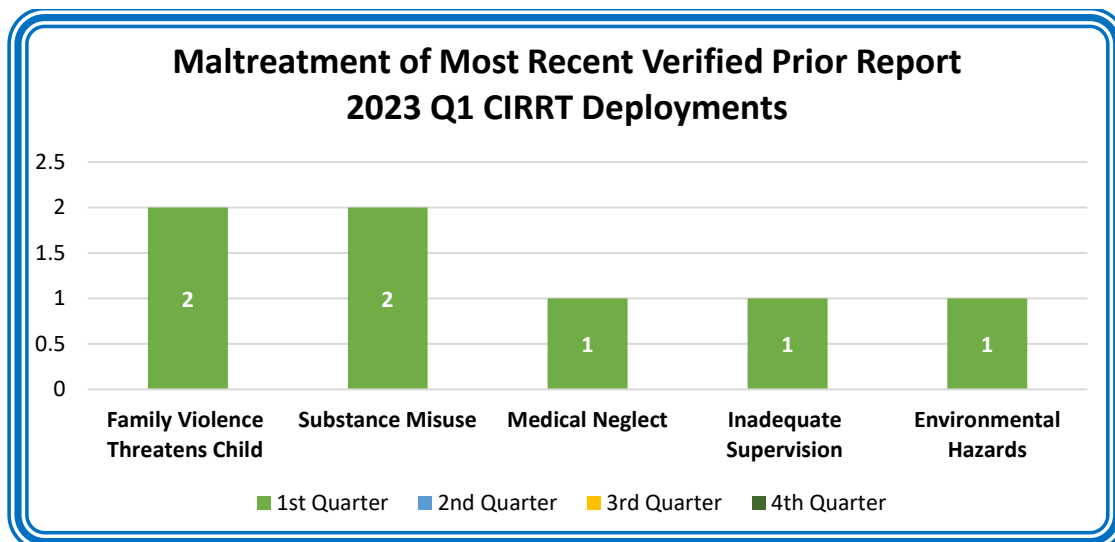
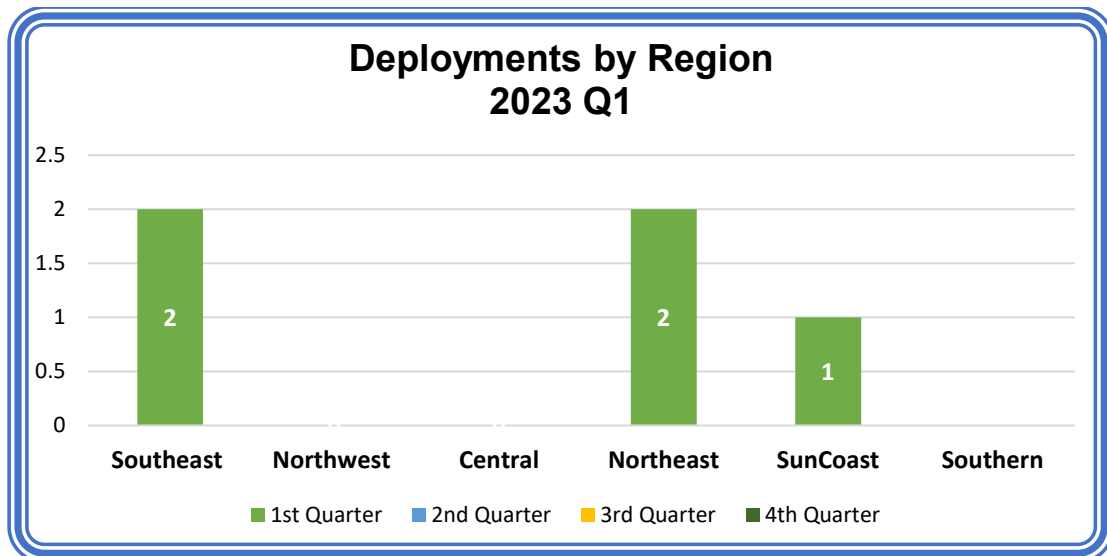


**Florida Department of Children and Families
Critical Incident Rapid Response Team
Advisory Committee Report Overview
2023-Quarter 1**

Between January 1, 2023, and March 31, 2023, there were 105 fatalities reported to the Florida Abuse Hotline (Hotline). Of those 105 cases, four met the criteria for a Critical Incident Rapid Response Team (CIRRT) deployment, and one deployment from December 2022, was conducted in January 2023. Of the five deployments conducted during the first quarter, four reviews had a prior history involving the deceased child, and three reviews were open to case management services. The prior verified maltreatments included substance abuse, household violence, inadequate supervision, environmental hazards, and medical neglect.



Summary of Deployments

- The Broward County deployment involved a 12-year-old child, diagnosed with Type 1 diabetes, who was discovered unresponsive by a neighbor. The fatality occurred during an open in-home non-judicial case which was the result of the mother's inability to manage her son's medical condition.
- The Palm Beach County deployment involved the sleep related death of a 4-month-old infant, while in the care of his grandmother, after he was placed to sleep on his stomach on a bunk bed.
- The Duval County deployment involved the death of a 4-month-old infant after he was bed-sharing with his mother following a feeding.
- The Clay County deployment involved the death of a 7-month-old infant who became unresponsive during a feeding. This occurred during an open in-home judicial case which stemmed from a prior report regarding parental substance use and environmental hazards.
- The Hillsborough County deployment involved the death of a 16-month-old medically complex child who was previously admitted to a nursing facility. The child's condition stemmed from a co-sleeping incident that occurred in November 2021 when she was found unresponsive while sleeping on the mother's chest.

Overall Findings

- In the majority of the reviews, the assessment of present and impending danger properly aligned with the Department's policies and procedures, and sufficient information was obtained to support the final safety determination. Additionally, actions to engage families with necessary service providers were completed.
- The following opportunities were identified to improve practice:
 1. Ensuring that sufficient consideration is given on the appropriateness and ability of the parent to manage the danger threats as part of the safety plan.
 2. Elevating cases for review where medical consultation findings are inconsistent with the information in the record that would otherwise support a verified finding.
 3. Ensuring that a thorough final assessment for the child's safety considers not just the immediate conditions, but also the likelihood of imminent changes that could jeopardize the child's safety.