

Child Fatality Review #09-07
Region 4
King County

This nine-month-old Caucasian male died from Sudden Infant Death.

Case Overview

On February 18, 2009, the parents took the deceased child to a Pierce County hospital to be seen for cold symptoms. At the hospital the child was diagnosed with an ear infection, fever and bronchiolitis. He was given prescription medications. At home, the infant was fed and given a second dose of medications. Around 3:00 a.m. the infant went to sleep with both parents in their bed. The infant was placed face down on the father's chest. At around 8:00 a.m. the parents woke and found the infant lying stomach down on the father's arm and the infant's face was covered in blankets but not down in the bedding. The father started CPR, and the mother called 911. Medics arrived at the home but were unable to revive the infant.

The cause of death is sudden infant death associated with tracheitis and bronchitis and co-sleeping with an adult. Tracheitis is a bacterial infection of the trachea that can cause swelling and an upper airway obstruction.

The manner of death is undetermined.

Referral History

On January 8, 2007, a report was made to Child Protective Services (CPS) intake alleging the sister of the deceased child, then age four, was seen at different times during the year with bruising on her face, stomach, buttocks and cheek. The child currently had a black eye. The parents explained that she was clumsy. The investigating social worker interviewed the child, her father and stepmother and concluded the report was unfounded for physical abuse. The parents were advised to enroll this child in Head Start.

On June 14, 2007, a teacher reported to CPS intake that the deceased child's sister had a black eye. The teacher also saw other bruising on this child. The parents' church offered parenting classes, but the parents declined. The intake was accepted for investigation of physical abuse. The CPS investigation was closed with an unfounded finding based on the child's explanation of being accidentally hit by a door. Law enforcement investigated and did not file charges. Medical records were obtained. Medical personnel had no concerns about the child's injuries.

On June 14, 2007, a teacher reported to CPS intake that the deceased child's parents had a child together. This report was sent to Law Enforcement to determine whether a criminal investigation needed to occur based on the age difference between the mother and father. The intake was screened as Third Party.

On October 10, 2007, a teacher called CPS intake and reported that the deceased child's mother complained that teachers did not properly supervise her daughter at school and she was attacked by another student on the playground. The child missed three days of school after stitches on her forehead opened. The referrer states that the child never reported being harmed by anyone while at school or on the playground. This intake was screened in for investigation and closed with an unfounded finding for negligent treatment or maltreatment.

On February 29, 2008, school personnel contacted CPS intake and reported the deceased child's five-year-old sister missed her bus and decided to walk to school. She was found half a block away from the bus stop on a busy street. A passerby found the child and took her to school. Later, the child missed her school bus again and was seen on two major streets and was almost hit by a car. A school security officer found her and drove her to school. The child claimed her parents would not take her to school as they were asleep, so she decided to walk again. This intake was screened in for investigation and closed with an unfounded finding for negligent treatment or maltreatment.

On February 19, 2009, police contacted CPS intake to report the death of this nine-month-old child. The child slept in bed with his father nestled between his father's arm and his side. The parents woke and found he was not breathing. They attempted CPR.

The deceased child had a small bruise under his right eye that was suspicious in nature.

The previous night, the deceased child's two-year-old sister was seen in a hospital emergency room for lacerations on the inside of her mouth and on her chin. The deceased child's parent told police their six-year-old daughter pushed the two-year-old and her teeth went through her lip. This was confirmed by doctors at the hospital.

The parents reported that the deceased child was also seen that night for respiratory issues.

Police chose not to place the two and six-year-olds in protective custody. Law enforcement later determined that this child fatality was not the result of abuse or neglect. A finding is pending on the CPS investigation.

Issues and Recommendations

Issue: The investigation of a pattern of injuries on a four-year-old child.

The King South (Kent) office in Region 4 investigated two reports of suspicious injuries to the deceased child's eldest sibling. The parents claimed the child was clumsy; another time the mother accidentally closed a door and struck her on the head; a third injury during the second investigation was a laceration to the head when she was said to have slipped in the dark and hit her head on a corner.

Although workers obtained medical records, there was no consultation with Children's Administration medical consultants (MEDCON) child abuse doctors, nor was the family asked to get an updated physical examination of their daughter.

Recommendation: Request medical consultation and physical exams when there is a pattern of reports and injuries to a young child.

Issue: Engaging the family in services.

The parents were very young and could have benefited from an evidenced-based parenting intervention, such as Parent-Child Interaction Training (PCIT) or The Incredible Years. Social workers suggested or recommended parenting services but did not create a service plan or really engage the family to do that.

Recommendation: Focus on engaging families to participate in services that will actually improve their parenting skills and reduce the risk of child maltreatment.

Issue: Completion of the investigation by Region 5 CPS concerning this child's death. The assigned worker has confirmed that the investigation will be unfounded. However, the investigative assessment is still not completed in the electronic record.

Recommendation: Complete investigations within policy timelines.

Issue: Unsafe sleep environment.

The parents slept with an infant placed face down on his stomach and on the father's stomach.

Recommendation: Children's Administration should consider ways of partnering with public health and other agencies to increase caregiver's awareness of the risks of bed-sharing with an infant, and to promote safe sleep practices for infants.