



Report Identification Number: SV-18-063

Prepared by: New York State Office of Children & Family Services

Issue Date: Mar 21, 2019

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 | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| 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 |
| CPS-Child Protective Services | | |
| 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-Other | |
| 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 | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Orange
Gender: Female

Date of Death: 11/10/2018
Initial Date OCFS Notified: 11/10/2018

Presenting Information

An SCR report alleged on 11/10/2018 at approximately 7 AM, the mother found her 5-week-old infant unresponsive, and she had abnormal breathing for unknown reasons. The mother immediately called emergency medical services to transport the infant to the hospital for medical care. The child did not appear to have any visible injuries about her body; however, she was blue at the time. The child did not have any preexisting medical conditions, making the death suspicious. At the time of the incident, The father was at work and the mother was at home caring for the child and her 4-year-old sibling. The father and surviving sibling had unknown roles.

Executive Summary

This fatality report concerns the death of a 5-week-old female infant who died on 11/10/2018. An SCR report was made on that date which alleged the death was suspicious of abuse or maltreatment since she was known to have been an otherwise healthy child. The child was in the care of her mother at the time she became unresponsive, and her mother called 911.

Orange County Department of Social Services (OCDSS) investigated the death with the multidisciplinary approach alongside law enforcement and the medical examiner's office. The circumstances surrounding the fatality were such that the child began exhibiting abnormal breathing while awake and fussy; the child had been in bed next to her mother, who was awake and supervising her. The mother noticed the child's breathing was labored and she immediately contacted 911. The mother made several efforts to rouse the child while waiting for EMS to arrive, who then took over resuscitative measures. The child was transported to the hospital but she was unable to be revived. The child was pronounced deceased.

The medical examiner's preliminary autopsy findings revealed the cause of death appeared to be medical in nature, due to a heart defect which was found during the autopsy. Prior to the child's death, she had shown no symptoms of a heart condition since birth nor during routine medical examinations. Medical documentation was received and reviewed, and no concerns for any historical heart condition had been known prior to the incident.

As the death was found to be medical in nature, there was no criminality thus law enforcement ended their involvement. OCDSS worked closely with law enforcement and the medical examiner's office for the duration of the investigation. After the investigation closed, OCDSS received a copy of the final autopsy report which had been requested. The official cause of death was, "Complications of congenital atrial septal defect."

During their involvement, OCDSS promptly and continuously assessed the safety of the 4-year-old surviving sibling throughout the investigation; there were no concerns for her care. OCDSS made service referrals for the family to provide them with grief counseling through the Special Assistance Trauma Unit. The family partook in this service.

OCDSS concluded there was no evidence of abuse or maltreatment with regard to the infant's death or the events leading up to it. The report was unfounded and closed after the family was linked with the appropriate services.

Findings Related to the CPS Investigation of the Fatality



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

N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Lying down, awake

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Female | 1 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 34 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 35 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 4 Year(s) |

LDSS Response

Immediately upon receiving the SCR report, OCDSS initiated essential investigatory activities including but not limited to: contacting the source of the report, coordinating with law enforcement, consulting the medical examiner's investigator, contacting the parents, assessing safety of the sibling, visiting the home, and reviewing databases for any potential CPS or criminal history.

In interviews with the parents, OCDSS learned the father was at work at the time of the fatal incident. Just before 6 AM, the mother was in bed with both children on either side of her; the 4-year-old was asleep, and the infant was awake and moving around. She began to cry without being able to be consoled. The mother tended to the baby by trying to nurse her, burp her, and move her legs to relieve possible gas pains. The mother reported the infant suddenly gasped and stopped breathing. The mother tried tickling the child to stimulate breathing and when that was unsuccessful, she took the baby's clothes off and pushed on her sternum forcefully in an effort to rouse her. She then called her husband and 911, and continued trying to rouse the child. The mother also called her sister during this time and requested she come care for the 4-year-old child. She described the infant then "seized up." EMS arrived and transported them to the hospital. The baby died shortly after arrival.

OCDSS confirmed the sibling was cared for by relatives while the traumatic events were occurring. OCDSS attempted to interview the sibling on more than one occasion but had no success engaging her in a conversation. OCDSS sufficiently gathered other information from the family, her pediatrician, her pre-school, and observations of the living environment to assess her safety. No concerns were revealed from collateral contacts or observations.

OCDSS observed the deceased child and consulted with doctors who tended to her. There were no exterior physical signs of abuse or neglect. The parents and paternal grandparents disclosed there had been a sibling of the father who had died as an infant at 17 days of age due to a heart issue. The mother reported she had a prenatal sonogram which revealed a "white



spot” on the baby’s heart, but aside from follow-up sonograms which were performed, no additional treatment was recommended. The pediatrician noted the baby spent time in the Neonatal Intensive Care Unit (NICU) after birth for some breathing-related issues. A heart exam was performed in the NICU and no murmur was detected, nor were any other heart-related issues. The baby was successfully discharged on her sixth day of life. The pediatrician saw the baby for follow-up appointments after discharge and there were no health concerns; further, there were no concerns for her care provided by the parents.

OCDSS learned the preliminary autopsy results revealed an atrial septal defect, and further studies were ordered and pending. The multi-disciplinary team convened and suggested having a discussion with the family about having the sibling assessed by a cardiologist in the event of genetic deficiencies. Accompanied by the medical examiner investigator, OCDSS had this proactive discussion with the family and discussed how this may affect their planning (such as genetic testing) for future children. The parents were receptive to the suggestions.

OCDSS inquired about drug or alcohol use by the parents and both denied the use of either. OCDSS observed there were safe sleep provisions for the baby and discussed recommended safe sleep practice. The family was provided materials about safe sleep and other areas of preventive child safety measures.

OCDSS spoke with all first responders and gathered essential information and documentation from a multitude of collateral contacts to support the determination. In addition to providing trauma and grief services to the family, OCDSS discussed such services with a first responder who was personally struggling with the event.

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 fatality was reviewed by the Orange County Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 048662 - Deceased Child, Female, 1 Mons | 049381 - Mother, Female, 35 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 048662 - Deceased Child, Female, 1 Mons | 049381 - Mother, Female, 35 Year(s) | DOA / Fatality | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|-------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| When appropriate, children were interviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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"/> |

Additional information:

Diligent efforts were made to interview and engage the surviving sibling, though efforts were unsuccessful.

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Child Fatality Report

| | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of the family's need for services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were appropriate/needed services offered in this case | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explain:
The family began working with the recommended mental health services.

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <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 | 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foster care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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:
 Bereavement counseling was provided via the Special Assistance Trauma Unit, as referred by OCDSS. OCDSS diligently discussed family planning with the parents in regards to the subject child's health concerns and future children, though services were not sought by the family at that time.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 The family took advantage of the referred service of the Special Assistance Trauma Unit.

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

Explain:
 The family took advantage of the referred service of the Special Assistance Trauma Unit.

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
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- 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.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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