



Report Identification Number: SV-18-049

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

Issue Date: Jan 28, 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

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Rockland
Gender: Female

Date of Death: 08/23/2018
Initial Date OCFS Notified: 08/24/2018

Presenting Information

An SCR report alleged, the mother and her children, 2-month-old subject child (SC) and the 3-year-old surviving sibling (SS) were visiting New York from Nebraska at the home of the grandmother (MGM) for an unknown length of time. On 8/23/18, the mother laid the SC down on a comforter on the floor in the upstairs of the home. The mother then went downstairs to take a shower, after which she went back upstairs to check on the SC and found her unresponsive. The mother said the SC rolled herself over and suffocated. This was not a consistent explanation of the SC's death. SC was an otherwise healthy child with no medical concerns. The MGM had an unknown role.

Executive Summary

On 8/23/18, Rockland County Department of Social Services (RCDSS) received a report from the SCR about the death of a 2-month-old child that occurred on the same date. At the time of the fatality, the mother, SC and 4-year-old surviving sibling were visiting New York from their home state of Nebraska. There was an additional SS residing in Nebraska that did not travel to New York with the mother, SC, and SS. The SS in Nebraska was assessed by CPS in Nebraska to be safe in the care of a relative. The biological father had been deported due to criminal charges related to domestic violence.

Through interviews with the mother, it was learned on 8/23/18 at approximately 2:30PM, mother placed the SC on her back on a comforter on the floor while she took a bath. She returned 30 minutes later to find the SC on her stomach, face in the blanket with her arms on her side. The SC was unresponsive and the mother took the child downstairs to the MGM for help and 911 was called.

Throughout the investigation, RCDSS made extensive efforts to interview each first responder and diligently documented all casework. RCDSS spoke with familial collateral contacts and medical personnel. RCDSS obtained and reviewed all pertinent medical records for the SC and SS. RCDSS observed the MGM's home and requested a caseworker in Nebraska to observe the SM's home and coordinate services in Nebraska for the family upon their return.

RCDSS unfounded the allegations of inadequate guardianship and DOA/Fatality against the mother regarding the death of the SC as there was no evidence that the mother's placement of the SC on her back on the comforter led to the SC's death. The mother reported placing the SC on her back on the comforter with no other objects. LE investigated the fatality, but no criminal charges were pursued. An autopsy was completed, the official cause of death was listed as Bacterial Pneumonia in association with possible suffocation; found prone on comforter.

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:

RCDSS referred the family to community based services in their home state of Nebraska prior to closing the investigation.

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:

RCDSS diligently assessed service needs for the family and referred the family to services available in their home state of Nebraska. There was supervisory consultation throughout the life of the case.

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: 08/23/2018

Time of Death: 03:53 PM

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: 03:00 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

How long before incident was the child last seen by caretaker? 30 Minutes

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	9 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	7 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	12 Year(s)
Other Household 1	Grandparent	No Role	Female	40 Year(s)

LDSS Response

RCDSS received the fatality report from the SCR on 8/23/18 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, MGM, Ramapo Police Department, and Nebraska CPS.

RCDSS interviewed the mother at Good Samaritan Hospital on 8/23/18. The mother was distraught at the hospital over the death of her daughter. The mother stated the SC had no health concerns, which was confirmed by People's Health Center in Nebraska where the SC was a patient. The mother said she, the SC, and SS drove from Nebraska to MGM's home in Rockland County so MGM could meet the SC; they arrived on 8/16/18. The mother said 8/23/18 was typical for the SC and the child drank 5-6oz of formula every 1-2 hours and was alert prior to her nap. The mother said around 2PM she laid the SC down on a comforter on the floor on her back while she took a bath. She reported she took a 30-minute bath and immediately checked on the SC after the bath. The mother found the SC on her stomach, face in the comforter, and unresponsive. The mother found the MGM in the home and 911 was called, though it is not documented who initiated the 911 call. The mother reported she was aware of safe sleep practices and historically put the SC down to sleep on her back with no other objects around her. The mother reported she observed the child attempt to roll over in the past, but had not ever been successful.

RCDSS interviewed the MGM at the hospital as well. MGM was unable to give an account of the events leading up to the SC's death as she only arrived home when 911 was called. MGM said the mother came to visit from Nebraska in order to "show the new baby to the family."

RCDSS spoke with the attending physician while at Good Samaritan Hospital and learned the SC was pronounced dead at 3:53PM. There was no visible trauma observed on the SC, no marks or bruises and the SC was taken to the morgue for an autopsy. The autopsy report was received. The official cause of death was bacterial pneumonia in association with possible



suffocation; found prone on comforter. The manner of death was undetermined.

RCDSS assessed the safety of the SS who was visiting NY with the mother on 8/23/18. Mother and SS were staying with the MGM. The home and SS were assessed to be safe, but information was not easily shared by the SS due to his cognitive development and speech delays. The SS was able to report that he did not know what happened to the SC.

RCDSS contacted Nebraska CPS to assess the safety of the SS that was staying with family in Nebraska as well as to set up bereavement services for the mother and children upon their return to Nebraska. Nebraska CPS found no concerns with the safety of the SS. RCDSS also learned from Nebraska CPS that the family had no CPS history in Nebraska and no criminal history. The mother was receiving temporary assistance in Nebraska.

RCDSS conducted a thorough investigation and appropriately unfounded the allegations. The safety and risk assessments were completed accurately and on time. The mother and SS returned to Nebraska during the week of 9/4/18. RCDSS continued to assess the SS throughout the remainder of the investigation through contact with Nebraska CPS. The family continued to attend bereavement counseling in Nebraska. RCDSS closed and unfounded their investigation due to there being no credible evidence that the placement of the SC on her back on a comforter led to her death.

Official Manner and Cause of Death

Official Manner: Undetermined

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?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
048255 - Deceased Child, Female, 2 Mons	048256 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
048255 - Deceased Child, Female, 2 Mons	048256 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

Bereavement services were offered and accepted. The family attended counseling in their home state of Nebraska.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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Additional information, if necessary:
 RCDSS offered funeral assistance, which the family accepted. SM also received bereavement counseling from Hospice following the fatality and confirmed that Nebraska CPS followed up with offering bereavement services for the family close to home.
 An open FAR case at the time of the fatality was providing MGM with assistance with finding housing, DV services, and legal assistance.

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

Explain:
 RCDSS provided the family with information on bereavement programs in Rockland County as well as in the mother's home state of Nebraska. RCDSS assisted with funeral services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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? 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 neither of the issues listed noted in case record
 - With fetal alcohol effects or syndrome

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 history regarding the deceased child or deceased child's siblings more than three years prior to the fatality.

Known CPS History Outside of NYS



RCDSS contacted Child Protective Services in Nebraska where the family resides and found there is no CPS history in the state of Nebraska. The mother is receiving the following services in Nebraska: Medicaid, Food Stamps, and Cash Assistance.

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