



**Report Identification Number: SV-18-026**

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

**Issue Date: Sep 19, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 19 day(s)

**Jurisdiction:** Sullivan  
**Gender:** Female

**Date of Death:** 04/28/2018  
**Initial Date OCFS Notified:** 04/30/2018

## Presenting Information

An SCR registered report alleged that on 4/28/18, at an unspecified time, the mother and father became aware their 19-day-old daughter was lacking color and not willing to breast feed. The parents proceeded to take the child outside of their home into the sun because they were concerned with the child having difficulty latching to be fed. The parents returned the child inside the house and delayed seeking adequate medical treatment despite being aware the child's breathing was shallow. At approximately 12:23PM, the mother and father brought the child into the ER with symptoms of paleness and not eating. By 12:45PM, the child was unresponsive and in respiratory distress with a rectal temperature of 93 degrees. The child was unable to be resuscitated, which resulted in her death.

## Executive Summary

This fatality report concerns the death of a 19-day-old female child that occurred on 4/28/18. A report was made to the SCR on that day with concerns the parents delayed seeking medical treatment and subsequently, the child died.

Sullivan County Department of Social Services (SCDSS) coordinated efforts with law enforcement upon receipt of the fatality report. An autopsy was performed and the medical examiner ruled the child died of natural causes from a systemic infection. Law enforcement found no criminality on the parents' part and closed their case.

The parents reported that on 4/28/18, the child was not latching well to feed that day, she appeared lethargic and pale, and she had a low temperature. They called the child's pediatrician who was unavailable at that time. The parents brought the child outside into the sun as they thought this might help. This is when the parents noticed the child's lips were blue and she felt cold. They drove the child to the hospital as they thought this would be faster than calling an ambulance. When they arrived at the hospital, they waited approximately 20 minutes to be seen. The child's rectal temperature was 93.7 degrees. CPR and life saving measures were performed for about an hour and a half without success.

SCDSS contacted collaterals such as the child's pediatrician and relatives and gathered information about the child's death from the mother, father, law enforcement, hospital staff, and the medical examiner.

Nassau County Department of Social Services (NCDSS) took a secondary role in the investigation as the parents moved there promptly after the child's death. NCDSS made face to face contact to interview the parents. Bereavement counseling was offered to the family but they had already set up an appointment on their own. The family had no CPS history. SCDSS completed required reports and safety assessments accurately and on time and completed a thorough investigation. The case was unfounded and closed on 6/18/18.

## 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? Yes

**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 casework activity was commensurate with case circumstances.

**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: 04/28/2018

Time of Death: 02:48 PM

Time of fatal incident, if different than time of death: 12:45 PM

County where fatality incident occurred: Sullivan

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: being held

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	19 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

### LDSS Response

On 4/28/18, SCDSS received the fatality report from the SCR. SCDSS initiated their investigation within 24 hours and coordinated efforts with LE. SCDSS contacted the source of the report, completed a CPS history check, and notified the ME and DA of SC's death. There were no surviving siblings or other children living in the home.

On 4/28/18, SCDSS was unable to locate the parents to meet with them. On 4/29/18, SCDSS attempted a phone call and home visit and were unsuccessful. On this same day, SCDSS spoke with LE who said they found no criminality in the case and believed the parents did everything they should have. LE said an autopsy was performed and the ME said the child had a systemic infection and he saw no signs of foul play.

On 4/30/18, CW contacted MGM who said the parents were staying with her in Nassau county. MGM said she had no concerns for the parents' caretaking abilities and thought the child was doing well. MGM was unsure of how long the parents would be staying with her.

On 5/1/18, NCDSS was assigned a secondary role to interview the parents on this day. The mother said that on 4/28/18 around 1AM the child was not latching well to feed, and between 10:30-11:15AM she noticed the child appeared lethargic and pale. The father said he took the child's temperature and it was 97 degrees. The parents said they called the pediatrician but he was unavailable. The parents said they then brought the child outside in the sun because they thought that would help, but soon noticed the child's lips were blue and he felt cold. They drove the child to the hospital as they thought this would be quicker than waiting for an ambulance. The child's breathing was shallow. When they arrived at the hospital, the parents said they waited about 20 minutes and when the child's temperature was taken, it was 93.7 degrees. CPR and life saving measures were performed for over an hour before the parents agreed to stop resuscitative efforts. CW offered to give referrals for bereavement counseling but the parents had already set up a counseling appointment for themselves.

SCDSS obtained all medical records for the child, prenatal records for the mother, and hospital records. Even though the mother had a positive toxicology for marijuana upon the child's delivery, medical staff confirmed this did not have a negative impact on the child. The child's toxicology was negative. The child had her first and last doctor's appointment on 4/16/18 and the doctor said the child appeared healthy.

The family had no CPS history and no criminal history. The ME found the child died of natural causes as he found a systemic infection in the child. The case was unfounded and closed on 6/18/18.

### 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? No

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
047588 - Deceased Child, Female, 19 Day(s)	047547 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047547 - Mother, Female, 21 Year(s)	Lack of Medical Care	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047548 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047547 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047548 - Father, Male, 25 Year(s)	Lack of Medical Care	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047547 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
047588 - Deceased Child, Female, 19 Day(s)	047548 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Services were offered and declined.



## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- 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
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

#### Infant was born:

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/09/2018	Deceased Child, Female, 1 Hours	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Hours	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

#### Report Summary:

The SCR report alleged the mother gave birth to SC on 4/9/18. The mother's toxicology was positive for marijuana at the time of delivery. The SC's toxicology results were pending. The role of the father was unknown.

**Report Determination:** Unfounded

**Date of Determination:** 06/05/2018

#### Basis for Determination:

The mother admitted to using marijuana during the pregnancy to combat nausea. Prenatal records confirmed this and that the mother had lost weight during her pregnancy. The mother tested positive for marijuana at birth but there was no evidence this resulted in any harm to the child who was born healthy. The child had no marijuana in her system.

#### OCFS Review Results:

CW visited the family in the hospital upon receiving the report. CW spoke with nurses who said the parents were doing great with the baby and there were no concerns. The parents signed medical releases and were cooperative. CW made home visits and went over safe sleep with the family who said they were also educated in the hospital about safe sleep guidelines. The family had appropriate provisions and there were no safety concerns. CW obtained medical records.



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

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

There was no CPS history more than 3 years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**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