. The family had been reported to the child abuse and neglect hotline on 7/1996 by a Community Connection social worker for possible abuse by the mother. Based on questions raised by the review participants, it was revealed that the Community Connection has two types of programs, a mental health and juvenile. The report alleged that the mother smokes marijuana and when she gets angry she punches the child with her fist and beats him a belt. The complainant also indicated that the mother had just lost her job. The representative from the MPD/FYSD indicated that the investigation was initiated on 7/1996 and involved interviews with the mother and child (at school) and a non-medical exam. Both the mother and the child denied the allegations in the report and based on the exam there were no visible bruises, marks or signs of old or recent abuse. No photographs were taken. The officer did observe that the home was clean and adequately furnished. The child was also clean and neatly attired. Based on the investigation, the report was unsupported. The was revealed that the mother was 28 years of age.

The review participants asked whether the child was in a summer school program since he was interviewed at school. The MPD representative did not know. The Team questioned whether the investigating officer interviewed the social worker or anyone from the Community Connection program. The MPD representative said "no". The Team questioned whether police officers look at children's buttocks and genitals during non-medical examinations for abuse. The MPD representative indicated that they should look at the back, legs and buttock area. If there is evidence of bruises or other forms of abuse then investigating officer's are instructed to take pictures. It was also mentioned by the MPD representative that since this investigation occurred during 1996 changes have occurred within the Division to improve the investigations of abuse. Questions were raised as to when a child is taken to [REDACTED] for an examination by an investigating police officer. The MPD representative indicated that when the investigating officer observes any physical signs of abuse or any suspicious situation that warrants a medical examination. There was a lot of discussion and concern related to the police conducting any type of exam to determine abuse, and their making a determination of unsupported without taking the child for a medical examination. MPD representative indicated that part of the reason why they conduct non-medical exams has to do with the limitation of the definitions of abuse in DC Law 2-22. He said that the Law and DC Code stipulate that abuse is excessive abusive punishment. Therefore, if the signs are not obvious then it is felt that it is not excessive and does not warrant legally a medical exam or further investigation. The Team argued that many times, especially if the child is dark skinned, it is difficult to identify abuse with the naked eye. The group felt strongly that the MPD should change policy and OCC should change the law, if necessary, to ensure that on all abuse reports the child must be taken to [REDACTED] for a medical examination.

O. REVIEW TEAM ANALYSIS

Due to the fact that the 11/1997 review was the preliminary review, it was agreed that the analysis and recommendations would be held until the final review. However, a number of concerns were raised and