

**Report Identification Number: SP-13-039**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 1/26/2015**

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.

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## Abbreviations

<p><b>Relationships</b>          BM = Biological Mother          OC = Other Child          MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother          BF = Biological Father          FM = Foster Mother          MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child          SF = Surviving Father          FF = Foster father          DCP = Day Care Provider</p>
<p><b>Contacts</b>          LE = Law Enforcement          EMS = Emergency Medical Services          DC = Day Care</p>	<p>CW = Caseworker          Dr = Doctor          CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner          ME = Medical Examier          FD = Fire Department</p>
<p><b>Allegations</b>          L/B/W = Lacerations/Bruises /Welts          B/S = Burns / Scalding          PD/AM = Parent's Drug Alcohol Misuse          M/FTTH= Malnutrition/Failure-to-Thrive          LS = Lack of Supervision          OTH/COI = Other</p>	<p>FX = Fractures          S/D/S = Swelling/Dislocation /Sprains          CD/A = Child's Drug/Alcohol Use          P/Nx = Poisoning/ Noxious Substance          IF/C/S = Inadequate Food/Clothing /Shelter          Ab = Abandonment</p>	<p>II = Internal Injuries          C/T/S = Choking/Twisting /Shaking          MN = Medical Neglect          XCP = Excessive Corporal Punishment          IG = Inadequate Guardianship          SO = Sex Offender</p>
<p><b>Miscellaneous</b>          LDSS = Local Department of Social Service</p>	<p>IND = Indicated          ACS = Administration for Children's Services</p>	<p>UNF = Unfounded          NYPD = New York City Police Department</p>

## Case Information

**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Dutchess  
**Gender:** Female

**Date of Death:** 09/18/2013  
**Initial Date OCFS Notified:** 09/18/2013

## Presenting Information

On Wednesday September 18, 2013, Dutchess County Child Protective Services was informed that the subject child had passed away. The mother reported that at 5:45 am she called 911 after she found the subject child not breathing. The subject child was transferred to Vassar Brother Medical Center. An autopsy was performed and found no signs of trauma. Prior to this child's death, there was an open CPS investigation and voluntary preventive services were open for the family.

## Executive Summary

The four month old resided with her father and mother. The child had multiple medical issues that required medical care and early intervention. The family was involved with CPS due to concerns the mother was overwhelmed with the child's care, and Preventive services were opened on 9/9/13. The subject child died shortly thereafter on 9/18/13. The manner of death was classified as natural due to SIDS. The family was receiving Early Intervention Services prior to the time the case was opened. The services and investigation provided by DCDSS to the family were appropriate.

## 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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

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.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 09/18/2013

**Time of Death:**

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

**County where fatality incident occurred:**

DUTCHESS

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

05:50 AM

**Did EMS to respond to the scene?**

Yes

**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

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

**How long before incident was the child last seen by caretaker?** 6 Hours

**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

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	4 Month(s)
Deceased Child's Household	Father	No Role	Male	25 Year(s)
Deceased Child's Household	Mother	No Role	Female	20 Year(s)

### LDSS Response

On 9/18/2013, after receiving notification of the fatality, Dutchess County DSS contacted OCFS and submitted the necessary documentation. On 9/5/13 the mother and father were interviewed together. The mother reported that she, and

the father went to bed at 10pm and the subject child fell asleep in her arms. At about 11pm, the infant woke up and she was fed. The child usually woke up after every six hours of sleep. About 5:30am, after returning from the bathroom, mom found the subject in the bassinet unresponsive and not breathing. It is unclear from the notes when the mother put the subject child in the bassinet. The father woke up and began CPR while mom called 911 for help. At some point, the mother's father, who resides across the street, came over and took over CPR from the father. He continued CPR until the police arrived.

Collateral contact was made with the police, emergency medical services (EMS), the child's pediatrician, the medical examiner and the early intervention service coordinators. The police provided a statement, which corroborated the grandfather was performing CPR at the time of their arrival. The police had no concerns with the home or the incident. EMS stated that they took over CPR from the police. EMS described the subject child to be on the initial stages of rigor mortis upon their arrival. The child could not be revived and was considered dead at the scene. The pediatrician indicated the subject child had many medical issues and provided all the necessary medical records. The early intervention coordinators confirmed their work with the family and had referred them to multiple service agencies to meet the subject child's needs. The documentation indicates that the medical examiner did not find any evidence to suspect abuse.

On 9/25/13, the DSS caseworker met again with both parents. The mother and father gave an account of the events leading up to the death of the subject child and the medical history of the subject child and all the services the child required. The parents also admitted to having a history of drug abuse. This was followed up on 10/11/13 when DSS worker met with the parents again. The DSS worker spoke with the parents in depth about; co-sleeping, their mental health and their drug history. The mother confirmed that she did receive information about co-sleeping from the hospital where she delivered and from the preventive caseworker. She only co-slept for short naps. According to her, the subject child slept in the bassinette portion of the pack-n-play. The assigned DSS caseworker observed and took pictures of the pack-n-play.

When asked about how she positioned the subject child in the bassinet, the mother and father stated that they would allow the subject child to sleep in the bassinet in a baby seat type chair that sat the subject child up, so that they could have a better visual of the child and to ensure that the child did not choke on her spit up. The father and mother claimed to have used all types of drugs in the past, including, cocaine, marijuana, methamphetamines, mushrooms, acid and prescribed analgesics. However, dad's choice of drugs was prescribed analgesics and the mother's choice of drugs was marijuana. The mother claimed she stopped using drugs upon learning she was pregnant and the father stopped using drugs several weeks after the mother. The mother went to drug rehabilitation, but shortly after relapsed. It is not document if the father received any rehabilitation services. Both parents claimed to have stopped ceased using drugs prior to the birth of the subject child.

Dutchess County DSS found no evidence of inadequate guardianship by the parents on behalf of the subject child. Preventive services were terminated shortly after the burial of the subject child. The DSS unfounded and closed the CPS investigation. The investigation was appropriate.

## 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 reviewed by an OCFS approved Child Fatality Review Team?** No

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## 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"/>
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"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

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

## Legal Activity Related to the Fatality

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

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

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

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

**Additional information, if necessary:**  
 Services were offered to the family, such as: bereavement services, and financial help with the funeral. The mother indicated that she would attend a local support group designed for parents in bereavement. She would contact DCFS if she decided to accept financial help. On 10/15/13, the preventive services worker spoke with the mother to find out if they could be of further assistance to her or her family. At that point the mother advised that she was no longer in need of services.

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

**Explain:**  
 Assistance with funeral expenses and bereavement counseling were offered. The family decided to seek resources on their own.

## 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:**

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- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input type="checkbox"/> Used illicit drugs |
|---|--|

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
07/19/2013	869-Deceased Child,Female, 2 Months	867-Mother,Female, 20 Years	Inadequate Guardianship	Unfounded	No
	869-Deceased Child,Female, 2 Months	867-Mother,Female, 20 Years	Lack of Medical Care	Unfounded	
	869-Deceased Child,Female, 2 Months	868-Father,Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	869-Deceased Child,Female, 2 Months	868-Father,Male, 25 Years	Inadequate Guardianship	Unfounded	
	869-Deceased Child,Female, 2 Months	868-Father,Male, 25 Years	Lack of Medical Care	Unfounded	
	869-Deceased Child,Female, 2 Months	867-Mother,Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	

**Report Summary:**

On 7/19/2013, an SCR report was called in against the mother and father on behalf of the subject child. There were allegations of lack of medical care, inadequate guardianship and inadequate food, clothing shelter. As of 8/22/13 no credible evidence was found, the allegations were unsubstantiated and the case was unfounded.

**Determination:** Unfounded

**Date of Determination:** 08/22/2013

**Basis for Determination:**

No credible evidence was found that the medically frail child was neglected

**OCFS Review Results:**

The investigation was complete and appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/23/2013	870-Deceased Child,Female, 3 Months	865-Mother,Female, 20 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

On 8/23/13, an SCR report was called in against the mother on behalf of the subject child. The allegations were inadequate guardianship. The report stated alleged that due to the subject child's developmental disabilities, the mother

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was overwhelmed and highly frustrated. There were concerns that the mother could unintentionally harm the child when she tried to comfort her or get the child to eat. The family began receiving voluntary preventive services during this report. On 9/6/13 The mother agreed to accept voluntary preventive services and on 9/9/13 voluntary preventive services were started.

**Determination:** Unfounded **Date of Determination:** 10/18/2013

**Basis for Determination:**  
No credible evidence found that either parent neglected the subject child.

**OCFS Review Results:**  
The investigation was complete and appropriate

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

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

On 7/19/2013, an SCR report was called in against the mother and father on behalf of the subject child. There were allegations of lack of medical care, inadequate guardianship and inadequate food, clothing shelter. As of 8/22/13 no credible evidence was found, the allegations were unsubstantiated and the case was unfounded.

On 8/23/13, an SCR report was called in against the mother on behalf of the subject child. The allegations were inadequate guardianship. The report stated alleged that due to the subject child's developmental disabilities, the mother was overwhelmed and highly frustrated. There were concerns that the mother could unintentionally harm the child when she tried to comfort her or get the child to eat. The family began receiving voluntary preventive services during this report. On 9/6/13 The mother agreed to accept voluntary preventive services and on 9/9/13 voluntary preventive services were started.

The subject child died on 9/18/13, before the closing of the 8/23/13 SCR report After a review of the case record, parent interviews, medical consultation, and colateral interviews with services providers no credible evidence was found. On 10/18/13 the allegations were unsubstantiated, the case was unfounded and the voluntary preventive services ended.

### Known CPS History Outside of NYS

None

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 09/09/2013

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

	Yes	No	N/A	Unable to Determine
<b>Did the service provider(s) comply with the timeliness and content requirements for progress notes?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the services provided meet the service needs as outlined in the</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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case record?				
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
Were services provided to siblings/other children in the household as necessary to achieve safety, permanency, and well-being?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Department of Social Services?** [ ] [ ] [ ] [ ]

**Additional information, if necessary:**  
 Service case was only open for 9 days prior to subject child's death. Family was receiving Early Intervention Services.

**Required Action(s)**

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

Yes  No

**Preventive Services History**

The mother appeared to be overwhelmed with the care of the 3 month old subject child, due to the subject child's medical issues. Additionally the father lost his job at the end of the month. On 9/6/2013 the mother agreed to receive voluntary preventive services and on 9/9/13 a preventive service application for the family was approved and the case assigned to a preventive worker. The child died on 9/18/13.

**Family Assessment Service Planning (FASP)**

	Yes	No	N/A	Unable to Determine
<b>Was the most recent required FASP approved on time?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Required Action(s)**

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

**Was there legal activity as a result of 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