

Report Identification Number: AL-16-028

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

Issue Date: Feb 16, 2017

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



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

Jurisdiction: Rensselaer
Gender: Male

Date of Death: 11/03/2016
Initial Date OCFS Notified: 11/03/2016

Presenting Information

The fatality was not reported to the SCR.

Executive Summary

On 11/3/16 a report was received alleging Inadequate Guardianship (IG) and Sexual Abuse (SA) against both parents regarding the 2-year-old male subject child. There were no surviving siblings or other children in the home.

The caseworker contacted the source who confirmed the report. The caseworker and police conducted a joint investigation interviewing all necessary collateral contacts. The allegation of sexual abuse was quickly ruled out by a Sexual Abuse Evaluation performed at the hospital. It was determined that bleeding from the child's rectum is a common sign of the body shutting down/dying. The bruise on the anus was caused by medical staff's resuscitation and examination of the child.

The autopsy revealed that the child died of natural causes related to Pediatric Pneumonia which caused Toxic Shock Syndrome which led to multiple organ failure.

The case was determined to be unfounded on January 19, 2017.

The Rensselaer County Child Fatality Review Team reviewed this case on December 7, 2016. The joint investigation by CPS and the police led to a thorough investigation. The caseworker and supervisor communicated well throughout the case thus far.

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?**
- **Was the determination made by the district to unfound or indicate appropriate?**

Yes, sufficient information was gathered to determine all allegations.

Yes

Explain:

The report was determined to be unfounded on January 19, 2017. The investigation was thorough.

Was the decision to close the case appropriate?

Yes

Was casework activity commensurate with appropriate and relevant statutory

Yes



or regulatory requirements?

Was there sufficient documentation of supervisory consultation?

Yes, the case record has detail of the consultation.

Explain:

There were no surviving siblings

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: 11/03/2016

Time of Death: 11:00 PM

Date of fatal incident, if different than date of death: 11/02/2016

Time of fatal incident, if different than time of death: 10:00 PM

County where fatality incident occurred:

RENSSELAER

Was 911 or local emergency number called?

Yes

Time of Call:

10:00 PM

Did EMS to 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

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

1

At time of incident supervisor was: Not impaired.

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	Male	2 Year(s)



Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

LDSS Response

On 11/3/16 a report was received alleging Inadequate Guardianship (IG) and Sexual Abuse (SA) against both parents regarding the 2-year-old male subject child. The report and additional information report stated that on 11/2/16, the child became unresponsive, had no pulse and went into cardiac arrest. Yesterday, the child was continuously vomiting for unknown reasons. The parents contacted the pediatrician at 4pm who told them to keep him hydrated. He continued to vomit. The parents put the child to bed. At 10pm the mother realized he was not breathing and called 911. EMS transported the child, who was subsequently revived by hospital staff and put on a ventilator. When EMS arrived to the home, the father took off and ran to Cumberland Farms. The parents did not provide an explanation for the child's condition. Additionally, the child had a tear in his rectum, which was suspicious and consistent with sexual abuse; therefore all persons legally responsible were named as subjects pending investigation. Toxicology was negative except for a white blood count that was six times higher than normal.

The source confirmed the narrative of the report. The caseworker met the police at the hospital to conduct interviews. A nurse told the caseworker that the child's organs were shutting down and he was dying. The child was evaluated by a sex abuse specialist due to the tear on, and bleeding from, his anus. The bleeding was determined to be a sign that the child was close to death; and the superficial tear was most likely from the scope that the doctor used during resuscitation and examination. Therefore sexual abuse was ruled out.

The detective informed the caseworker that a search of the home found nothing illegal. The home was appropriate and had food, bedding and Walmart supplies that the mother reportedly purchased that night. The detective requested video surveillance from Cumberland Farms which showed the father arriving, going in to the bathroom for 6 minutes, buying cigarettes and exiting at a time consistent with him leaving his house when EMS arrived.

At the hospital, the mother stated that the child ate eggs at 10am. At approximately 12:30pm his lips turned pale/whitish and he vomited the eggs and liquid. He then felt better and the mother gave him water. Within 15-20 minutes, his lips turned white again and he vomited. The father called the pediatrician around 4pm who told them to stay home and keep him hydrated. The mother went to Walmart for Pediasure and diapers. At 8pm, she took the child to her bedroom to watch television and go to sleep. At 10pm, the child began to cough, clear his throat and was cool to the touch. The mother told the father that they needed to take him to the hospital. The father picked up the child but he was not breathing and was limp. The mother called 911. She denied any illegal drug use. She said that she kicked the father out due to drug issues in the past but he was clean since he moved back in in September.

On 11/3/16 the child passed away. The caseworker notified the DA's Office. The DA reported the father's criminal history. He was arrested for possession of hypodermic needles, petit larceny and several vehicle related charges; all misdemeanors.

The Rensselaer County CFRT was notified. The team requested a copy of the autopsy which revealed the child died of natural causes related to Pediatric Pneumonia which caused Toxic Shock Syndrome which led to multiple organ failure.

The parents were interviewed on 11/9/16 at DSS. The Child went trick-or-treating on Halloween and had no symptoms the day before the incident. The father admitted to a drug relapse in July but denied using since his arrest at the end of July. The rest of the interview was consistent with the first interview.

Official Manner and Cause of Death



Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The Rensselaer County CFRT reviewed this case on December 7, 2016 along with the investigating CPS caseworker and police investigator. All agencies involved shared their records verbally.

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 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"/>
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"/>

Additional information:

The notes and other required documents were entered in a timely manner.

The Medical Examiner was not communicated with regarding the case, but provided the autopsy results.

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

The father entered but did not complete substance abuse counseling in March. He was arrested on drug charges in July. The mother reported that he became clean after that and was allowed to move back in with her and their son.

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 other children in the household.

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

Explain:

Grief and bereavement services were recommended. The mother denied needing them but took the information and will



consider it.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/03/2016	13383 - Deceased Child, Male, 2 Years	13381 - Mother, Female, 25 Years	Sexual Abuse	Pending	No
	13383 - Deceased Child, Male, 2 Years	13382 - Father, Male, 26 Years	Inadequate Guardianship	Pending	
	13383 - Deceased Child, Male, 2 Years	13382 - Father, Male, 26 Years	Sexual Abuse	Pending	
	13383 - Deceased Child, Male, 2 Years	13381 - Mother, Female, 25 Years	Inadequate Guardianship	Pending	

Report Summary:

On the evening of 11/2/16, while in the care of the parents, the child (age 2) became unresponsive, had no pulse and went into cardiac arrest. Emergency medical attention was sought for the child who was subsequently revived by hospital staff. The child is now on a ventilator. The parents have not provided an explanation for the child's condition. Additionally, the child has a large tear in his rectum, which is suspicious in nature and consistent with sexual abuse. It is unknown who has sexually abused the child; therefore all persons legally responsible are named as subjects pending the outcome of the investigation.

Determination: Unfounded

Date of Determination: 01/19/2017

Basis for Determination:

The investigation found the child died as a result of cardiac arrest due to pneumonia. The parent's had acted appropriately and followed the physicians instructions.

OCFS Review Results:

This case was thoroughly investigated.

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 history within the three years prior to the fatality.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

There were no recommended actions resulting from this review.

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