

**Report Identification Number: SV-16-026**

**Prepared by: Spring Valley Regional Office**

**Issue Date: Feb 28, 2017**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

## Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

## Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

## Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

## Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

## Case Information



**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Orange  
**Gender:** Female

**Date of Death:** 06/21/2016  
**Initial Date OCFS Notified:** 06/21/2016

### Presenting Information

A report was received in to the SCR on June 21, 2016, which alleged DOA/Fatality and Inadequate Guardianship of the three-month-old female subject child, against Daycare Provider (DCP). The report alleged the subject child passed away in the daycare. The report stated when the subject checked on subject child, the child had stopped breathing, and her heart had stopped beating. The DCP contacted EMS yet the subject child could not be revived. The subject child had no visible injuries and EMS transported to the local hospital where she was pronounced deceased at 2:41PM. The subject child was then transported to the Orange County Medical Examiner's Office.

### Executive Summary

On June 21, 2016, a report was received at the SCR, which alleged DOA/Fatality and Inadequate Guardianship of the three-month-old female subject child, against DCP. The report alleged the subject child passed away in the daycare. The report stated when the subject checked on subject child, the child had stopped breathing, and her heart had stopped beating. The DCP contacted EMS yet the subject child could not be revived. The Subject Child had no visible injuries and transported to the local hospital where she was pronounced deceased at 2:41PM. The subject child was then medical staff transported to the Orange County Medical Examiner's Office.

The parents reported that child had been suffering from a cold and child was taken to the doctor's office on June 14, 2016. Doctor recommended for mother to stop breast feeding and to give child Pedilyte for three days. The Biological Mother (BM) followed medical recommendation for resumed breast feeding until the day of child's death. The pediatrician reported no medical complications at birth or at well visit. Neither the pediatrician nor the parents were aware of any cause for the child's condition.

The BM informed the DCP on the day of the incident that the child had a fever earlier that morning but had returned to normal. The DCP asserted that the child could not attend the daycare program if she had a fever. The BM confirmed the child was not febrile and assured the DCP she would pick up child immediately if fever returned. The DCP described the child appeared well. At the time of child's death she was in her crib.

The child did not have any surviving siblings so the completion of Safety Assessments and Risk Assessments were not required. The family was offered Special Assistance Trauma Unit services which were accepted and their participation was corroborated.

The Orange County Medical Examiner's Office completed an autopsy on the subject child. The Medical Examiner reported that the subject child's immune system was compromised because her spleen was not functioning and as a result her spleen was not producing anti-bodies. There were no signs of trauma or neglect. The Medical Examiner confirmed, the cause of death was sepsis.

On August 18, 2016, Orange County Department of Social Services completed their investigation and determined the case as follows: The allegations of Inadequate Guardianship and DOA/Fatality against all three Subject Daycare Providers on behalf of the Subject Child were unsubstantiated. LDSS's actions and decisions were appropriate to the case circumstances.



## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
The level of casework activity did commensurate with the case circumstances. Documentation reflects ongoing supervisory/consultation in detail during the investigation. Based on case evidence the decision to close the case was appropriate.

## Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 06/21/2016

Time of Death: 02:41 PM

Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: ORANGE

Was 911 or local emergency number called? Yes

Time of Call: 01:25 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? Unknown

Child's activity at time of incident:

- Sleeping                       Working                       Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

**Did child have supervision at time of incident leading to death? Yes**

**Is the caretaker listed in the Household**

**Composition? No**

**At time of incident supervisor was: Not impaired.**

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	34 Year(s)
Other Household 1	Day Care Provider	Alleged Perpetrator	Female	34 Year(s)
Other Household 2	Day Care Provider	Alleged Perpetrator	Female	37 Year(s)
Other Household 3	Day Care Provider	Alleged Perpetrator	Female	40 Year(s)

### LDSS Response

LDSS conducted an investigation into the allegations listed on the New York Statewide Central Register of Child Abuse and Maltreatment. LDSS did interview parents, all subjects, and other individuals listed on the report. The allegations were discussed with all subjects. Collateral contacts made with source, daycare staff, physicians, law enforcement, medical staff from local hospital, and Medical Examiner's Office. The case notes were well documented with detail and home visits were conducted.

The parents reported that child had been suffering from a cold and child was taken to the doctor's office on June 14, 2016. The doctor recommended for mother to stop breast feeding and to give child Pedilyte for three days. The Biological Mother (BM) followed medical recommendation and resumed breast feeding until the day of child's death. The pediatrician reported no medical complications at birth or at well visit. Nether the pediatrician nor the parents were aware of any cause for the child's condition.

The BM informed the DCP on the day of the incident that the child had a fever earlier that morning but had returned to normal. The DCP asserted that the child could not attend the daycare program if she had a fever. BM confirmed she did not have a fever and assured the DCP she would pick up child immediately if fever returned. The DCP described the child appeared well. At the time of child's death she was in her crib.

The subject child did not have any surviving siblings so the completion of Safety Assessments and Risk Assessments were not required.



As per the Medical Examiner's Office, an autopsy was completed on the subject child; however, the final report was not ready at the time the CPS investigation was closed. The Medical Examiner reported that the subject child's immune system was compromised because her spleen was not functioning and as a result her spleen was not producing anti-bodies. There were no signs of trauma or neglect. The Medical Examiner confirmed, the cause of death was sepsis.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

The investigation was closed on August 18, 2016 and the allegations were unsubstantiated regarding all three subjects on behalf of the subject child for DOA/Fatality and Inadequate Guardianship.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The Child Fatality Review Team met on June 29, 2016 and August 17, 2016. The assigned Medical Investigator involved did attend both dates. On August 17, 2016, the cause of death was considered medical, due to sepsis.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034281 - Deceased Child, Female, 3 Mons	034362 - Day Care Provider, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
034281 - Deceased Child, Female, 3 Mons	034323 - Day Care Provider, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated
034281 - Deceased Child, Female, 3 Mons	034361 - Day Care Provider, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
034281 - Deceased Child, Female, 3 Mons	034361 - Day Care Provider, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
034281 - Deceased Child, Female, 3 Mons	034323 - Day Care Provider, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
034281 - Deceased Child, Female, 3 Mons	034362 - Day Care Provider, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated



### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 Parents were referred to SATU services which was accepted.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**  
 Parents were referred to SATU services which were accepted.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

- During pregnancy, mother:**
- Had medical complications / infections
  - Misused over-the-counter or prescription drugs
  - Had heavy alcohol use
  - Smoked tobacco



- Experienced domestic violence
- Used illicit drugs
- Was not noted in the case record to have any of the issues listed

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

### CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

### CPS - Investigative History More Than Three Years Prior to the Fatality

There is no CPS history more than three years prior to the fatality that involved the parents or the subject child.

There was one prior case noted in the current system of record regarding subject one. On July 1, 2012, a case was received by the SCR, on behalf of the then three-year-old child against subject one alleging Inadequate Guardianship and L/A/BW. The report alleged subject one had beat up a three-year-old child. The allegations were unsubstantiated, the investigation was closed on August 30, 2012, and there were no services opened.

There is no CPS history more than three years prior to the fatality that involved subject two or subject three.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York State for all three subjects.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

- Yes
- No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Recommended Action(s)



Are there any recommended actions for local or state administrative or policy changes?  Yes  No

Are there any recommended prevention activities resulting from the review?  Yes  No