



# Child Death and Serious Injury Review Panel

Quarterly Child Welfare Update

June 2026



# CDSIRP Authorizing Statute: [Title 22,](#) [§4004: Authorizations](#)

- E. Establishing a child death and serious injury review panel for reviewing deaths and serious injuries to children. The panel consists of the following members: the Chief Medical Examiner, a pediatrician, a public health nurse, forensic and community mental health clinicians, law enforcement officers, departmental child welfare staff, district attorneys, criminal or civil assistant attorneys general and the ombudsman pursuant to [section 4087-A](#) or a designee of the ombudsman.
- The purpose of the panel is to recommend to state and local agencies methods of improving the child protection system, including modifications of statutes, rules, policies and procedures.



# Panel Activities January-June

- Presentations to the Panel
- Case Review
- Historical Recommendations Review
- 2024-2025 Annual Report (July 1, 2024-June 30, 2025)



# Presentations to the Panel

- Safety Science (January): Casey Melsek, MSW, M.S.c from Collaborative Safety joined the meeting to provide a presentation about the Safety Science Model. The presentation included information to support the increasing of a culture of safety and accountability when completing a review of a critical incident.
- CDSI Dashboard Presentation (February): Bobbi Johnson, Director of OCFS presented on the OCFS Data Dashboard. Director Johnson provided information about the available data available and insight for common misconceptions about the data.
- Child Welfare Ombudsman 2025 Annual Report
- Justice for Children Taskforce Annual Report



# Presentations Continued

- SUID/SID Data Presentation: Andrea Lenartz, Maternal and Child Health Epidemiologist, University of Southern Maine, Maine CDC provided a presentation about data related to SUID. The presentation included information about the definition of SUID and recent data trends.
- Quarterly OCFS Update: Director Bobbi Johnson.
- Maine Child Welfare Advisory Panel, Annual Report 2025
- Mandatory Reporting Updates: Melissa Hackett (MCWAN) and Christine Theriault (OCFS), overview of the changes to the mandated reporter statute and the work to update and refine the training for mandatory reporters, and developing tools and supports for professionals.



# Case Review

- Conducted level one reviews for September-April
  - 9 cases flagged for potential level 2 review; growth faltering (formerly Failure to Thrive).
  - 5 cases flagged for further examination in both level 2 and 3 review; non-fatal strangulation
- Conducted Ingestion Reviews (level one)
- Conducted 1 level two review
- Participated in two joint case reviews with the Domestic Abuse Homicide Review Panel (January & March)

# Recommendations Review: 2010-2023

- Panel reviewed 146 past recommendations.
  - Panel provided updates on status of recommendation & provided cross referencing across reports & recommendations.
- Executive Committee will be asking for Panel experts to weigh in on outstanding recommendations to inform what additional actions/supports CDSIRP might be able to provide.

# Overview of the Child Death and Serious Injury Review Panel 2024-2025 Annual Report

July 1, 2024-June 30, 2025



# Overview:

## **5 Presentations to the Panel:**

- McAuley Residence, Maine Maternal Opioid Misuse Initiative, Maine CDC regarding Youth Suicide Prevention, Parenting Capacity Evaluations (SFS), Representation of Parent Voice on the Panel

## **Subcommittee Work:**

- Narcan (Use/Availability of Narcan in Childcare Facilities)
- Establish Parent Voice Subcommittee (Parent/Family/Caregiver)

## **Case Review:**

- 4 cases, presented as Level 3 (in depth) reviews.
- 4 cases, presented as Level 2 (thematic) reviews.
- 23 fatalities, 201 serious injuries and 449 ingestions, comprised Level 1 (summary) reviews.



# Data Analysis Considerations

- Ingestion reports were much higher than previous years, based on data collection and reporting practices.
  - As of January 1, 2026, the definition of Serious Injury Ingestion, “cases in which ingestion of a substance, whether accidental or potentially resulting from abuse or neglect, results in or is likely to result in a serious injury and/or requires medical intervention.”
- 2024-2025 Annual Report covers 12 months, the 2023-2024 report covered 18 months.
- There has been a slight decrease in both child death and serious injuries during this reporting period, consistent with the previous multi-year decline in these events.

2024 Child Death, Serious Injury, and Ingestion totals (BY LEVEL 1 REPORTS)

	<b>Serious Injuries</b>	<b>Ingestions</b>	<b>Child Deaths</b>	<b>Child Deaths Initially Reported to OCFS as a Serious Injury or Ingestion</b>	<b>Total</b>
<b>July</b>	21	16	5	0	<b>42</b>
<b>August</b>	25	14	4	0	<b>43</b>
<b>September</b>	17	19	3	0	<b>39</b>
<b>October</b>	15	19	1	1	<b>36</b>
<b>November</b>	18	23	0	0	<b>41</b>
<b>December</b>	18	26	3	0	<b>47</b>
<b>Total</b>	<b>114</b>	<b>117</b>	<b>16</b>	<b>1</b>	<b>248</b>

2025 Child Death, Serious Injury, and Ingestion totals (BY LEVEL 1 REPORTS)

	<b>Serious Injuries</b>	<b>Ingestions</b>	<b>Child Deaths</b>	<b>Child Deaths Initially Reported to OCFS as a Serious Injury or Ingestion</b>	<b>Total</b>
<b>January</b>	20	47	1	1	<b>69</b>
<b>February</b>	9	41	1	0	<b>51</b>
<b>March</b>	21	56	1	0	<b>78</b>
<b>April</b>	14	61	1	0	<b>76</b>
<b>May</b>	9	91	3	0	<b>103</b>
<b>June</b>	14	36	0	0	<b>50</b>
<b>Total</b>	<b>87</b>	<b>332</b>	<b>7</b>	<b>1</b>	<b>427</b>



# Overview Observations & Recommendations

- 1) Supporting a multidisciplinary approach as best practice
- 2) Assessing the impact of bias on systemic response,
- 3) Utilizing specialists when determining child abuse and/or neglect
- 4) Addressing social determinants that create vulnerability



# Supporting Multidisciplinary Approach as Best Practice

- ❖ The Panel recommends that OCFS, in collaboration with other key partners within various professions, should create specialized resources for mandated reporters in different professional disciplines to facilitate enhanced decision making when reporting instances of suspected child abuse and/or neglect.
- ❖ The Panel recommends that OCFS staff receive information, education, and/or training to support their ability to most effectively respond to suspected abuse and neglect; specifically, by:
  - Working in collaboration with collateral contacts to ensure information used to inform responses is accurate and complete.
  - Receiving support from child abuse pediatric specialists to articulate medical indicators of child abuse and neglect and access tools, such as a skin assessment checklist.
  - Developing a strategy to enhance documentation and safety planning practices by making a clear connection between the safety threats and the safety plan put in place to address those risks/threats.

# Multidisciplinary Approach continued

❖ The Panel recommends the Court, OCFS, Guardians ad Litem, attorneys, and other entities recommending/ordering supervised visitation utilize best practices established in statute/policy and in collaboration with supervised visitation centers/providers to ensure the use of objective visit supervisors, that safety considerations are inclusive, and that visit environments mitigate potentially traumatizing factors.



# Impact of Bias on Systemic Response

- ❖ The Panel recommends OCFS ensure mandatory reporting training material provides practical tools for documenting observations objectively. This recommendation should be implemented in core training for all mandated reporters and reinforced in additional resources tailored for professional disciplines, such as medical providers, educators and/or law enforcement.
- ❖ The Panel recommends OCFS create a structured mechanism to provide feedback to organizations/entities when they or their employees have failed to meet mandatory reporting requirements, as indicated by examining CPS Intake data. The Panel does not recommend follow-up with individual reporters, rather providing feedback at the institutional level to promote systemic change.
- ❖ The Panel recommends that OCFS collaborate with the Spurwink Center for Safe and Healthy Families to identify and/or create resources to help medical providers, particularly hospital emergency departments, manage protocols when an injury is identified in a child less than six months of age.

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- ❖ The Panel recommends that the Spurwink Center for Safe and Healthy Families and other key medical partners, in consultation with OCFS, communicate with the various boards of medicine, in Maine, about the impact of bias on reporting practices. Communications should specifically include resources to assist in objective decision-making and documentation and avoiding subjective assessments of parents/caregivers as indicators of risk.



## Utilizing Specialists When Determining Child Abuse and/or Neglect

- ❖ The Panel recommends OCFS utilize the Spurwink Center for Safe and Healthy Families to provide medical evaluations for serious pediatric injuries and continue to implement practices that appreciate the assessments of specialized medical providers.
- ❖ The Panel recommends medical professionals utilize the Spurwink Center for Safe and Healthy Families to provide medical evaluation when they observe serious injuries in children. Medical professionals should receive regular notifications about the resources and services available through Spurwink.
- ❖ The Panel recommends the Spurwink Center for Safe and Healthy Families continue their efforts to increase the availability and accessibility of high-quality skeletal surveys in Maine.



# Addressing Social Determinants that Create Vulnerability

## Healthcare

- ❖ The Panel recommends that the CDC, OCFS, and other partners work to distribute information about the safety and efficacy of vaccination for preventable diseases, which may be accomplished by increasing the frequency of public service announcements or other public information sharing campaigns/strategies.
- ❖ The Panel recommends educational materials about premature births be identified and made available to Emergency Medical Services for provision to families.

## Bullying & Suicide

- ❖ The Panel recommends the CDC identify or develop an accessible tool(s) to screen for bullying, suicidal ideation/attempts, and adolescent/youth safety that can be used by a variety of professionals including first responders, medical professionals, substance use providers, corrections professionals, and educators, to support better screening and intervention in youth suicidality. The CDC should also provide technical assistance for implementation of any tool(s).

## Internal—CDSIRP Panel

- ❖ The Panel will continue the work of the Parent Voice Subcommittee to explore incorporating the perspective of individuals with lived experience.

## Substance Use

- ❖ The Panel recommends OCFS develop or enhance training, education, policies and tools to support OCFS caseworkers to recognize and respond to environmental indicators of substance use in the home. This includes collaborating community partners, such as substance use supports/providers and treatment and recovery services.
- ❖ The Panel recommends OCFS and medical professionals evaluate child(ren) that are present and/or live in a home where an overdose occurred to determine if medical or mental health services are needed for household members.

# Looking forward 2025-2026

- Continued inflated ingestion data (first six months).
- Will be highlighting progress on past evaluations from about 2010-2023.
- Reviewing and developing bylaws that further support the work of the Panel.
- By practice, inviting Panel members with expertise in certain areas to do the initial examination of proposed recommendations and suggest potential language and pathways to accomplishing or to suggest the panel not adopt the recommendation.