



Report Identification Number: SV-18-059

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

Issue Date: Apr 03, 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: 1 month(s)

Jurisdiction: Rockland
Gender: Male

Date of Death: 10/02/2018
Initial Date OCFS Notified: 10/02/2018

Presenting Information

An SCR report alleged, on 10/1/18 between 8PM and 10PM, SM placed 6-week-old SC on his back in his crib for the night. There was a full sized pillow, several child sized blankets, and stuffed animals in the crib with SC. On 10/2/18 at 4AM, SM checked on SC and he was facedown in his crib and unresponsive. SM and MGM called 911 and began CPR. LE and EMS arrived and found SC unresponsive and transported the child to the hospital where he was pronounced dead.

Executive Summary

On 10/2/18, Rockland County Department of Social Services (RCDSS) received a report from the SCR about the death of a 6-week-old child that occurred on the same date. At the time of the fatality, the mother, SC, 3-year-old surviving sibling, maternal great grandmother, and maternal grandmother were living together in the maternal great grandmother's home. The biological father of the SC had seen the child as recently as the day before his death.

Through interviews with the mother, it was learned on 10/1/18 at approximately 9:00PM, mother placed the SC in his crib on his back on top of a pillow. The mother checked on the SC around 4:00AM the next morning. She picked up the SC and brought him into the maternal great grandmother's room to change. Once in the other room, the mother noticed the SC was unresponsive and took him into the room of the MGM. Both the mother and maternal grandmother called 911 at that time. The maternal grandmother corroborated this information and reported she had no concerns for the mother's care of the SS or SC. The record reflects the mother received safe sleep education when the SC was born.

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. Information was received from the SC's cardiologist regarding the SC's heart anomaly. The Dr. saw the child on 9/6/18 and reassured the mother that the condition would resolve itself over time and no special precautions were necessary. The SC was to return in 6 months for follow up.

RCDSS unfounded the allegations of Inadequate Guardianship and DOA/Fatality against the mother and maternal grandmother regarding the death of the SC. Although RCDSS unsubstantiated the allegations, the record reflected there was some credible evidence to substantiate the allegation of inadequate guardianship against the mother. The case record reflected the SC was found face down on an oversized pillow. An autopsy was completed and received on 11/15/18. The official cause of death was sudden unexpected death in infancy with atrial septal defect and pulmonary artery stenosis; found prone in crib with pillow. The contents of the sleeping area in which the child was placed created an unsafe condition for a child of such age and developmental vulnerability, thus placing him in immediate danger of serious harm.

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?** Unable to determine - insufficient documentation.
- **Was the determination made by the district to unfound or indicate appropriate?** No

Explain:

Caseworker activity was commensurate with case circumstances. RCDSS was appropriate in investigating all allegations, including new allegations that arose during the fatality investigation. RCDSS did not substantiate the allegation of Inadequate Guardianship despite some credible evidence that the SC's sleeping condition could have contributed to child's death.

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:

The casework was commensurate with the case circumstances. There was significant supervisory consultation documented throughout the investigation. Preventive Services were offered but declined by the mother.

Required Actions Related to the Fatality

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

| | |
|-------------------------|---|
| Issue: | Determination of Nature, Extent and Cause of Conditions (Report) |
| Summary: | Based on the information gathered, RCDSS had some credible evidence to substantiate the allegation of inadequate guardianship, though the allegation was unsubstantiated and the report was unfounded. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(ii)(d) |
| Action: | RCDSS will refer to the CPS Program Manual and/or consult with Spring Valley Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to definition. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/02/2018

Time of Death: Unknown



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: 04:15 AM

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? 6 Hours

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 | Male | 1 Month(s) |
| Deceased Child's Household | Grandparent | No Role | Female | 74 Year(s) |
| Deceased Child's Household | Grandparent | Alleged Perpetrator | Female | 54 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 28 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Male | 3 Year(s) |
| Other Household 1 | Father | No Role | Male | 30 Year(s) |
| Other Household 2 | Other Adult - Bio Father of SS | No Role | Male | 34 Year(s) |

LDSS Response

RCDSS received the report from the SCR on 10/2/18 regarding the death of a six-week-old child that occurred on the same date. RCDSS coordinated with the Clarkstown Police Department, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with family members, first responders, and medical professionals.

RCDSS responded by immediately going to the daycare to assess the 3yo sibling. The sibling was seemingly healthy and interacted briefly with the caseworker. The caseworker was told by daycare staff that there had never been a concern for abuse or neglect regarding the sibling and they saw the SC and mother frequently during pick-up and drop-off.

On 10/3/18, RCDSS interviewed the mother, maternal great grandmother, and maternal grandmother at their home. The mother said the SC had a medical issue for which he was receiving treatment from a pediatric cardiologist. The mother said the 24 hours leading up to the death were typical. The mother checked on the SC at 4AM. The SC had a bowel



movement so the mother brought him to the maternal great grandmother's room to change and at that time noted his eyes stayed closed and he was unresponsive. Mother then brought the SC to the room where the Maternal Grandmother was sleeping. Mother reported screaming and the grandmother called 911. LE arrived on scene and began CPR. EMS arrived and transported the SC to Nyack Hospital. The mother recalled the Dr. at Nyack Hospital pronouncing time of death as 5:05AM. The maternal grandmother and maternal great grandmother corroborated this information.

RCDSS spoke with the biological father of the SC. The father reported he had visited with the child as recently as the day prior to the child's death. The father did not have any concerns for the mother's care of the child and did not believe the death was the result of abuse or neglect. Further, the father reported he had no concerns for the sibling.

RCDSS spoke with the biological father of the SS who reported concerns for his child's cleanliness and the mother's substance abuse. These concerns were investigated through a subsequent report. All subsequent allegations were unfounded due to lack of credible evidence. The mother submitted to a toxicology screen, which came up negative for all substances.

RCDSS received the final autopsy report from the Office of the Rockland County Medical Examiner. The cause of death was listed as sudden unexpected death in infancy with atrial septal defect and pulmonary artery stenosis; found prone in crib with pillow. The manner of death is listed as undetermined.

Clarkstown Police Department reviewed the final autopsy reports as well as images taken at the scene. LE determined there were no criminal charges due to the undetermined manner of death.

RCDSS offered bereavement services to the family, but those services were declined as the mother reported she had available resources within her community as well as the support of her church. RCDSS unfounded and closed their investigation despite having some credible evidence to substantiate the allegation of inadequate guardianship, based on the imminent danger in which the mother place the infant in the bassinet. The Medical Examiner verbalized concerns for the child be prone on a pillow.

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: There is no OCFS approved Child Fatality Review Team in Rockland County.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|--|-------------------------|--------------------|
| 049188 - Deceased Child, Male, 1 Mons | 049189 - Mother, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049188 - Deceased Child, Male, 1 Mons | 049195 - Grandparent, Female, 54 Year(s) | DOA / Fatality | Unsubstantiated |



| | | | |
|---------------------------------------|--|--------------------------------------|-----------------|
| 049188 - Deceased Child, Male, 1 Mons | 049195 - Grandparent, Female, 54 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049188 - Deceased Child, Male, 1 Mons | 049189 - Mother, Female, 28 Year(s) | DOA / Fatality | Unsubstantiated |
| 049190 - Sibling, Male, 3 Year(s) | 049189 - Mother, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 049190 - Sibling, Male, 3 Year(s) | 049189 - Mother, Female, 28 Year(s) | Inadequate Food / Clothing / Shelter | 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 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 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"/> |



Child Fatality Report

| | | | | |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 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 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"/> | <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"/> |
| 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:
 RCDSS offered bereavement services to the family, which SM refused stating her involvement with her church was sufficient for her grieving. Funeral assistance was offered and accepted in response to the fatality. Preventive Services were offered and declined by the mother.

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? Yes

Explain:
 Services were offered, but declined by the mother who reported she had numerous supports in the community and within her church.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 Services were offered, but declined by the mother who reported she had numerous supports in the community and within her church.

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

4/03/13: FAR case involving MGM for her CHN with concerns that MGM threatened to kill herself and her 2 CHN.
 6/18/13: FAR case involving MGM for her CH due to his truancy from school.
 12/23/14 IND against MGM for CH not attending school as MGM did not enroll the child when they moved school districts.

Known CPS History Outside of NYS

There is no known history outside the state 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

Additional Local District Comments

LDSS continues to support the unfounded determination. Rockland has closed 2 prior cases where there have been objects in the crib with the child when a fatality has occurred. The report identification numbers are SV-15-037 and SV-13-048. These determinations were found to be appropriate by the regional office.

In the current case, the ME reported the child had an enlarged heart. In addition, the child had 2 birth defects; an atrial septal defect and a pulmonary artery that is GROSSLY narrowed. The heart condition was determined to be worse than the specialist thought as identified by the ME. Pulmonary stenosis, if severe can be life threatening. In addition, the agency investigation revealed that the mother had no previous CPS history, all collaterals reported no CPS concerns, she was counseled on safe sleeping, and the crib/mattress was in good condition. The mother was extremely remorseful and this appeared to be a tragic incident. The fatality was not inflicted or intentional.

Let it be noted that on the report on page 4 under determination, it states YES to our determination to unfound the case was



appropriate.

Lastly, The Grade B supervisor had multiple notes in connections documenting outreach to the Child Fatality Review Specialist and there were no concerns expressed.

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