

**Report Identification Number: NY-14-112**

**Prepared by: New York City Regional Office**

**Issue Date: 3/18/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## Abbreviations

<b>Relationships</b>		
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
<b>Contacts</b>		
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-plumonyary Resuscitation		
<b>Allegations</b>		
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 Suprevision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
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

# NYS Office of Children and Family Services - Child Fatality Report

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

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 10/22/2014  
**Initial Date OCFS Notified:** 10/22/2014

## Presenting Information

On 10/22/14 at 9:00 AM the two-month-old infant was found unresponsive by the mother in an unknown location of the family's residence. The mother called EMS shortly after noticing the infant was not breathing. EMS responded to the home shortly after being contacted. The infant was then transported to Brookdale Hospital. It was unknown where the infant was pronounced dead. The infant did not have any documented pre-existing medical conditions; therefore, all adults in the home were considered alleged subjects.

## Executive Summary

The two-month-old male infant died on 10/22/14. As of 3/16/15, NYCRO has not yet received the ME's report.

The allegations of the 10/22/14 report were DOA/Fatality and IG of the infant by the parents.

ACS initiated the investigation on 10/22/14. ACS' investigation revealed the infant was born premature and had pre-existing medical conditions. On 10/22/14, between 10:00 AM and 12:00 PM, the mother placed the infant on his back in the bassinet to take a nap. There was no other item in the bassinet. At about 2:00 PM, the mother checked the infant and observed him lying on his left side with his hands near the side of his face. The infant seemed normal but he was not breathing. The mother called the father who was at work and he told her to get help, and he would contact 911. The mother went downstairs and obtained assistance from an individual who contacted 911. The 911 operator provided instructions for administering CPR and the infant received CPR until the first responders arrived at the home. The infant was transported to the hospital and was pronounced dead at 2:49 PM. At the time of the incident, the sibling was in school.

According to the ACS case record, the Medical Examiner Investigator (MEI) examined the infant's body and noted the infant appeared well nourished with no signs of trauma. There were no signs of abuse/maltreatment.

On 1/5/15, ACS opened the Family Services Stage of the case to provide the family with PPRS services. The parents agreed to receive preventive services. The mother and sibling received counseling at Jamaica Clinic. ACS contacted the Jamaica Clinic staff who said the agency assessed the family did not need preventive services. The ACS staff maintained adequate contact with the family.

On 1/22/15, ACS unsubstantiated the allegations of DOA/Fatality and IG of the infant by the parents on the basis of lack of credible evidence. The infant was found unresponsive by the mother after she checked him during his nap. The mother acted appropriately and called 911. The autopsy was not complete at the time of determination. The infant was born premature with a pre-existing medical condition. Following his birth, he was hospitalized in the neonatal intensive care unit. He was diagnosed with a pre-existing medical condition which was being monitored by his physician. The father was at work at the time of the incident. The mother contacted the father and he told her to seek assistance.

## 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? No
  - 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

Was the decision to close the case appropriate? N/A

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:**

As of 3/10/15, the case remains open in the Family Services Stage for preventive services.

**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:** 10/22/2014

**Time of Death:** 14:49 PM

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

**County where fatality incident occurred:** KINGS

**Was 911 or local emergency number called?** Yes

**Time of Call:** 14:13 PM

**Did EMS to respond to the scene?** Yes

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

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> 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 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

### LDSS Response

During the investigation, ACS staff interviewed the family members, physician, law enforcement staff and other collateral contacts.

On 10/22/14, an assigned detective informed ACS staff, on 10/22/14 at 10:00AM, the mother placed the infant in the bassinet to take a nap. At 2:11 PM, she checked the infant and found he was not moving. The mother contacted 911; EMS responded and transported the infant to the hospital where the physician pronounced him dead at 2:49 PM. The infant was born premature and had a preexisting medical condition. The Medical Examiner investigator found the infant appeared well nourished and there was no sign of trauma. There was no sign of abuse/maltreatment and no suspicion of foul play. Subsequently, the Specialist interviewed the ME who stated the death was not suspicious.

The children's physician said the infant was born at 30 weeks. Following his birth, the infant remained hospitalized in the neo-natal intensive care unit (NICU) and on 8/29/14 he was discharged to the parents' care. On 9/2/14 and 9/29/14 the physician examined the infant during well child visits. Regarding the NICU records, the physician said the mother had a preexisting medical condition and at birth the infant also had a medical condition which was resolved the second day of life. The infant was discharged with iron supplements and instructions for follow-up with the NICU clinic and home care services. On 9/29/14, the infant weighed 7 lbs. 4oz; ACS noted at the time he was transported by EMS, the infant weighed 6 lbs.

The physician said the parents did not inform him of any change in the infant's eating or sleeping patterns or symptoms of illness. On 10/2/14, the medical specialist diagnosed the infant had a preexisting medical condition which would possibly require evaluation for surgical procedure. The medical specialist noted the primary concern included possibility of the medical condition becoming progressively worse over three months with the infant requiring extensive medical care. The medical specialist advised the parents to monitor the infant for symptoms of fast and increased breathing and poor weight gain. There was a recommendation for specialized follow-up within one month but it was unknown whether an appointment was scheduled.

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According to the mother's account, between 10:00 AM and 12:00 PM, she placed the infant on his back in the bassinet to take a nap. There was no other item in the bassinet. At 2:00 PM, she checked the infant and observed he was lying on his left side with hands up near the side of his face. The infant seemed normal but was not breathing. The mother contacted the father who was at work and he agreed to contact 911. The mother went downstairs to a maternal cousin who called 911. The 911 operator gave instructions for administering CPR the cousin who conducted CPR until the first responders arrived. The mother explained that at the time she placed the infant to take a nap, he seemed fussy. She did not observe any change with his breathing as he usually had heavy breathing which had been addressed with the medical specialist. The mother said the medical specialist told her the infant required further testing.

The Specialist interviewed the father but there was no new information obtained. The surviving sibling was in school at the time of the incident. ACS staff engaged the sibling and learned the parents told him about the infant's death. Also, ACS provided the parents with information for bereavement counseling. ACS' case record reflected the parents initiated individual counseling services for the sibling at Jamaica Clinic. Later, the mother stated she and the sibling participated in counseling at the clinic; however the father did not attend the sessions. The Specialist contacted Jamaica Clinic and was informed the agency did not determine the family needed the services.

On 1/22/15, ACS unsubstantiated the allegations of the 10/22/14 report based on lack of credible evidence.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** No

**Comments:** The investigation adhered to previously approved protocols for joint investigations.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** No

**Comments:** The fatality was not reviewed by an OCFS approved Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 2 Month(s)	Mother Female 35 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 2 Month(s)	Mother Female 35 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child Male 2 Month(s)	Father Male 29 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child Male 2 Month(s)	Father Male 29 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The SCR Report source contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 ACS case record did not reflect diligent efforts were made to interview one of the infant's physicians who provided specialized medical care.

### 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 safety 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 type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# NYS Office of Children and Family Services - Child Fatality Report

parent/caretaker actions adequate?				
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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"/>

## 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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 type="checkbox"/>	<input checked="" 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"/>

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Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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 parents initiated individual counseling services for the surviving sibling at Jamaica Clinic. The family was provided with information for bereavement services with Center for Psychological Services. The parents were also provided with a service provider through the Long Island Jewish Hospital Center for Hope, Children and Adolescent.

**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:**  
The family received information for bereavement services for an agency that specializes in working with young children.

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

**Explain:**  
The family received information for bereavement services for an agency that specializes in working with young children.

## 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:

- |  |  |
|--|--|
| <input checked="" 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 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

The parents were not known to the SCR or ACS.

## Known CPS History Outside of NYS

There was no known 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

## 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