



Child Fatality and Near Fatality Review Board Annual Report

New Jersey

Issued 2016

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Introduction

The New Jersey Comprehensive Child Abuse Prevention and Treatment Act (CCAPTA), adopted on July 31, 1997, established the statewide Child Fatality and Near Fatality Review Board (CFNFRB, N.J.S.A. 9:6-8.88). The purpose of the CFNFRB is to ensure a comprehensive case review of child fatalities and near fatalities in order to identify and determine their cause, their relationship to governmental support systems, and methods of prevention. Pursuant to N.J.S.A. 9:6-8.91, the CFNFRB established local community-based teams to assist in the review of child fatalities in New Jersey.

These community-based teams are comprised of a variety of professionals who review the circumstances surrounding the tragedy of a child's death to improve services and systems in order to prevent future deaths. Team members include human service professionals from nonprofit and state organizations, physicians, prosecutors, law enforcement officers, pathologists, and educators. There are four community-based teams to represent four regions of the state; a fifth team includes the State Board, and a sixth team reviews "sudden, unexplained infant deaths" (SUID). The teams meet monthly or every other month to review cases in which children have died or almost died in New Jersey.

During our meetings at the State Board level, we review cases in which the child was involved with the New Jersey Division of Child Protection and Permanency (CP&P) either at the time of the incident or within 12 months prior to the incident. We invite the caseworkers and their supervisors to our meeting to gather more information about the case, DCP&P's involvement, and DCP&P's experience working with the family. During this time, we explain that the Board is not looking to cast blame for the child's death but instead is looking for ways to improve the responses of systems to prevent such deaths from happening to other children. We look for challenges or barriers to DCP&P doing their work and whether current protocols and procedures should be modified or new resources are needed. We also ask about challenges erected by other systems in which the family was involved such as medical, mental health, substance abuse, law enforcement, and education.

Our goal is to learn from the caseworkers and the materials provided, identify ways to make improvements to the systems, and then suggest recommendations to those systems to address any barriers or challenges that exist. We look for patterns, emerging trends, or problems that repeat over time. For example, the Board recognized that there were a number of deaths identified as SUID which led to the creation of the SUID subcommittee made up of experts from the medical field, law enforcement, child protective services, and the Department of Children and Families to review those specific cases to identify challenges and make recommendations to systems to help educate families on how to reduce the risk of such devastating deaths. This past year, the Board recognized that there seemed to be an increase in the number of suicides; therefore, we created a suicide subcommittee to review those cases and make recommendations.

As such, this report includes our recommendations from cases in which children died or nearly died in 2014. We hope these recommendations will be addressed by the entities to which we directed them. Ultimately, we hope that we can successfully prevent unnecessary deaths of children in New Jersey.

Sincerely,

Kathryn McCans, M.D.
Chairwoman

Judy Postmus, Ph.D., ACSW
Vice-Chairwoman

All data represented herein was collected during the review process of the 2014 fatalities and near fatalities and analyzed by DCF liaisons to the CFNFRB.

Selecting and Reviewing Cases

The Review Process

The CFNFRB is notified of child deaths by several sources, including the State Central Registry (SCR), the Office of the State Medical Examiner, Law Enforcement, and upon request, the Department of Health. Once a case is identified for review, liaison staff is responsible for obtaining all relevant records including, but not limited to, autopsy, death scene investigation, law enforcement, educational, mental health, medical, and social service records. The CFNFRB has the authority to subpoena and secure the required materials as necessary.

All relevant documentation is posted in a secure online library approximately two (2) weeks before a scheduled meeting for members to review in preparation for discussion.

Some of the possible actions following each case review include: policy and practice changes in particular fields, strengthening interagency collaboration, staff training, public outreach and education, or changes to state law. Lessons learned from these tragedies lead to stronger prevention efforts that help protect children, keeping them safe and healthy.

Cases are selected for review based on NJ State law. Cases are reviewable when the cause of death is:

- Undetermined
- Substance abuse¹ may have been a contributing factor
- Homicide due to child abuse or neglect
- Child abuse or neglect may have been a contributing factor
- Malnutrition, dehydration, medical neglect or failure to thrive
- Sexual Abuse
- Head trauma, fractures, or blunt force trauma without obvious innocent reason, such as auto accidents
- Suffocation or asphyxia
- Burns without obvious innocent reason, such as auto accident or house fire
- Suicide
- Children whose families were under the supervision of the Division of Child Protection and Permanency (CP&P) at the time of the fatal or near fatal incident or within twelve (12) months immediately preceding the fatal or near fatal incident.
- Drowning
- Motor vehicle accidents in which the child:
 - Had a positive toxicology screen
 - Was under the supervision of CP&P
- All Sudden Unexpected Infant Deaths (SUID); which include children whose cause of death is Sudden Infant Death Syndrome (SIDS)

¹ includes substance use



Members

The type of case and its geographical location determines which team will review the case. There is a total of six teams: The State CFNFR Board, Northern Community-Based Team, Metropolitan Community-Based Team, Central Community-Based Team, Southern Community-Based Team, and the Sudden Unexpected Infant Death Subcommittee (SUID).

The State Board reviews only those cases that meet criteria in which CP&P was involved at the time of the fatality/near fatality or within the last twelve months; the Teams review all other cases. The SUID Subcommittee reviews all deaths in children under 1 year old whose cause/manner was SUID, Sudden Infant Death (SID), undetermined, and any others that were sleep related.



The State CFNFR Board Members:

- Chair: Kathryn McCans, M.D., F.A.A.P., Cooper University Hospital, Division of Pediatric Emergency Medicine
- Vice Chair: Judy L. Postmus, Ph.D., A.C.S.W., Associate Professor/Director, Rutgers University School of Social Work, Center on Violence Against Women and Children
- Cathleen Bennett, Commissioner, Department of Health, Designee: Lakota Kruse, M.D., M.P.H.
- Allison Blake, Ph.D., L.S.W., Commissioner, Department of Children and Families, Designee: Aubrey C. Powers, Assistant Commissioner, Office of Performance Management and Accountability.
- Sean F. Dalton, Esq., Prosecutor, Gloucester County
- Andrew L. Falzon, M.D., Acting State Medical Examiner in Charge
- Col. Rick Fuentes, Superintendent, New Jersey State Police, Designee: DSFC Thomas Wieczerek
- Martin A. Finkel, D.O., F.A.A.P., New Jersey Task Force on Child Abuse and Neglect
- Manuel Guantez, Psy.D., L.C.A.D.C., Vice President, Outpatient and Addiction Services, Rutgers, University Behavioral Healthcare
- Robert Lougy, Attorney General, Office of the Attorney General, Division of Law, Designee: Thomas Ercolano, Esq.
- James A. Louis, Esq., Deputy Public Defender, Office of the Law Guardian
- Lisa von Pier, M.Div., Assistant Commissioner, Division of Child Protection and Permanency, Department of Children and Families
- Karen D. Wells, Psy.D., Licensed Clinical Psychologist
- STAFF: Lisa Kay Hartmann, State Coordinator, Ashley Costello, Amanda Craig, and Nicholas Pecht, DCF Liaisons to CFNFRB

Members Continued

Northern Regional Community-Based Team

(Counties: Bergen, Hudson, Morris, Passaic, Sussex, Warren)

- Chair: Paulett Diah, M.D., Hackensack University Medical Center (HUMC)
- Vice Chair: Ruth Borgen, M.D., Director, Pediatric Emergency Room, HUMC
- Frederick DiCarlo, M.D., Bergen County Medical Examiner's Office
- Danielle Grootenboer, Esq., Bergen County Prosecutor's Office
- Maria Ojeda, Division of Child Protection and Permanency
- Joseph Papisidero, Esq., Office of the Public Defender, Office of Law Guardian
- Sandra Parente, Division of Child Protection and Permanency
- Carly Ryan, M.A., Partnership for Maternal and Child Health of Northern New Jersey
- Albert Sanz, M.D., St. Joseph's Hospital
- Sgt. Javier Toro, Hudson County Prosecutor's Office
- Matthew Troiano, Morris County Prosecutor's Office

Metropolitan Regional Community-Based Team

(Counties: Essex, Union)

- Chair: Monica Weiner, M.D., Metro Regional Diagnostic Treatment Center (RDTC)
- Guadalupe Casillas, Esq., Office of the Public Defender, Office of Law Guardian
- George Ekpo, Division of Child Protection and Permanency
- John Esmerado, Esq., Union County Prosecutor's Office
- Raksha Gajarawala, M.D., Pediatric Physician Consultant
- Gina P. Iosim, Esq., Essex County Prosecutor's Office
- Felicia Okonkwo, Division of Child Protection and Permanency
- Donna Pincavage, M.S.W., M.P.A., Metro RDTC
- Carly Ryan, M.A., Partnership for Maternal and Child Health of Northern New Jersey

Central Regional Community-Based Team

(Counties: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset)

- Chair: Dr. Gladibel Medina, M.D., Dorothy B. Hersh Child Protection Center
- Peter J. Boser, Esq., Monmouth County Prosecutor's Office
- Lillian Brennan, Esq., Office of the Public Defender, Office of Law Guardian
- Marisol Garces, Division of Child Protection and Permanency
- Carol Ann Giardelli, Director, Safe Kids New Jersey – Central Jersey Family Health Consortium
- Det. Matthew Norton, Mercer County Prosecutor's Office
- Joan Pierson, Division of Child Protection and Permanency
- Alex Zhang, M.D., Middlesex County Medical Examiner's Office

Members Continued

Southern Regional Community-Based Team

(Counties: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem)

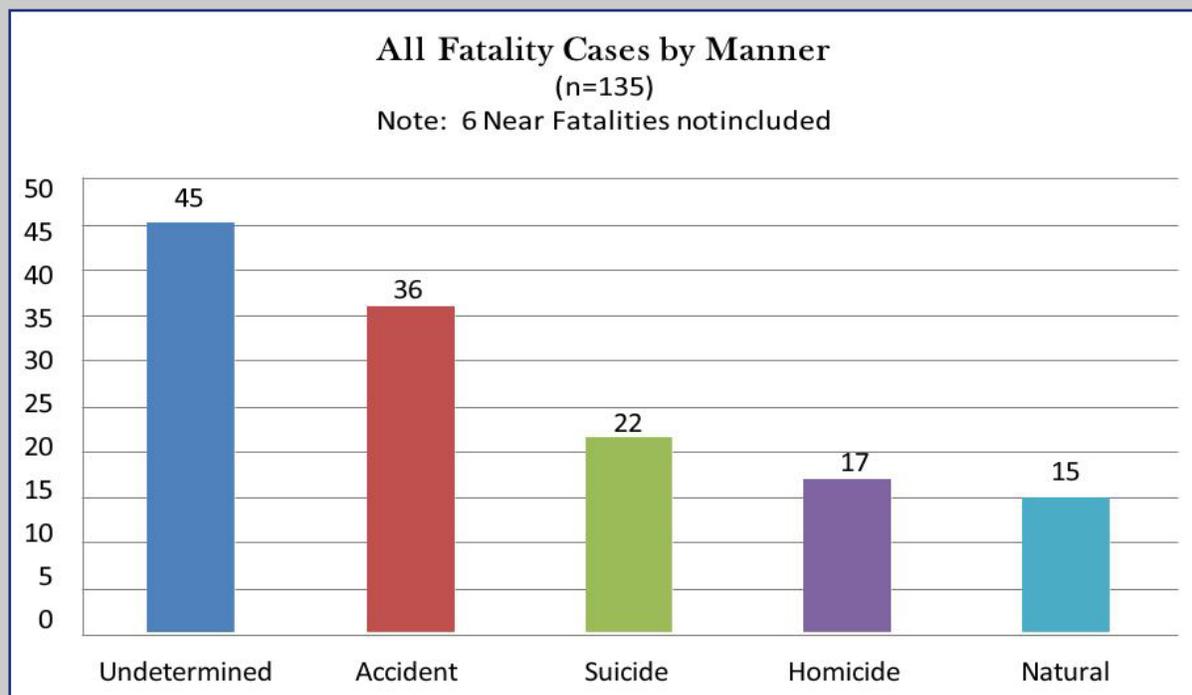
- Chair: Laura Brennan, M.D., Rowan University, School of Osteopathic Medicine
- Mary Alison Albright, Esq., Camden County Prosecutor's Office (Retired)
- Nanette Briggs, Esq., Office of the Public Defender, Office of Law Guardian
- Pamela D'Arcy, Esq., Atlantic County Prosecutor's Office
- Ian Hood, M.D., Burlington County Medical Examiner's Office
- Lt. James Kirschner, Atlantic County Prosecutor's Office
- Barbara May, R.N., M.P.H., Southern NJ Perinatal Cooperative, Inc.
- Iris Moore, Division of Child Protection and Permanency
- Robert G. Moore, Division of Child Protection and Permanency
- Det. Frank Sabella, Cumberland County Prosecutor's Office
- Christine Shah, Esq., Camden County Prosecutor's Office
- Sgt. Michael A. Sperry, Burlington County Prosecutor's Office

Sudden Unexpected Infant Death Subcommittee

- Lillian Brennan, Esq., Office of the Public Defender, Office of Law Guardian
- Susan Fiorilla, Division of Child Protection and Permanency
- Sunday Gustin, R.N., M.P.H., Early Childhood Services, Division of Family & Community Partnerships, Department of Children and Families
- Lakota Kruse, M.D., M.P.H., Department of Health
- Thomas Lind, M.D., Division of Medical Assistance & Health Services, Department of Human Services
- Det. Matt Norton, Mercer County Prosecutor's Office
- Barbara Ostfeld, Ph.D., Program Director, The SIDS Center of New Jersey

Statewide

The Fatality and Executive Review Unit of the Department of Children and Families was notified of 288 child fatalities/near fatalities in New Jersey for the 2014 calendar year. Of those 288 cases, 141 met the criteria for review*.

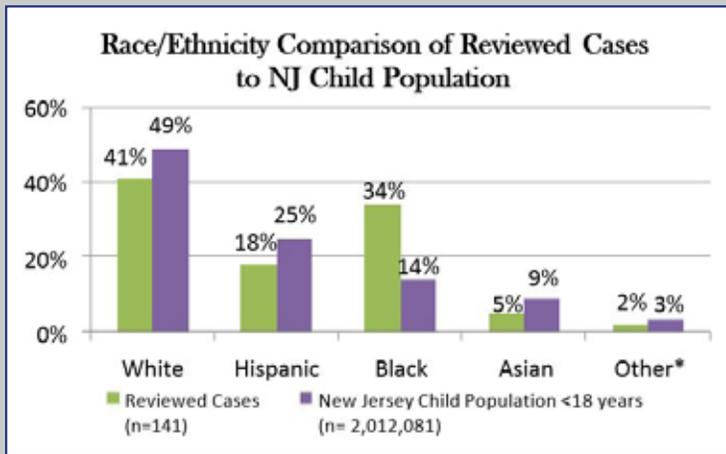


The leading cause of death in each manner of death is as follows:

- 91% (41) of the Undetermined cases were SUID/Sleep-Related, followed by two cases of hanging, one undetermined, and one motor vehicle collision.
- 31% (11) of the Accident cases were SUID/Sleep-Related and 29% (9) of the deaths were due to drowning. Other causes included four each of drug-related, hanging, motor vehicle accident, and two each of choking and blunt trauma.
- 73% (16) of the Suicide cases were caused by hanging, followed by three cases with firearms, two from blunt trauma, and one drug-related.
- 47% (8) of the Homicide cases were caused by blunt force trauma and 41% (7) were caused by gunshot wounds followed by one stabbing and one drug-related.
- 87% (13) of the Natural cases were SUID/Sleep-Related followed by two medical deaths.
- 46% (65) of all reviewed cases were related to sudden infant death and/or the sleeping environment.

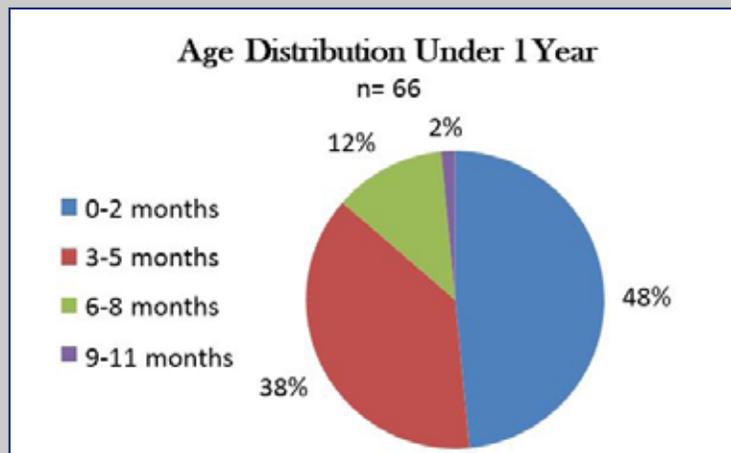
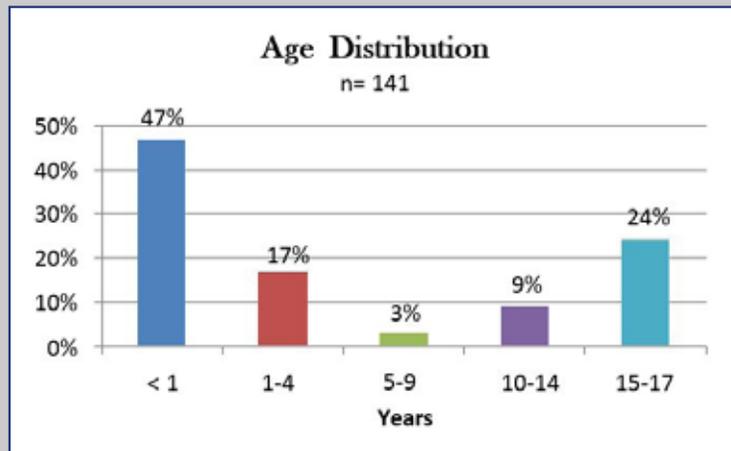
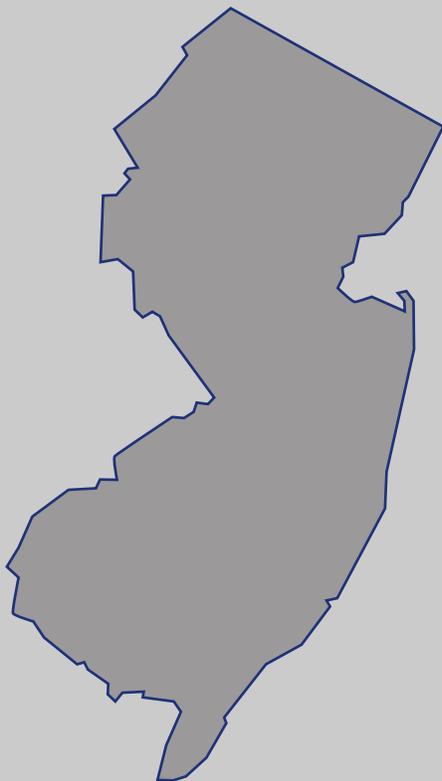
*One 2014 case was still pending at the time of this report. If the case is reviewable, it will be captured in the 2017 annual report.

Statewide



Gender Distribution
 (n= 141)
 61% Male
 39% Female

*American Indian, Pacific Islander, two or more races

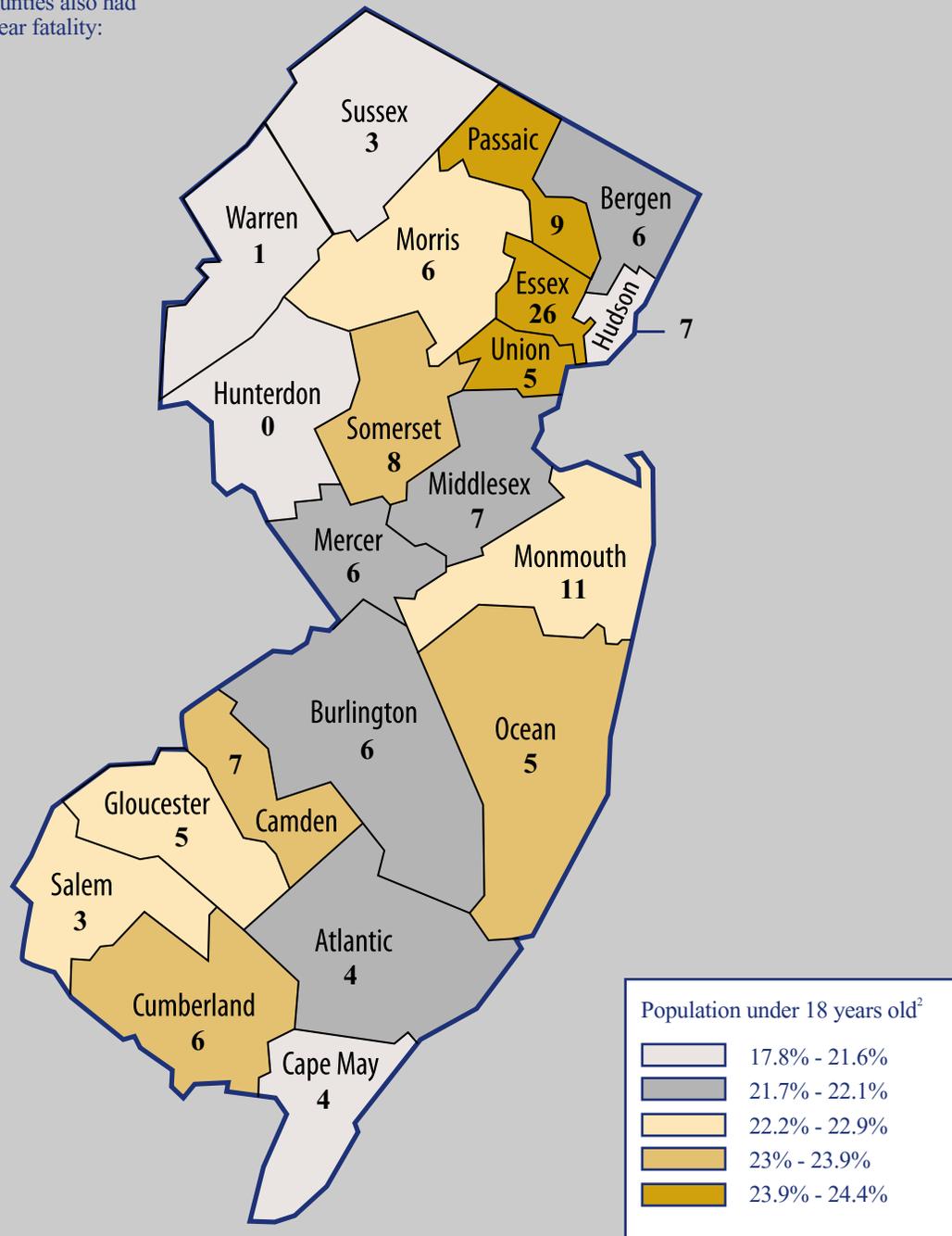


NJ Child Population data obtained from US Census, Population Division, June 25, 2015 estimates from the following link:
http://lwd.dol.state.nj.us/labor/lpa/dmograph/est/est_index.html

Reviewed 2014 Fatalities by County

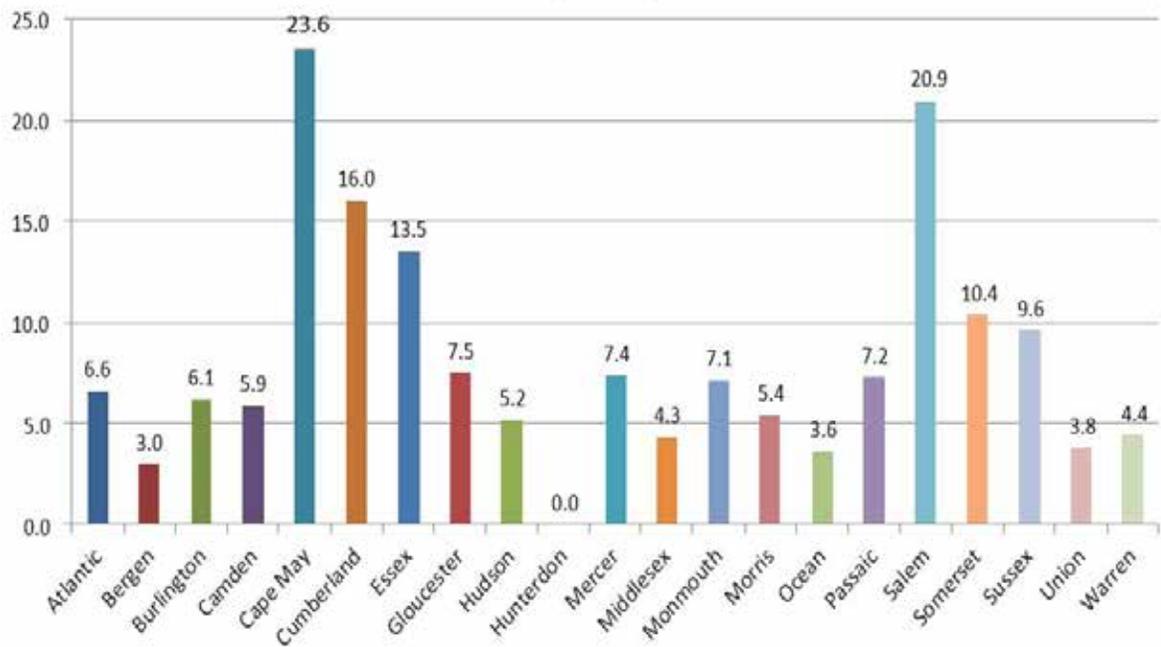
The following counties also had one reviewable near fatality:

- Camden
- Essex
- Gloucester
- Middlesex
- Ocean
- Warren



²Data obtained from the US Census 2015 estimates from the following link: <https://www.census.gov/quickfacts/table/PST045215/34>

2014 Reviewed Fatality Rate per 100,000 Children

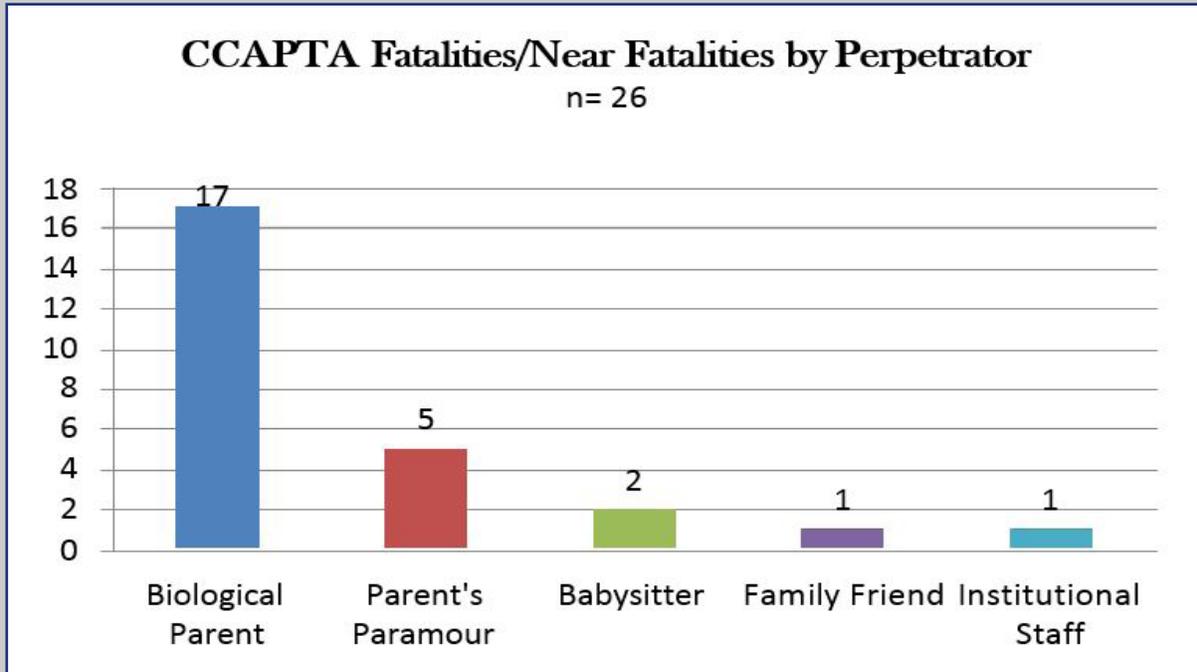


County	Manner of Death					County Total Fatalities	% of Total NJ Fatalities	Child Population < 18 years old ³	Fatality Rate per 100,000 Children
	Accident	Homicide	Natural	Suicide	Undetermined				
Atlantic	0	1	0	1	2	4	3%	60,821	6.6
Bergen	2	0	1	1	2	6	4%	202,858	3.0
Burlington	1	3	1	0	1	6	4%	97,590	6.1
Camden	2	2	1	1	1	7	5%	119,072	5.9
Cape May	2	0	0	1	1	4	3%	16,971	23.6
Cumberland	2	0	0	0	4	6	4%	37,459	16.0
Essex	5	3	3	2	13	26	19%	192,565	13.5
Gloucester	3	0	2	0	0	5	4%	66,628	7.5
Hudson	2	1	0	1	3	7	5%	135,830	5.2
Hunterdon	0	0	0	0	0	0	0%	26,726	0.0
Mercer	1	0	3	0	2	6	4%	81,367	7.4
Middlesex	2	1	0	2	3	8	6%	183,985	4.3
Monmouth	2	0	1	4	3	10	7%	140,329	7.1
Morris	2	0	0	3	1	6	4%	111,439	5.4
Ocean	1	0	2	1	1	5	4%	137,781	3.6
Passaic	2	1	1	1	4	9	7%	124,161	7.2
Salem	2	1	0	0	0	3	2%	14,367	20.9
Somerset	2	2	0	2	2	8	6%	77,156	10.4
Sussex	2	0	0	1	0	3	2%	31,300	9.6
Union	1	2	0	1	1	5	4%	132,152	3.8
Warren	0	0	0	0	1	1	1%	22,666	4.4
State Total	36	17	15	22	45	135	100%	2,013,223	6.7

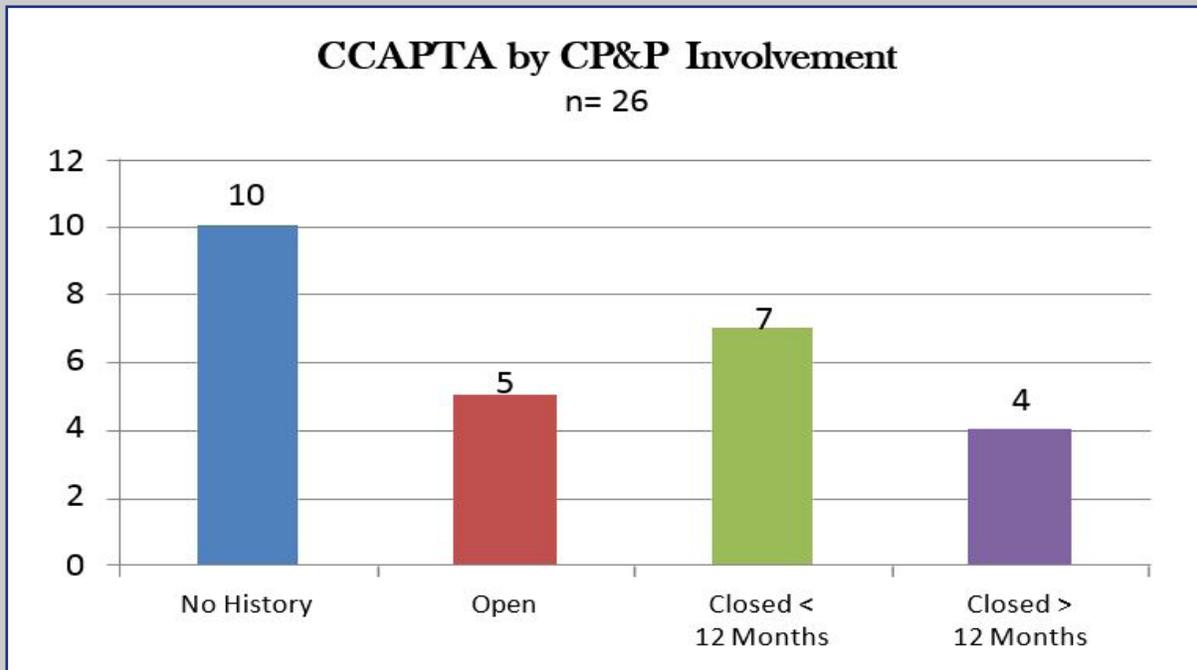
³Data obtained from the US Census 2015 estimates from the following link: <https://www.census.gov/quickfacts/table/PST045215/34>

Comprehensive Child Abuse Prevention & Treatment Act (CCAPTA)

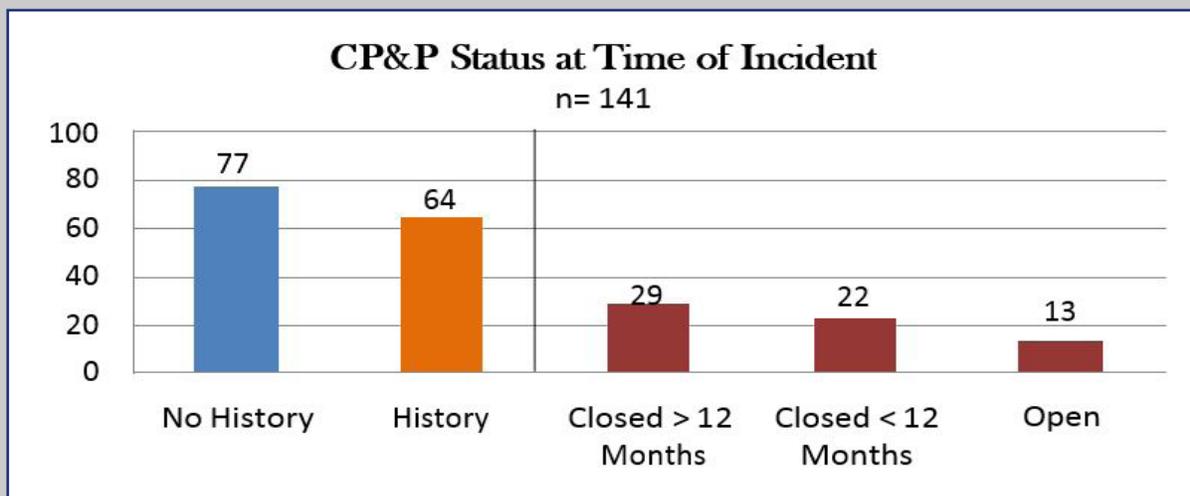
The CFNFRB serves as one of the citizen review panels established by the Comprehensive Child Abuse Prevention and Treatment Act of 1997 (CCAPTA). A case is considered a 'CCAPTA' when a child fatality or near fatality is the result of child abuse or neglect; whether or not the family was involved with CP&P at the time of the incident.



Of the 26 incidents that constitute the 2014 CCAPTA cases, 46% (12) of those children were involved with CP&P at the time of the incident or had been involved with CP&P within the last twelve months.



Division of Child Protection and Permanency (CP&P)



'History' includes all children who had ever been involved with CP&P regardless of when

CP&P investigates all reported allegations of child abuse and neglect. The mission is to ensure the safety, permanency, and well-being of children and to support families. In 2014, CP&P received reports of alleged child abuse and neglect concerning 90,135 children under 18 years old⁴, which accounts for about 4.5% of the total child population in New Jersey⁵.

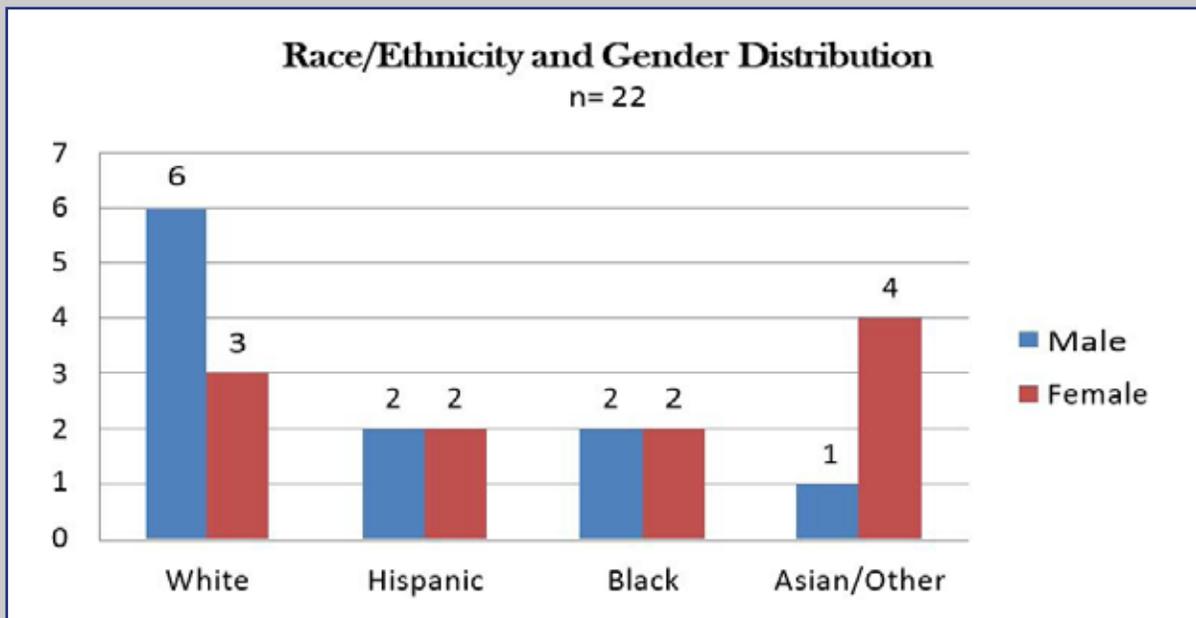
- 9% of the cases reviewed were open with CP&P at the time of the incident.
- 8% of the cases reviewed had a primary caregiver who was previously substantiated or established for child abuse or neglect.
- Of the 141 children reviewed, 45% of them had, at some point in their life, been involved with CP&P.



⁴CP&P Abuse and Neglect Findings Report CY 2014

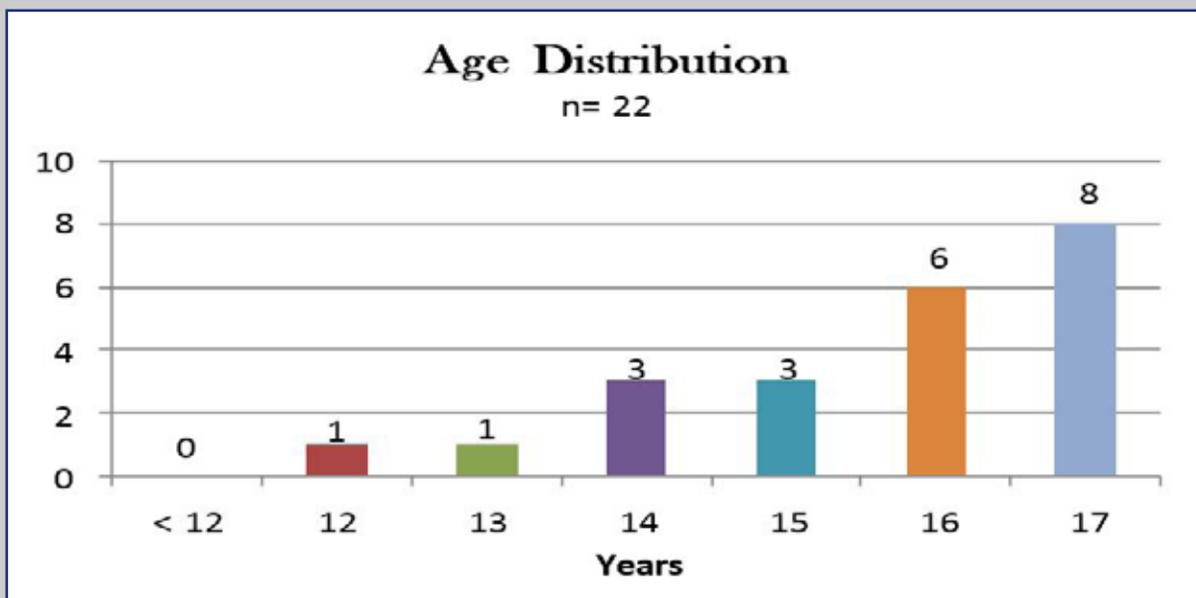
⁵Data obtained from the US Census 2015 estimates from the following link: <https://www.census.gov/quickfacts/table/PST045215/34>

Suicide



Method

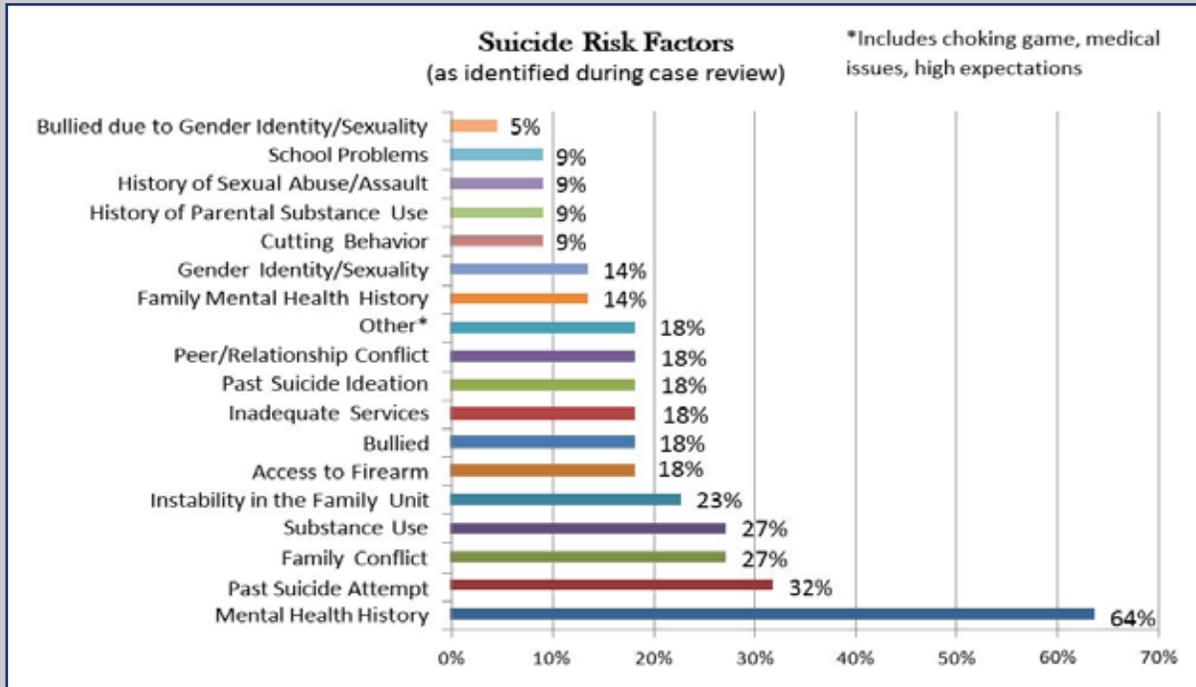
73% (16) of the suicides were completed by hanging. 14% (3) were completed with the use of a firearm. The remaining methods included drug overdose, jumping off a bridge, and being hit by a train.



Suicidal Warning Signs⁶

Talking about wanting to die • Talking about feeling hopeless, trapped or in unbearable pain
Displaying extreme mood swings • Preoccupation with death • Suddenly happier, calmer
Loss of interest in things one cares about • Visiting or calling people to say goodbye
Setting one's affairs in order • Withdrawn • Giving things away, such as prized possessions

Selecting and Reviewing Cases



What to do⁶

What to do⁶: A suicidal youth is not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken: • Remain calm • Ask the youth directly: Are you thinking about suicide? Focus on your concern for their wellbeing and avoid being accusatory • Listen • Reassure them that there is help and that they will not feel like this forever • Do not judge • Provide constant supervision. Do not leave the youth alone • Remove means for self-harm • Get help: Peers: Do not agree to keep the suicidal thoughts a secret, instead, tell an adult, such as a parent, teacher, or school psychologist. Parents: Seek help from school or community mental health resources as soon as possible. School staff: Take the student to the designated school mental health professional or administrator.

⁶www.nasponline.org/resources/crisis_safety/uicideprevention.aspx

If in a crisis, youth between 10 and 24 years old can call or text 2nd Floor Youth Helpline at

**888-222-2228 or visit
www.2ndfloor.org**

People of any age can call the NJ Suicide Prevention Hope Line at 1-855-654-6735, text at

**njhopenline@ubhc.rutgers.edu
or visit www.njhopenline.com**

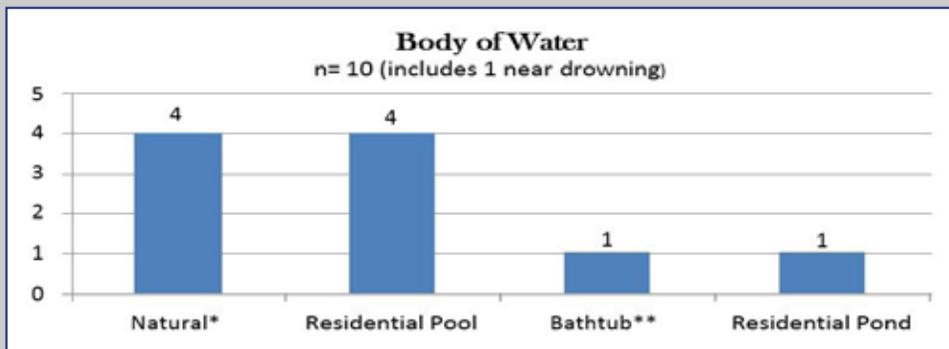
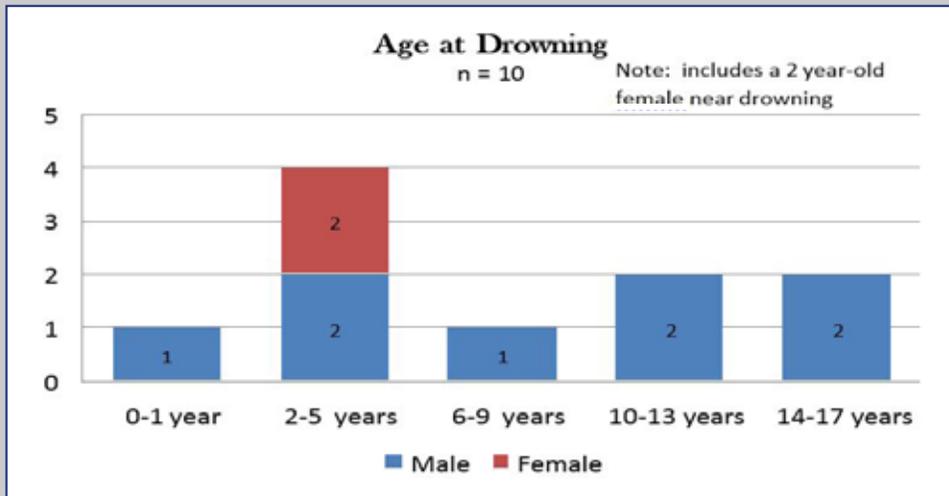
Additional resources include: PerformCare (provides linkage to various services for children)

**1-877-652-7624
www.performcarenj.org**

Mobile Response and Crisis Screening:
1-877-652-2764

National Suicide Prevention Lifeline:
**1-800-273-TALK (8255)
www.suicidepreventionlifeline.org**

Drowning



*Ocean, River, Creek; River drowning was due to a car accident; Creek drowning was a part of a combined cause of death

**12 year old with seizure disorder

All four children who drowned/nearly drowned in a residential pool were between two and four years old. Half of the residential pools did not have fencing around all four sides of the pool.

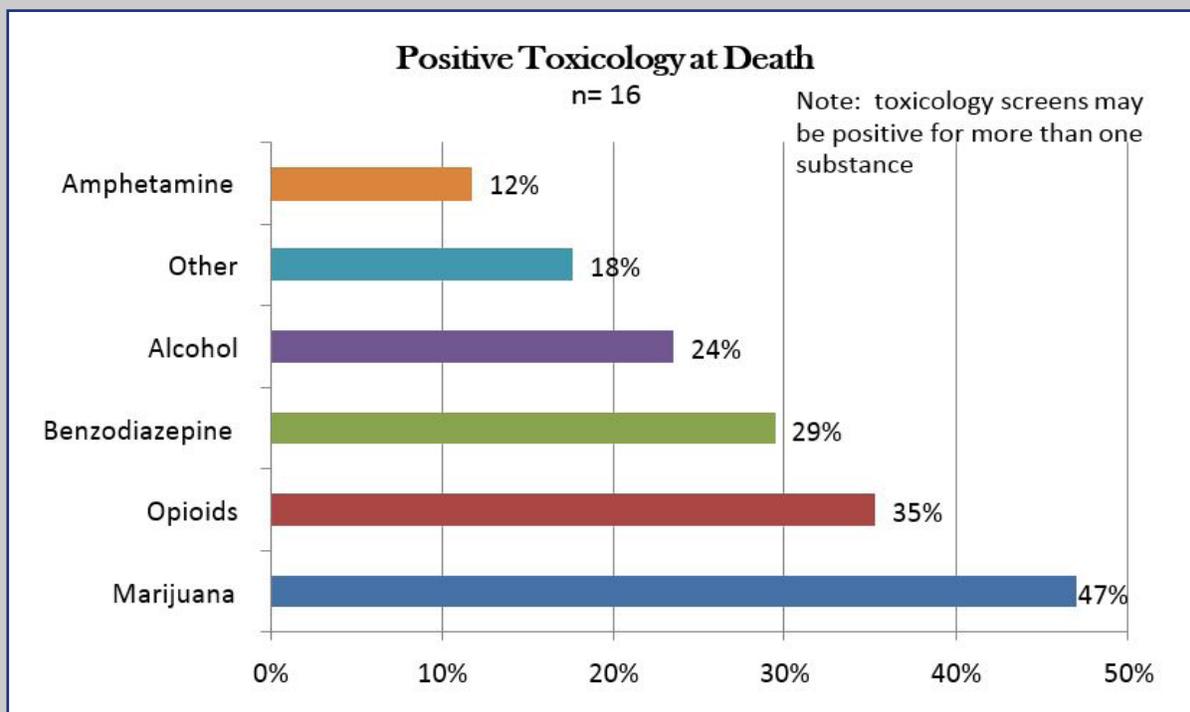


Pool Safety⁷

- Never leave children in or near water unattended; stay within an arm's length of small children in water to protect against rapid drowning.
- Warn children to never swim at a pool or beach alone or without a lifeguard.
- Train children to swim at an early age.
- Teach children that swimming in open water is far different than swimming in a pool.
- Be certain only qualified and undistracted adults are entrusted with supervising children in water.
- Always empty inflatable pools, buckets, pails, and bathtubs after each use.
- Personal flotation devices do not guarantee water safety.

⁷ <http://nj.gov/dcf/families/safety/water/>

Substance Abuse



- Six children, two males and four females, had a Cause of Death directly related to toxicity.



- Four deaths were Accidents, one was Suicide, one was Homicide.
- All children, excluding the homicide victim who was 7 months old, were 15 to 17 years old.

**Call PerformCare at
877-652-7624**
to access child behavioral
healthcare and other services

**Call NJ Mental
Health Cares hotline
at 866-202-4357**
for referrals to services

Parental substance use was identified in 20% (28) of the cases as either a contributing or non-contributing factor

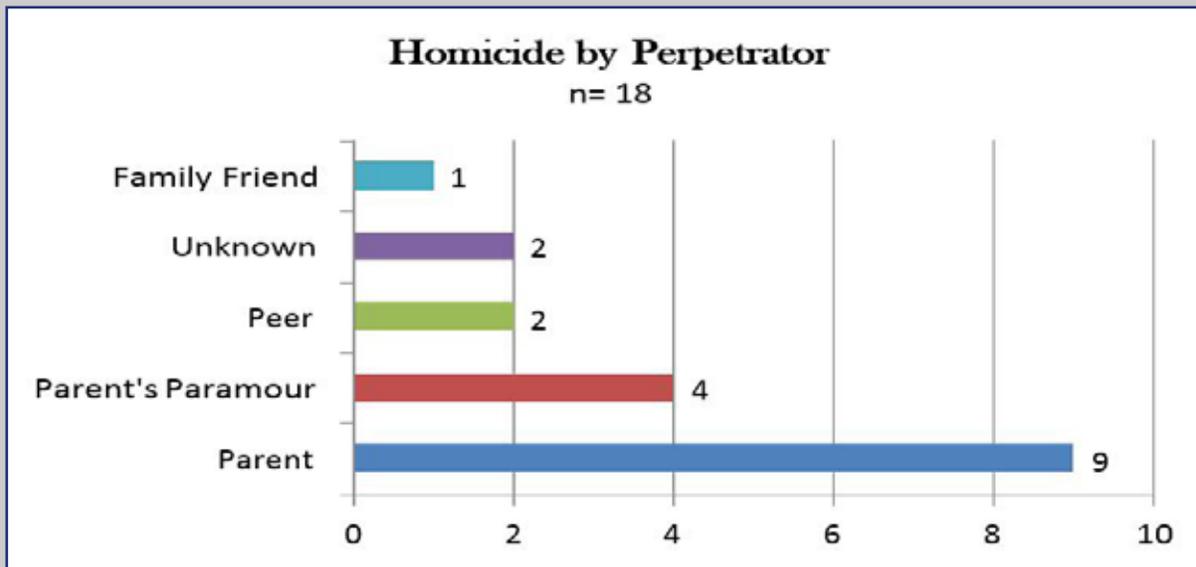
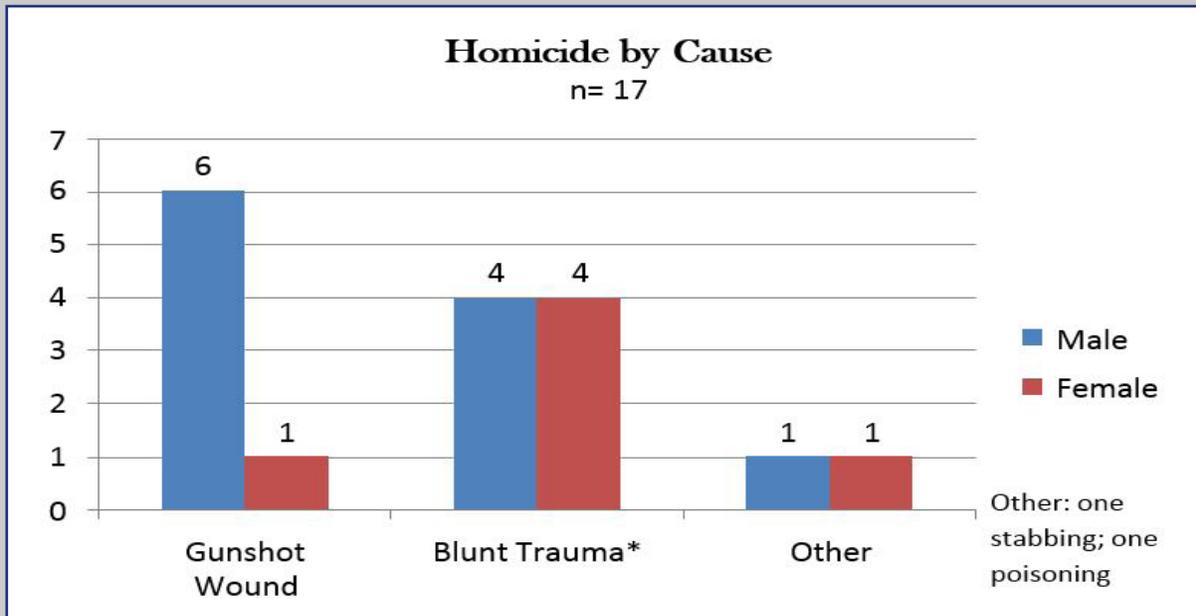
Warning Signs⁸

Changes in mood • Academic/School problems • Changing friends and a reluctance to have parents/family get to know the new friends • A “nothing matters” attitude • Finding substances (drug or alcohol) in youth’s belongings • Physical or mental changes (memory lapses, poor concentration, lack of coordination, slurred speech, etc.)

Warning signs indicate that there may be a problem —not that there definitely is a problem. Speak with the youth to get a better understanding of the situation and have the youth screened for substance use by a professional. If formal intervention is necessary, local substance abuse professionals should be contacted. If there is no clear evidence of substance use/abuse, consider working with your primary care physician or a mental health professional to address the child’s behaviors and needs.

⁸<http://youth.gov/youth-topics/substance-abuse/warning-signs-adolescent-substance-abuse>

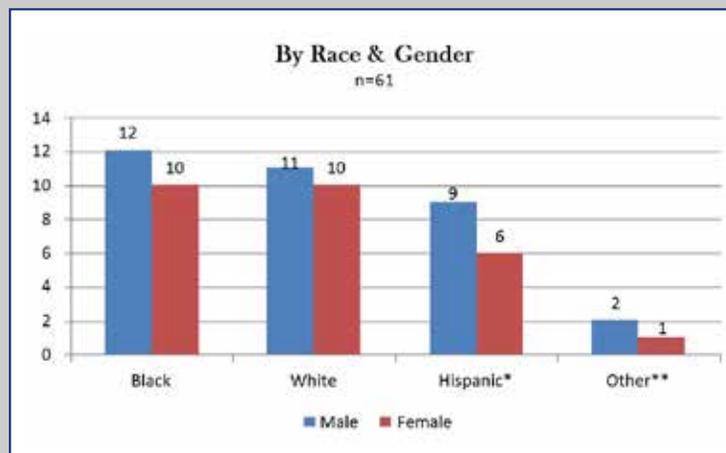
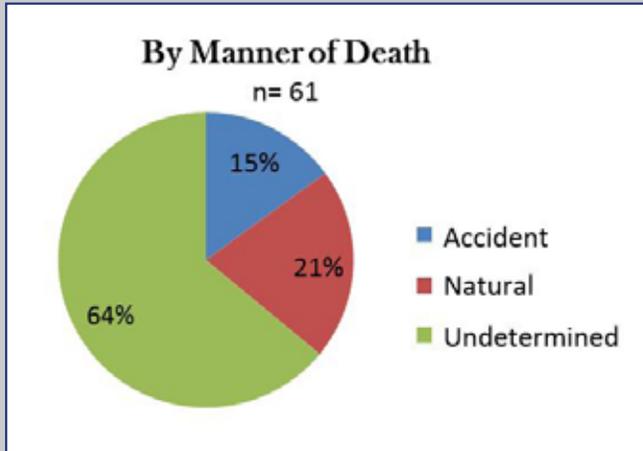
Homicide



- Four of the children who died from a gunshot wound were between 14 and 17 years old, two were 11 years old, and one was 8 years old.
- Six of the children who died from some form of blunt trauma were two years old or younger.



Sudden Unexpected & Sleep-Related Death in Children Under 12 Months Old

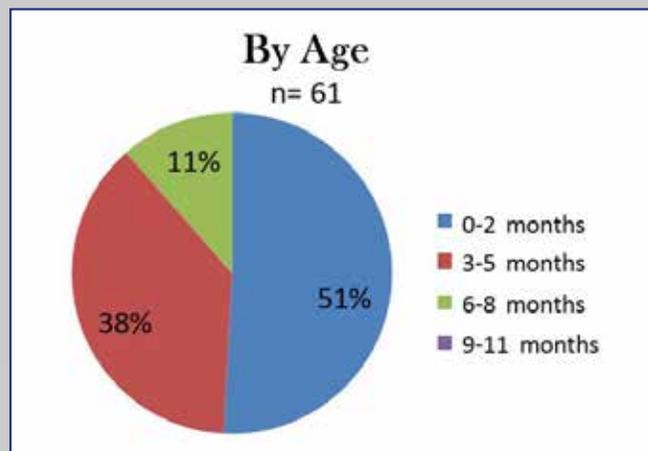


*Includes Black & White Hispanic;

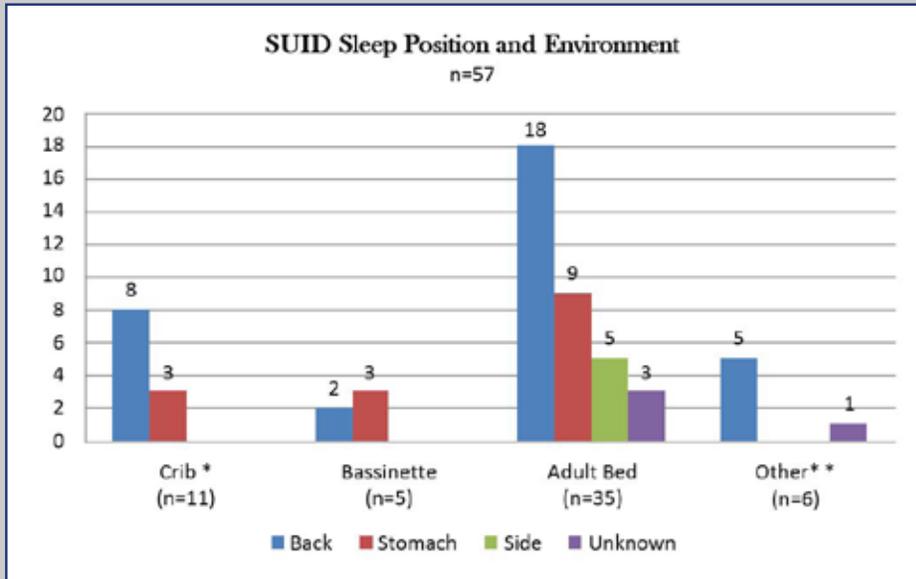
**Includes two Asian and one Biracial (Black/White)



Children under 6 months old
are at greatest risk



Sudden Unexpected & Sleep-Related Death in Children Under 12 Months Old



93% (57/61) of the fatalities reviewed by the SUID Subcommittee were related to sleep and/or the sleep environment.

54% (33/61) of the children were sharing a sleep surface with another person.

* Includes one pack n play

**Includes couch, car seat, unknown, other



Guidelines for Safe Sleep⁹

- Bare is Best: Place baby on the back to sleep in a crib free from objects (i.e. toys, stuffed animals, and blankets)
- Place baby on a firm sleep surface
- Place baby in the same room with you but not the same bed
- Limit baby's exposure to smoke (cigarette, cigar, illegal substances)
- Consider breastfeeding
- Bring baby to the pediatrician for all well-visits
- Practice supervised, awake 'tummy time'
- Avoid overheating
- Avoid products such as wedges, positioners, and bumpers

⁹www.healthychildren.org

Recommendations

Child Fatality and Near Fatality Case Review Practice

To: *The Department of Children and Families' Children's System of Care*

In order to ensure the CFNFRB is able to engage in comprehensive reviews of child fatalities, the CFNFRB requests that a representative from the Children's System of Care attends State Board meetings to provide insight into the Children's System of Care and its delivery of mental health, behavioral health, and developmental disability services.

Suicide Prevention

To: *The Department of Education's New Jersey Association of Independent Schools*

The CFNFRB recommends public and private schools integrate effective and proven suicide prevention programs into the curricula and services currently provided. It is also recommended that such programs promote resilience and positive youth development and provide information on warning signs and available community resources. Programs should monitor outcomes, as evidence-based programs are considered to be best practice.

Mental and Behavioral Health

To: *The Department of Children and Families' Child Protection and Permanency and Children's System of Care*

The CFNFRB recognizes that the Children's System of Care and the Division of Child Protection and Permanency, both under the Department of Children and Families, have made great strides in terms of ensuring the use of trauma-informed care models by its contracted providers and recommends that this important work continue.

The CFNFRB recommends that agencies and professionals who provide contracted services to the children and families of New Jersey via either the Division of Child Protection and Permanency or the Children's System of Care have the training and experience to appropriately address the needs of the clients served. It is further recommended that providers follow trauma-informed and evidenced-based/evidence-informed practices and utilize standard measures to demonstrate therapeutic efficacy. The CFNFRB recommends that the Department of Children and Families ensures that the supply of qualified mental and behavioral health providers meets the demand by the community for such services. The CFNFRB also recommends that CP&P staff be knowledgeable about community resources and that they make the most appropriate referrals for services to meet the needs of their individual clients.

Substance Use

To: *The Department of Children and Families*

The CFNFRB encourages the utilization of proven and effective evidenced-based/evidence-informed practices for children and families who require treatment for substance use disorders.

Recommendations

Safe Sleep

To: *The Joint Commission*

The New Jersey Hospital Association
The Department of Children and Families

The CFNFRB recommends that all birthing hospitals should receive certification in The National Safe Sleep Hospital Certification Program developed by Cribs for Kids® in conjunction with Halo Innovations Inc.. This hospital certification program requires hospitals to develop policy on safe sleep, train hospital staff on the policy and on safe sleep practices, and educate parents. The program also asks that hospitals replace regular receiving blankets in the nursery and Neonatal Intensive Care Unit with wearable blankets to model no loose bedding in the crib. The CFNFRB also recommends all maternity healthcare professionals develop policies and practices around safe sleep education and modeling. The CFNFRB recognizes the efforts already in place to spread safe sleep awareness to the public and recommends the Department of Children and Families partner with birthing hospitals to continue the public promotion of safe sleep.

Pool Safety

To: *The New Jersey League of Municipalities*

Per the 2009 New Jersey International Residential Code, residential pools, spas and hot tubs must have barriers surrounding them to prevent drowning and non-fatal submersions. Currently, the barrier may be comprised of any combination of fences, walls, and the exterior of homes. The CFNFRB recommends the revision of codes to reflect that newly constructed pools should have surrounding barriers that do not rely on the exterior walls of the home in order to decrease the risk of children leaving the house unsupervised and having direct access to the pool. It is also recommended that fencing and barriers include self-closing and self-latching gates with locks.

Fatalities Related to Child Abuse

To: *The Division of Consumer Affairs*

The CFNFRB recommends that all professionals who are likely to come into contact with children and families be mandated to receive continuing education on child abuse and neglect. This continuing education should focus on trauma-informed care and the use of evidence-based/evidence-informed practices. These professionals include, but are not limited to, the following: Alcohol and Drug Counselors, Marriage and Family Therapists, Nurses, Physicians, Physician Assistants, Professional Counselors, Psychoanalysts, Psychologists and Social Workers.