

New Jersey
Department of Children and Families
Public CCAPTA Reports
July 2006 – December 2006

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**Children Never Known to the
Division of Youth and Family Services**

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

B.E. *, Male, newborn

Date of the Incident

7/4/06

Date Division Notified of Death/Near Fatality:

7/7/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Born at home, found dead in dumpster.

Nature of Victim's Injuries, Medical Condition, and Prognosis

Deceased

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

N/A

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

N/A

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

N/A

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

N/A

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

N/A

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

N/A

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

A.T.*, female, age 3

Date of the Incident

7/10/06

Date Division Notified of Death/Near Fatality:

7/12/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

physical abuse, sexual abuse

Nature of Victim's Injuries, Medical Condition, and Prognosis

child died

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

own home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

None

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

N/A

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

J.K.*, male, 12 years old

Date of the Incident

8/4/06

Date Division Notified of Death/Near Fatality:

8/5/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

J.K. was suffocated by his mother.

Nature of Victim's Injuries, Medical Condition, and Prognosis

deceased

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

own home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

N/A

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

S.F.*, 7 month old male

Date of the Incident

10/15/06

Date Division Notified of Death/Near Fatality:

10/15/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Substantiated physical abuse

Nature of Victim's Injuries, Medical Condition, and Prognosis

Child is deceased.

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

Child died in the hospital.

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

N/A

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

N/A

*Child's full name can be released upon request to the DCF Communications Office.

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Initial involvement as result of near fatal injuries on 7/13/06. Family not previously known to DYFS.

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

Child Protective Services investigation, psychological evaluation, homemaker services, emergency funds.

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

M.C.*, Male, age 5

Date of the Incident

11/19/06

Date Division Notified of Death/Near Fatality:

11/19/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Physical abuse

Nature of Victim's Injuries, Medical Condition, and Prognosis

Child's throat was slit and he died

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

own home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

female, age 12, sister

female, age 8, cousin

male, age 11, cousin

male, age 6, cousin

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

own home

*Child's full name can be released upon request to the DCF Communications Office.

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

**State of New Jersey
Department of Children and Families
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

J.B.*, 6 months, male

Date of the Incident

12/14/06

Date Division Notified of Death/Near Fatality:

12/27/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Autopsy revealed that J.B. died of blunt force trauma.

Nature of Victim's Injuries, Medical Condition, and Prognosis

Blunt force trauma to the head, rib fractures, deceased

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

own home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

female 16 months old

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

own home

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Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

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**Family Had Past Experience with the
Division of Youth and Family Services**

**State of New Jersey
Department of Human Services
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

D.C.*, 10 months old, Male

Date of the Incident

December 19, 2006

Date Division Notified of Death/Near Fatality:

December 19, 2006

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Physical Abuse: D.C. has injuries consistent with Shaken Baby Syndrome

Nature of Victim's Injuries, Medical Condition, and Prognosis

Left parietal retinal detachment, severe retinal hemorrhaging, severe anoxic brain injury, unstable blood pressure and body temperature.

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

Own Home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

Male Sibling - 2 y/o

Female Sibling - 7 y/o

Female Sibling - 3 y/o

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

Foster Care

*Child's full name can be released upon request to the DCF Communications Office.

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

Open Date Opened Closed September 26, 2006 Date Closed

Not Previously Known

District Office, date and disposition of each prior referral (finding only)

Ocean Local Office: 10/26/95 - Family Problem
Ocean Local Office: 4/25/96 - Neglect - Not Substantiated
Ocean Local Office: 6/4/96 - Neglect - Unfounded
Ocean Local Office: 10/1/99 - Family Problem
Ocean Local Office: 2/25/00 - Neglect - Substantiated
Ocean Local Office: 5/28/00 - Family Problems
Central Region IAIU: 8/28/00 - Neglect - Unfounded
Ocean Local Office: 12/28/03 - Family Problem
Ocean Local Office: 2/10/05 - Family Problem
Ocean Local Office: 3/23/05 - Physical Abuse - Not Substantiated
Ocean Local Office: 4/22/05 - Unfounded
Ocean Local Office: 7/29/05 - Physical Abuse - Unfounded

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

The D.C. family has received the following services from the Division: Psychological Evaluation, Substance Abuse Evaluation, Flex Funds, Recreational Services, Individual Counseling, Daycare, Homemaker Services, Clothing Allowance, Medical Transportation, Private Duty LPN, Family Preservation, Financial Assistance, Medicaid, Foster Care Placement, Transportation, Adoption Services, Furniture and Group Home Placement.

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

N/A

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**Family Was Currently Involved with the
Division of Youth and Family Services**

**State of New Jersey
Department of Human Services
Division of Youth and Family Services**

Media Briefing



Child Fatality



Child Near Fatality

Name, Age and Gender of the Child Victim

S.F.*, male, age 25 days old.

Date of the Incident

11/19/06

Date Division Notified of Death/Near Fatality:

11/19/06

Nature of Incident: (including but not limited to physical abuse, neglect and sexual abuse)

Neglect

Nature of Victim's Injuries, Medical Condition, and Prognosis

Child died of an eviscerating wound to the abdomen and blunt head trauma

Child Victim's Living Arrangement (own home, relative's home, foster home, institution, etc.)

Own home

Other Possible Child Victims? (sex and age of siblings/relatives, NO NAMES)

Two year old male sibling

Living Arrangement of Other Child Victims? (own home, relative's home, foster home, institution, etc.)

With relative

*Child's full name can be released upon request to the DCF Communications Office.

Status of the Division's Involvement with the Child Victim and Family PRIOR to the Death or Near Fatality

- Open 8/22/06 Date Opened Closed Date Closed
- Not Previously Known

District Office, date and disposition of each prior referral (finding only)

7/8/04 Report Coded Neglect Received. Substantiated Camden Central

8/22/06 Report Coded Family Problem Received. No Finding Camden South

10/26/06 Report Coded Physical Abuse. Substantiated Camden Central

Types of services provided (DO NOT PROVIDE NAMES OF SERVICE PROVIDERS)

| | |
|----------------------|---------------------------|
| PRS Investigation | Screening and Intake |
| In Home Services | Substance Abuse Treatment |
| Urine Drug Screening | Nursing Services |

Date and approximate time of the Division's last contact with child victim prior to incident and whether contact was in person or by telephone

11/1/06 In person contact.