



Report Identification Number: SV-20-019

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

Issue Date: Nov 10, 2020

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	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 05/24/2020
Initial Date OCFS Notified: 05/24/2020

Presenting Information

Orange County Department of Social Services (OCDSS) received an SCR report which alleged on 11/30/19, when the child was born, the mother tested positive for methadone and xanax. The subject child also tested positive for the same substances. As a result, the child suffered symptoms of withdrawal and resided in the NICU for 10 days prior to his discharge home. On 5/24/20, the mother placed the subject child down for a nap, on his back. There were no toys in the crib, but there were pillows. The mother went to check on the child after an unknown period of time and found him unresponsive. CPR was performed and the child was transported to the hospital, where he was pronounced dead at 2:05PM.

Executive Summary

This fatality report concerns the death of a 5-month-old male subject child that occurred on 5/24/20. A report was made to the SCR on 5/24/20 with allegations of Inadequate Guardianship, Parent’s Drug/Alcohol misuse, and DOA/Fatality against the child’s mother. An autopsy was performed, and at the time of this writing, the results had not been received.

At the time of the child’s death, he resided with his mother and father. There were no siblings or other children residing in the home. It was learned the mother placed the subject child on the mother's bed, on his back at approximately 12PM. The mother checked on the child three times after placing him down for a nap. Just before 1PM, the mother and father went into the bedroom to sit with the child. The mother recalled the child taking a deeper breath and then immediately changing from pink to white. The father picked the child up and found him to be limp. The mother called 911 at 1:15PM. The father administered CPR at the direction of the 911 operator while awaiting the arrival of EMS. The child was transported to the hospital where he was pronounced deceased at 2:05PM.

From the time the investigation began to the time of this writing, family members were interviewed, and pertinent collateral sources were contacted. OCDSS offered the family appropriate services in response to the fatality. After completing all case objectives, OCDSS unfounded and closed their investigation. OCDSS found there was no credible evidence that the action or inaction of the mother contributed to the child’s death.

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

Explain:
Sufficient information was gathered during the investigation, and the determination was appropriate based on the evidence.

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:
Decisions made during the case were appropriate and commensurate with case circumstances, and there was documentation of consultation with supervisors.

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: 05/24/2020

Time of Death: 02:05 PM

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: 01:15 PM

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 supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep



- Distracted
- Impaired by disability

- 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	5 Month(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)

LDSS Response

On 5/24/20, OCDSS received the SCR report regarding the death of SC, which occurred on the same date. OCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team.

On 5/24/20, OCDSS met with the mother and father at their home. The parents reported they placed the subject child down for a nap on their queen-sized bed at approximately 12PM on the same date. The parents were aware of safe sleep practice and had a bassinet available for the subject child. The child typically slept in his bassinet at night. The record does not reflect why the child was placed to sleep on the adult bed. The mother checked on the subject child 3 times between 12PM and 1PM. At 1PM the mother and father went into the bedroom and sat on the bed. The mother rubbed the subject child's back and, upon doing so, the child took a deep breath and then his appearance changed. The child's skin turned from a light pink to white. The father lifted the child up and found him to be limp. The mother called 911 while the father began resuscitation efforts at the direction of the 911 operator. First responders arrived, took over CPR, and transported the child to the hospital. The child was pronounced deceased at 2:05PM.

During the investigation, it was learned the mother had a history of substance abuse. The subject child was born with a positive toxicology as the mother was in methadone treatment while pregnant. The mother was actively engaged in treatment at the time of the subject child's death and there were no concerns for her abusing illicit substances or a misuse of her medication. A Plan of Safe Care was completed upon the child's birth and OCDSS appropriately monitored the plan. At the time of this writing, the mother remained in treatment. OCDSS spoke with the mother's methadone maintenance provider and learned the mother was compliant with treatment and attending regularly.

Medical records and discussion with the ME revealed the subject child's heart showed evidence of Cardiomyopathy and maternal history showed there had been deaths of two other male children in the mother's family. Communication with the ME revealed there was no evidence of foul play at the initial autopsy. The initial physical autopsy and preliminary toxicologies were received, showing no drugs or other substances in the infant's system. The ME reported genetic testing and tissue samples were pending but an "undetermined" cause of death would be the likely outcome.

OCDSS spoke with several collateral sources, including EMS, LE, hospital staff and relatives. LE found no criminality, and OCDSS offered the family appropriate services. The investigation was closed and the family was working with services referred to them by OCDSS at the time of this writing.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Pending

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
055150 - Deceased Child, Male, 5 Mons	055151 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
055150 - Deceased Child, Male, 5 Mons	055151 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
055150 - Deceased Child, Male, 5 Mons	055151 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

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

Additional information, if necessary:

OCDSS offered a variety of referrals to the family following the death. The mother and father were receptive to services through the Special Assistance Trauma Unit (SATU) that OCDSS referred them to. At the time of this writing, the parents were engaged in mental health counseling.

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:

There were no siblings or other children residing in the home.



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

Explain:
OCDSS offered a multitude of services to the family related to bereavement and mental health counseling. Additionally, OCDSS offered assistance with funeral costs.

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? No

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With 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)
12/08/2019	Deceased Child, Male, 9 Days	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 9 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report was received alleging the mother gave birth to the subject child on 11/30/19. The urine test came back positive for methadone and Xanax, which were prescribed to the mother. The umbilical cord tested positive for cocaine and the subject child was experiencing withdrawal symptoms.

Report Determination: Indicated **Date of Determination:** 01/29/2020

Basis for Determination:

OCDSS determined there was credible evidence to substantiate the allegations. The medical records reflected the infant was born with a positive toxicology and experienced withdrawal as a result of his mother's drug use. The mother



admitted to using drugs while pregnant. The mother was attending substance abuse treatment throughout her pregnancy and following the birth of the subject child.

OCFS Review Results:

OCDSS completed all casework objectives adequately and in a timely fashion. OCDSS spoke with all collateral contacts and assessed the safety of the infant throughout the investigation. Additionally, a Plan of Safe Care was completed upon receipt of the report.

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

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

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

Known CPS History Outside of NYS

There was no known 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