

Report Identification Number: SV-14-013

Prepared by: Spring Valley Regional Office

Issue Date: 6/30/2015

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

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

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

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

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

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

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

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

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Abbreviations

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	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-Others	
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		

Case Information

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Report Type: Child Deceased
Age: 24 day(s)

Jurisdiction: Nassau
Gender: Female

Date of Death: 06/28/2014
Initial Date OCFS Notified: 07/01/2014

Presenting Information

On 6/28/14, the mother was breastfeeding the two-week-old, female subject child and fell asleep on a sofa. The father came into the room and found the subject child not breathing. The father stated that the subject child was found in between the sofa cushions and also stated that the subject child's face was against the mother's side. The mother and father drove the subject child to the hospital emergency room at approximately 2:30 AM. Attempts to resuscitate the subject child were unsuccessful and the subject child died. The mother falling asleep, suffocation of the subject child, and the parent's failure to call 911 in a timely manner are attributed to the subject child's death.

Executive Summary

The three week old subject child was found unresponsive by the father on 6/28/14 at 2:30 am upon his return from work. The mother had been breast feeding the child on the couch around 1:30 am and unknowingly fell asleep during the process. The subject child became wedged between the mother and the cushions of the sofa.

A report was filed with the SCR on 6/30/14. The report alleged Inadequate Guardianship and DOA/Fatality against the parents in that the mother fell asleep while breast feeding the subject and she suffocated. The parents did not call 911, but decided to drive the subject child to the hospital on their own. It was believed this may have contributed to the subject child's death.

The LDSS made the necessary interviews and collateral contacts and gathered sufficient information to make an appropriate determination in their investigation. It was determined that the parents provided good care for the child. The investigation did not uncover any abuse, maltreatment or culpable carelessness regarding either parent. The father did drive to the hospital due to the proximity, he deemed it would be faster than calling 911.

The NCDSS investigative actions were timely. The case was unfounded and closed as there was no credible evidence to substantiate the allegations against the parents. Overall, the LDSS conducted a sufficient investigation and appeared to explore all the necessary information involved in the case. There were no surviving siblings in this case.

The Report of Autopsy was issued on 9/18/14, after the investigation was concluded. The cause of death was listed as "Positional Asphyxia (status post cardiac arrest resuscitation), complicated by acute broncopneumonia". The manner of death was classified as "Accident".

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:

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- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate?

Yes, sufficient information was gathered to determine all allegations.

Yes

Explain:

Overall a sufficient and complete 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:

The CPS investigation did not reveal credible evidence to substantiate the allegations of Inadequate Guardianship and DOA/Fatality against the parents. The case was appropriately unfounded and closed. The investigation was appropriate and timely.

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: 06/28/2014

Time of Death:

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

County where fatality incident occurred:

NASSAU

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

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Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	24 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

LDSS Response

The SC was a three-week-old female, who died while at the hospital on 6/28/14. At approximately 1:30 A.M., the mother was breast feeding the subject child on a sofa in the home.

On 6/30/14, the caseworker interviewed the hospital Dr. The mother reported that on 6/28/14 she fell asleep while breast feeding the subject child. He also confirmed that the father stated he found the subject child between the cushions of the sofa and the mother's side. The Dr. stated that the parents drove to the hospital and didn't call 911. The SC came in the hospital deceased but was resuscitated but only lived a few hours and expired at approximately 5:00 P.M. on 6/28/14. The incident was not reported to the New York State Central Registry (SCR) until 6/30/14 when allegations of Inadequate Guardianship and DOA/Fatality were filed on behalf of the subject child against both parents.

On 6/30/14, the caseworker spoke with law enforcement and obtained information about their initial investigation of the incident. The investigation would continue. There have been no arrests in this case.

The initial visit at the home on 6/30/14, the caseworker was able to speak to a relative who reported the parents were appropriate. On 7/1/14, the caseworker interviewed both parents. The caseworker provided referrals for grief counseling and burial assistance. The mother stated that she fell asleep while breast feeding the subject child without realizing it. At approximately 1:30 A.M. as she was laying down on the sofa with her back propped up by pillows feeding the SC and waiting on a TV show she wanted to watch. The mother stated that she does not remember anything after approximately 2:00 A.M.

The parents re-enacted how the mother was with the SC on the couch and how the father found the SC between the mother's side and the sofa cushion. The father came home from work, at approximately 2:30 A.M. Both parents stated that they attempted to give the subject child mouth- to-mouth resuscitation but it did not help the subject child to breathe. The father stated he felt he would arrive to the hospital faster than the paramedics could get to his home, so he drove to the hospital. While at the hospital the subject child was resuscitated but was told by Dr. the chances of survival were not good. The hospital discussed safe sleeping and shaking baby with the parents. The mother clarified that the subject child was obtaining care from a pediatrician and releases were signed by the mother to view medical records. No negative reports were entered into the case file.

The case address home was assessed by the caseworker to be neat and clean and with all the necessary provisions for the subject child including bottles, clothing, pampers, wipes, basinet, etc.

Follow up visits were made to the case address and place of employment on 7/16/14, 8/18/14, and 8/25/14 to ascertain if the parents had sought counseling as referred and to see how they were managing. The parents confirmed they were

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following through with the caseworker's recommendations.

On 8/26/14 NCDSS unfounded the report due to lack of credible evidence to substantiate the allegations of Inadequate Guardianship and DOA/Fatality.

According to the Medical Examiner's autopsy report, the cause of death was listed as positional asphyxia (status post cardiac arrest with resuscitation), complicated by acute bronchopneumonia. The manner of death was classified an accident. There were no reports or evidence to show any trauma to the subject child. There are no surviving siblings in the home.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: Not noted in case file if MDT met on this case.

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

Comments: Reviewed with no abnormal circumstances.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
011381 - Deceased Child, Female, 24 Days	011383 - Father, Male, 31 Yrs	DOA / Fatality	Unsubstantiated
011381 - Deceased Child, Female, 24 Days	011383 - Father, Male, 31 Yrs	Inadequate Guardianship	Unsubstantiated
011381 - Deceased Child, Female, 24 Days	011382 - Mother, Female, 25 Yrs	DOA / Fatality	Unsubstantiated
011381 - Deceased Child, Female, 24 Days	011382 - Mother, Female, 25 Yrs	Inadequate Guardianship	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"/>

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

Fatality Safety Assessment Activities

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

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

Additional information, if necessary:
 The family was offered several options for bereavement services and community support. The caseworker continued to follow up with ensuring that the parents looked to get involved with bereavement counseling. The mother reported having obtained counseling services.

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:
 No surviving children in the home.

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

Explain:
 The parents confirmed that they were following through with the recommendations of the caseworker.

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? N/A
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

No CPS history for this family within the past three years.

Known CPS History Outside of NYS

No CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

- Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

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

- Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Additional Local District Comments

Overall well-done investigation. Recommend that the LDSS continue to reach out to the Regional Office during the course of their investigation for clarity and assistance if necessary.

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