Office of Children and Family Services

# Child Fatality Report

## Report Identification Number: SV-21-046

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

## Issue Date: Apr 11, 2022

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 | ASTO-Allowing Sex Abuse to Occur | |

# Child Fatality Report

## Case Information

**Report Type:** Child Deceased
**Age:** 2 year(s)
**Jurisdiction:** Rockland
**Gender:** Male
**Date of Death:** 11/14/2021
**Initial Date OCFS Notified:** 11/14/2021

### Presenting Information

An SCR report alleged on 11/14/21, the 2-year-old male subject child passed away while in the care and supervision of his parents. On 11/13/21, the child had loose stool, vomited and had a stomach ache, but acted and played normally. The mother put the child down to sleep around 6:30 PM and the father checked on the child around 10:30 PM to find him sleeping and doing ok. On 11/14/21, around 9:00 AM, the mother checked on the child and found him unresponsive. The mother called an ambulance and the child was pronounced deceased. The three siblings in the home had unknown roles.

### Executive Summary

This fatality report concerns the death of the 2-year-old male subject child that occurred on 11/14/21. A report was made to the SCR on the same day with concerns the child was ill and passed away while in the care of his parents. At the time of the child's death, he resided with his parents and siblings, aged 7 months, and 3 and 6 years. The siblings were assessed to be safe in the care of the parents.

Rockland County Department of Social Services (RCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement did not find any criminality and closed their investigation. The medical examiner performed an external examination because the family was opposed to an autopsy due to religious beliefs and there was no trauma to the child. The cause and manner of death were undetermined.

The parents reported the child had vomited and had loose stool the day prior to his death but otherwise acted normally. The mother placed the child down to sleep and did not check on him for the rest of the night. The father was not present when the child was placed down to sleep but checked on the child at night before the father went to sleep. On the morning of the child's death, the mother checked on the child and found him unresponsive and not breathing. She called EMS, who responded to the home; however, the child was declared deceased.

RCDSS contacted EMS who provided information that when they arrived at the home, life saving measures were performed on the child; however, the child's body was in rigor mortis and resuscitation efforts were discontinued. There were no concerns for the surviving siblings.

RCDSS offered the family bereavement services; however, the family declined the services as they had a strong support group through their community. The allegations of DOA/Fatality and Inadequate Guardianship were unsubstantiated against the parents. RCDSS based their determination on the medical examiner's findings and the testimony the parents provided to law enforcement and EMS noting there was no visible trauma to the child. The investigation was closed timely on 2/2/22 after all casework requirements were met and the family did not require further involvement with RCDSS.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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

**Explain:**
The case was closed after all casework requirements were met.

**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:**
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:** 11/14/2021 **Time of Death:** 09:23 AM

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

**County where fatality incident occurred:** Rockland
**Was 911 or local emergency number called?** Yes
**Time of Call:** Unknown
**Did EMS respond to the scene?** Yes
**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

**Did child have supervision at time of incident leading to death?** Yes
**At time of incident was supervisor impaired?** Not impaired.
**At time of incident supervisor was:**
☐ Distracted ☐ Absent
☐ Asleep ☒ Other: **In another room**

**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 | Male | 2 Year(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 31 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 28 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 6 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 3 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 7 Month(s) |

**LDSS Response**

On 11/14/21, RCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, RCDSS completed a CPS history check, contacted the source of the report, and notified the medical examiner and district attorney's offices of the death. A home visit was made, and the siblings were assessed to be safe.

Law enforcement provided information that the death did not seem suspicious in nature. The mother reported to law enforcement that she placed the child down to sleep in his crib around 6:30 PM on 11/13/21. The mother described the child to have an upset stomach during the day and the father checked on the child around 10:30 PM and the child appeared ok. Around 9:00 AM on 11/14/21, the mother checked on the child and found him to be unresponsive. The mother immediately called EMS.

On 11/14/21, a home visit was made, and the parents were interviewed by RCDSS. The father said he was not home consistently on 11/13/21, but checked on the child around 10:30 PM, and the child appeared fine while sleeping in his crib. The father was not home on the morning of 11/14/21 and was informed of the child's condition around 8:30 AM on the day of the child's death. The mother provided information that the child vomited around 4:00 PM; however, the child ate and played normally despite appearing lethargic. By the time the mother put the child to bed around 6:30 PM, he had normal stool. She did not check on the child after putting the child down to sleep. On the morning of 11/14/21, the mother was woken up by a sibling, and she looked in the child's bedroom and he appeared to be asleep, so she closed the door. Around 9:00 AM, she checked on the child and he was not breathing. She rolled him onto his back and saw he had mucus coming from his nose and he was blue in color. She called EMS who arrived at the home and the child was pronounced deceased. The siblings were observed and there were no concerns for their safety. The eldest sibling stated the child died.

The siblings provided no additional information to RCDSS.

The medical examiner said the child did not have any signs of external injury and that an internal autopsy would not be completed due to the family's religious beliefs. The medical examiner obtained spinal fluid from the child, which showed the child had respiratory viruses, yet due to the limited examinations authorized to be performed, the medical examiner certified the cause of death to be undetermined.

RCDSS gathered information from EMS who stated the mother was in the doorway crying when they arrived at the home and the child was in his crib. CPR was performed on the child; however, efforts were discontinued soon thereafter as it was evident the child was deceased. The child's body was in rigor mortis and was transported to the morgue. EMS did not have concerns for the surviving siblings.

After completing all casework requirements appropriately and timely, the allegations were appropriately determined, and the case was closed as the family required no further intervention or services from RCDSS.

## Official Manner and Cause of Death

**Official Manner:** Undetermined
**Primary Cause of Death:** Undetermined if injury or 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 referred to an OCFS approved Child Fatality Review Team?**No
**Comments:** Rockland County does not have an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|---|---|---|
| 059281 - Deceased Child, Male, 2 Yrs | 059282 - Mother, Female, 28 Year(s) | DOA / Fatality | Unsubstantiated |
| 059281 - Deceased Child, Male, 2 Yrs | 059282 - Mother, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 059281 - Deceased Child, Male, 2 Yrs | 059283 - Father, Male, 31 Year(s) | DOA / Fatality | Unsubstantiated |
| 059281 - Deceased Child, Male, 2 Yrs | 059283 - Father, Male, 31 Year(s) | Inadequate Guardianship | Unsubstantiated |

## CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **All children observed?** | ☒ | ☐ | ☐ | ☐ |
| **When appropriate, children were interviewed?** | ☒ | ☐ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| Alleged subject(s) interviewed face-to-face? | ☒ | ☐ | ☐ | ☐ |
| All 'other persons named' interviewed face-to-face? | ☐ | ☐ | ☒ | ☐ |
| Contact with source? | ☒ | ☐ | ☐ | ☐ |
| All appropriate Collaterals contacted? | ☒ | ☐ | ☐ | ☐ |
| Was a death-scene investigation performed? | ☒ | ☐ | ☐ | ☐ |
| 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)? | ☒ | ☐ | ☐ | ☐ |
| Coordination of investigation with law enforcement? | ☒ | ☐ | ☐ | ☐ |
| Was there timely entry of progress notes and other required documentation? | ☒ | ☐ | ☐ | ☐ |

## Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| Were there any surviving siblings or other children in the household? | ☒ | ☐ | ☐ | ☐ |
| 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? | ☒ | ☐ | ☐ | ☐ |
| At 7 days? | ☒ | ☐ | ☐ | ☐ |
| At 30 days? | ☒ | ☐ | ☐ | ☐ |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | ☒ | ☐ | ☐ | ☐ |
| Are there any safety issues that need to be referred back to the local district? | ☐ | ☒ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| 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? | ☐ | ☐ | ☒ | ☐ |

## Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| Was the risk assessment/RAP adequate in this case? | ☒ | ☐ | ☐ | ☐ |
| During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household? | ☒ | ☐ | ☐ | ☐ |
| Was there an adequate assessment of the family's need for services? | ☒ | ☐ | ☐ | ☐ |

| | | | | |
|---|---|---|---|---|
| **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?** | ☐ | ☒ | ☐ | ☐ |
| **Were appropriate/needed services offered in this case** | ☒ | ☐ | ☐ | ☐ |
| **Explain:** The family was offered bereavement services; however, they declined as they had a strong support system through their religious community. | | | | |

## 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?** | ☐ | ☒ | ☐ | ☐ |
| **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?** | ☐ | ☒ | ☐ | ☐ |

## 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** | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Economic support** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Funeral arrangements** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Housing assistance** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Mental health services** | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Foster care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Health care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Legal services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family planning** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Homemaking Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Parenting Skills** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Domestic Violence Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Early Intervention** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Alcohol/Substance abuse** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Child Care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Intensive case management** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family or others as safety resources** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Other** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**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?** No
**Explain:**
The siblings were referred to bereavement services; however, the parents declined the service.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No
**Explain:**
The parents were referred to bereavement services in response to the fatality; however, they had a strong support system through their community that they utilized. Funeral assistance was not offered to the family as the family had a burial planned prior to RCDSS' involvement.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** 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?** Yes

## 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 was no CPS investigative 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.

### 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