



Report Identification Number: SV-18-043

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

Issue Date: Oct 31, 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

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: Dutchess
Gender: Female

Date of Death: 07/09/2018
Initial Date OCFS Notified: 07/11/2018

Presenting Information

On 7/9/2018, the Dutchess County Department of Community and Family Services (DCDCFS) was informed of the death of the 1-month-old subject child. The infant was born 2 months prior with congenital heart disease and other medical issues, and required 24-hour medical care in the hospital. DCDCFS was aware the infant would have needed to undergo multiple heart surgeries and have follow up surgeries to address all medical needs; and, the odds of surviving those surgeries were low. The preliminary cause of death was cardiorespiratory failure secondary to congenital heart disease.

Executive Summary

This fatality report concerns the death of a 1-month-old infant who passed away during an open CPS investigation. There was also an open CPS-Services case at the time, as the 15-year-old mother and her 3 siblings were in Foster Care and receiving services as children, in a case with their mother (MGM). The SC was in her mother’s custody throughout the duration of her life.

Prior to the SC’s birth, her mother was residing at the Children’s Home of Poughkeepsie within the Young Mother’s Program. The SC’s mother gave birth after 36 weeks of pregnancy. After her birth, the SC was immediately transferred to a more specialized hospital given her need for a higher level of medical care. The SC was born with congenital heart disease and a multitude of other medical conditions, with evidence of significant heart defects. The SC required mechanical ventilation and a feeding tube to sustain life.

With the assistance of staff at her residential center for transportation, the mother visited with her child at the hospital as often as possible. The mother maintained communication with hospital staff as to her child’s condition and prognosis. The infant’s prognosis was poor and the necessary surgeries to prolong her life had a low rate of survival success. After speaking with each doctor treating the child, the mother made the informed decision to withdraw life support. The child was withdrawn from life support on 7/9/2018 and she was declared deceased by a hospital physician at 10:30 AM. The mother declined an autopsy. DCDCFS obtained a “Death Summary” from the hospital which noted the preliminary cause of death was cardiorespiratory failure secondary to congenital heart disease.

A doctor reported to DCDCFS that the child was diagnosed with medical conditions while in utero. Based on the information DCDCFS gathered and documented, there was no reason to suspect the child’s death was a result of abuse or maltreatment. There was no police involvement.

Hospital records noted the mother was evaluated for postnatal and postpartum depression. DCDCFS supported the mother throughout the life of her daughter, and referred the mother to grief counseling. The mother was also actively engaged in individual therapy at her residence. DCDCFS continued involvement with the mother in her role as a child on the maternal grandmother’s CPS-Services/Foster Care case. DCDCFS obtained and documented all necessary information regarding the fatality.

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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The above questions are not applicable as the fatality was not reported to the SCR. There was no report alleging the fatality was suspected to be a result of abuse or maltreatment by a caretaker; however, other decisions made during the open investigation and services case were appropriate.

- Was the decision to close the case appropriate? N/A
- 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 CPS-Services/Foster Care case remained open to service the needs of the maternal grandmother and her children (the infant's mother and her siblings). The CPS investigation was closed appropriately, shortly after the child's death.

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: 07/09/2018

Time of Death: 10:30 AM

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

County where fatality incident occurred: Dutchess

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? N/A

Child's activity at time of incident:

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



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	No Role	Female	1 Month(s)
Deceased Child's Household	Mother	No Role	Female	15 Year(s)
Other Household 1	Grandparent	No Role	Female	40 Year(s)

LDSS Response

The open CPS investigation, initiated two days after the SC's birth, alleged the 15-year-old mother did not have provisions or a plan for the SC's care. DCDCFS immediately documented the mother was in Foster Care residing in a residential facility tailored to support teen mothers. DCDCFS learned the mother had sufficient provisions for the SC to return to her care once discharged from the hospital; however, it was also learned the SC's prognosis was poor given her medical conditions, and it was indicated the SC would not have left the hospital at any time in the near future.

Throughout their investigation, DCDCFS thoroughly documented the infant's medical information and conversations with hospital staff who were treating the child. DCDCFS supported the mother throughout the process, as well as the outside agency providing services to the mother (in her role as a child on the case with her siblings and their mother).

DCDCFS obtained medical documentation which noted the infant's conditions at the time of birth through the time of her death. Her predicted life span was not specified, though the low probability of survival after necessary surgeries were noted. Though the infant was diagnosed with multiple health conditions and abnormalities, some of which were known about in utero, it was her congenital heart disease which primarily led to her death. Hospital staff informed the mother of all options and supported her decision to withdraw life support. The infant died on 7/9/2018 within one hour of being taken off the life sustaining devices, and medical records noted she died peacefully.

DCDCFS made diligent efforts to engage a prospective father (also under the age of 18); however, it could not be confirmed he was the biological father, and his parent declined allowing his involvement with the infant or the infant's mother.

OCFS' review of the mother's history as a child revealed stellar casework practice. Though two casework practice issues were identified as being recurring in the 3 years leading up to the fatality and thus were referred to the Regional Office for consideration, DCDCFS' practice overall was evident of diligent activities investigating allegations, assessing safety and risk throughout the life of a case, engaging with the family, intervening for the protection of children, and offering and/or providing services as needed.

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: Hospital physician



Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved Child Fatality Review Team in Dutchess County.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Regarding the fatality, all appropriate familial and collateral contacts were made.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 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"/>

Additional information, if necessary:
 Grief counseling was referred. Other services which were in place prior to the fatality continued thereafter. Family planning was offered prior to the birth of the SC but it was unclear whether offered again after the fatality.

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? N/A

Explain:
 The subject child had no siblings and there were no other children with whom the mother was residing at the time of the child's death.

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

Explain:
 The mother continued receiving therapeutic counseling. She was also referred to a grief counseling specialist.

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?** N/A
- Was the child acutely ill during the two weeks before death?** Yes

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)
05/21/2018	Deceased Child, Female, 2 Days	Mother, Female, 15 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report alleged the 15-year-old mother gave birth to the subject child on 5/9/18. It was noted she was residing in a group home and had no provisions or plan for the child's care at the time of her birth.

Report Determination: Unfounded**Date of Determination:** 07/15/2018**Basis for Determination:**

The investigation revealed the mother was in Foster Care as a resident in a Young Mother's Program, and had been since February 2018. It was noted the program was designed to assist teen mothers; therefore, it was evident the mother had appropriate provisions for the child and a plan to return to the program once she could be discharged from the hospital. The child was born with multiple health conditions and was kept alive with a feeding tube and ventilator in the Neonatal Intensive Care Unit. These conditions were diagnosed in utero, and the mother had prenatal care. The mother eventually made the informed decision to withdraw the child from life support, and she died on 7/9/18.

OCFS Review Results:

DCDCFS conducted a thorough investigation into the circumstances of the child's medical conditions and the care she was provided and expected to be provided once discharged. DCDCFS noted the mother had been actively participating in a parenting program through her residential facility. DCDCFS documented detailed information to reflect information gathered and decision-making points, and made an appropriate determination. DCDCFS made efforts to speak with an alleged 14-year-old father to the child, but they were unable to confirm he was the biological father, nor did his mother permit involvement.

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

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

There is no CPS history more than three years prior to the fatality for the subject child or for her mother as a prior subject, and there were no siblings.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality



Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 05/25/2017

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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