



## Report Identification Number: SV-19-002

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

**Issue Date: Jun 20, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<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:** 4 month(s)

**Jurisdiction:** Orange  
**Gender:** Male

**Date of Death:** 01/06/2019  
**Initial Date OCFS Notified:** 01/07/2019

## Presenting Information

An SCR report alleged that on 12/31/18, the 4-month-old child was in bed with the mother and father. While in bed, the father found the child unresponsive and noticed the child's color was off. The father woke the mother and 911 was called. At approximately 11:08 AM, while the mother was on the phone with 911, the father performed CPR on the child and the child began breathing. The paramedics responded and the child was transported to Orange Regional Medical Center. Then the child was later transported to Westchester Medical Center. On 1/6/19, the child was pronounced dead. The child was otherwise healthy and had no prior medical complications.

## Executive Summary

An initial report was made to the SCR on 1/2/19 with concerns the 4-month-old child had been in bed with his parents and was found unresponsive. The child was alive but without brain function. The child's condition did not improve, he was removed from life support and died on 1/6/19; a subsequent fatality report was received from the SCR on 1/7/19. There were no surviving siblings or other children living in the home.

Orange County Department of Social Services (OCDSS) coordinated efforts with law enforcement upon receipt of the initial report. The family had been living in Florida and moved to New York in the fall of 2018, shortly after the birth of the child. The family had no criminal history in New York. An autopsy was completed and the medical examiner listed the cause of death as a "Sudden Unexpected Death in a 4-month-old found in bed with adults" and the manner as "accident."

On 12/31/18, the mother went to bed around midnight and the father stayed up with the child who awoke around 3 AM; the father fed him, changed his diaper and put him back to sleep. The child woke again around 5 AM and the father laid him on his chest while the child watched the father play video games. The father fed the child a bottle around 7:30 AM then laid the child on his back between the parents in their queen-sized bed. The father denied he covered the child with blankets or that there were any other objects in the bed. When the father awoke around 11 AM, he noticed the child was pale and not breathing normally; there was nothing obstructing the child's airway. The father woke the mother and told her to call 911 while he performed CPR until EMS arrived. The child was transported to the hospital and was on life support until the parents decided to end lifesaving care, as the child showed no brain function and his condition would not improve.

The parents admitted to regular marijuana use; however, denied they were impaired by marijuana at the time of the incident. First responders and OCDSS did not observe the parents to be under the influence of drugs or alcohol at the time of the child's death.

OCDSS gathered information about the fatality from the mother, father, EMS, law enforcement, and hospital staff. Several home visits were completed and collateral contacts were interviewed. Information on grief counseling and burial assistance was provided to the parents. OCDSS completed required reports and safety assessments accurately and on time and conducted a thorough investigation.

## 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:

Casework activity was in accordance with best casework practice as described in the CPS manual.

### 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: 01/06/2019

Time of Death: Unknown

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

County where fatality incident occurred: Orange

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

How long before incident was the child last seen by caretaker? 2 Hours

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

**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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

**LDSS Response**

OCDSS initiated their investigation and coordinated efforts with LE upon receipt of the initial report which was received on 1/2/19. After the child died on 1/6/19, OCDSS received the 1/7/19 fatality report from the SCR. There were no surviving siblings. The CW spoke with the source of the report and completed a CPS history check. The family had no CPS history in the State of New York; however, they did have a CPS case in the State of Florida. The CW spoke with CPS in Florida and obtained records. A CPS case was received in Florida due to the child being born with a positive toxicology for marijuana. The family moved to New York soon after the child was born.

On 1/2/19, OCDSS met with the mother at the hospital and observed the child; he was sedated in the crib in the room. The mother stated she and the father were educated on safe sleep guidelines; however, they often placed the child in their queen-sized bed until he fell asleep and would later move him into a Pack N' Play. The mother said the child could hold his head up but he could not roll over. The mother said they would place the child in their bed, on his back and did not cover him with blankets. The mother said she went to sleep around midnight or 1 AM on 12/31/19 and the father stayed up with the child until around 5 AM (this was their normal routine). She said the father woke her up around 11 AM and said the child did not look right; the father started CPR and she called 911. The mother said the child was still warm and she could hear little breaths. The mother denied anyone rolled on the baby.

The father was interviewed and he said around 3 AM on 12/31/19, the child woke and he fed him, changed his diaper and put him in bed on his back. He said the child woke again around 5 AM, and he laid him on his chest for a bit while he watched the father play video games. The father said he gave the child a bottle around 7:30 AM and laid him back down in the bed. The father said he fell asleep around 8 AM with the child sleeping on his back between the parents; the child was not covered with a blanket or any objects. The father woke around 11 AM and noticed the child was still on his back and was pale and not breathing right; he woke mom and told her to call 911. He performed CPR until EMS arrived. The father said he did not observe any discharge or anything in the child's mouth.

Both parents were questioned regarding drug and alcohol use and stated they use marijuana but not to the point of impairment while caring for the child. OCDSS informed them of the need to always have a sober caretaker for the child. First responders reported the parents did not appear under the influence of any substances.



On 1/6/19, OCDSS was informed the child was removed from life support and died. Appropriate notifications to law enforcement and the district attorney's office were made. The CW obtained a copy of the 911 call, EMS records, the police report and all medical records for the child. The CW offered the parents information on grief counseling and burial assistance. The parents were not ready to engage in services at that time.

The autopsy report stated the cause of death was "Sudden Unexpected Death in a 4-month-old found in bed with adults" and the manner, "accident." A doll reenactment was done with NY State Police and the parents and there were no bed sharing aggravating factors noted. There was no credible evidence to substantiate the allegations. OCDSS appropriately unfounded and closed the report on 3/3/19.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050267 - Deceased Child, Male, 4 Mons	050269 - Father, Male, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050268 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050269 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050268 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050268 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050269 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
050267 - Deceased Child, Male, 4 Mons	050268 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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? Unable to Determine

**Explain:**

Services and burial assistance was offered to the family, it was unknown if they utilized the offered assistance.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

### 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)
01/02/2019	Deceased Child, Male, 3 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 3 Months	Mother, Female, 21 Years	Internal Injuries	Unsubstantiated	



# Child Fatality Report

Deceased Child, Male, 3 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 3 Months	Father, Male, 23 Years	Internal Injuries	Unsubstantiated

**Report Summary:**

An SCR report alleged that on 12/31/18, the mother and father co-slept with their child and at one point, one of the parents rolled over and smothered the child. It was unknown if this was intentional or accidental. The child went without oxygen for an unknown length of time. At approximately 11 AM, the child became unresponsive and had discoloration throughout his body. The child was on a ventilator and intubated. The child was alive; however, had no brain function.

**Report Determination:** Unfounded**Date of Determination:** 03/03/2019**Basis for Determination:**

The results of the autopsy report revealed the cause of death was sudden unexpected death and the manner was accident. There was no credible evidence to indicate the parents contributed to the child's condition.

**OCFS Review Results:**

OCDFS conducted thorough interviews with all parties and appropriate collateral contacts, completed safety assessments adequately and on time, obtained medical records and worked closely with law enforcement to determine their investigation.

**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)
12/03/2018	Deceased Child, Male, 3 Months	Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Male, 3 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Deceased Child, Male, 3 Months	Mother, Female, 21 Years	Lack of Supervision	Far-Closed	
	Deceased Child, Male, 3 Months	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Deceased Child, Male, 3 Months	Father, Male, 23 Years	Inadequate Guardianship	Far-Closed	

**Report Summary:**

An SCR report alleged the mother and father were abusing marijuana on a regular basis to the point of impairment while caring for the male child. The mother regularly acted as the sole caretaker of the child while impaired. When impaired the mother passed out leaving the child unsupervised for unknown periods of time. The parents also left drug paraphernalia accessible to the child.

**OCFS Review Results:**

The CW went over the FAR process with the family during a home visit and obtained family history. The CW thoroughly went over safe sleep guidelines with the family and completed a thorough interview. The CW explained to the parents the importance of having a sober caretaker for the child at all times. The CW offered appropriate services such as mental health counseling and assistance for drug/alcohol issues. The parents declined all services. The family had CPS involvement in the state of FL and the CW obtained records and information from the state of FL. A subsequent report came in making the case ineligible for FAR and CW appropriately switched the case to an investigation.

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



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

### Known CPS History Outside of NYS

The family had a CPS case upon the birth of the child in the state of Florida. The child was born with a positive toxicology for marijuana. The family moved to New York shortly after the birth of the child. CPS in Florida confirmed the parents were educated on safe sleep guidelines and observed the parents had adequate provisions for the child.

### 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