

Report Identification Number: NY-14-118

Prepared by: New York City Regional Office

Issue Date: 5/4/2015

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: 26 day(s)

Jurisdiction: Richmond
Gender: Female

Date of Death: 11/05/2014
Initial Date OCFS Notified: 11/05/2014

Presenting Information

On 11/5/14, the mother lay the female infant, who was three weeks old, on her chest and fell asleep. At some point, the infant ended up in the crook of the mother's arm while the mother slept. The father awoke and noticed the infant was not breathing. The parents drove for fifteen minutes to the hospital. The infant was not breathing when they arrived at the hospital.

Executive Summary

This three-week-old female infant died on 11/5/14. The allegations of the report registered by the SCR regarding this child's death were DOA/Fatality and IG of the infant by the mother. There were no allegations regarding the father.

On 11/5/14, ACS initiated the investigation by obtaining information through interviews with the parents, family relatives, law enforcement and medical staff. Also, the Specialist observed the case address conditions and visited the hospital and police precinct to obtain additional information.

According to ACS' findings on 11/5/14, at approximately 4:30 AM, the mother fed the infant and then lay the infant face down on her (the mother's) chest. At an undetermined time, the mother fell asleep with the infant on her chest on a sofa in the living room. The father was at the case address and he slept on another sofa in the family room. At about 8:30 AM, the father woke and observed the infant was face down between the mother's chest and underarm. The father woke the mother, the parents checked the infant and found the infant felt warm to the touch but did not move or wake up. The parents transported the infant by car to Staten Island University Hospital (SIUH). The parents drove for approximately 15 minutes to SIUH. At 8:50 AM, the parents and infant arrived at SIUH where the medical staff attempted to resuscitate the infant.

The Specialist obtained medical records which showed upon arrival at SIUH, the infant was observably pale, pulseless, not breathing on her own and unresponsive. The attempts to revive the infant were unsuccessful as the infant remained unresponsive. The attending physician examined the infant and noted there was no sign of trauma. Later, ACS obtained medical records from the infant's physician who had examined the infant for one well-newborn evaluation. The infant was scheduled for a well-child two-month checkup. However, the infant died on 11/5/14 prior to the follow-up examination.

On 11/5/14, the Specialist visited the case address and observed there was dog feces, clothing, paper, knives, drug paraphernalia, decaying food and garbage strewn through the home primarily in the living/family room areas and upstairs bedrooms. The family had an infant carrier, and a portable crib/playpen: there were several items in this playpen. The Specialist did not observe infant formula at the case address.

The ACS case record did not establish that the parents attempted to revive the infant. The father acknowledged he used cocaine and marijuana. Initially he agreed to drug/alcohol screening but did not comply. Also, the father did not recall the time he went to sleep on 11/5/14. ACS obtained the mother's medical records for 11/5/14 which showed the mother denied drug/alcohol use. Later, ACS learned the parents retained separate attorneys who advised the parents not to speak with ACS staff except through their attorney. The Specialist documented that the parents' legal

information was forwarded to ACS' legal department for follow-up.

The assigned detective advised ACS to cease interviews with the parents while the police investigation was in progress. The detective said the mother was not arrested and the police investigation regarding the infant was closed due to lack of criminality. The detective explained the father was charged regarding criminal possession of a weapon and possession of marijuana. The Specialist interviewed the Assistant District Attorney who did not have new information.

The Specialist maintained adequate contact with the ME who said the autopsy report was pending results of additional tests. The Specialist asked the ME whether co-sleeping was part of the findings. In response to this query, the ME advised the Specialist to await the final autopsy report.

As of 4/30/15, the investigation which began on 11/5/14 has not yet been completed. OCFS has not yet received the Medical Examiner's (ME) report.

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?** N/A

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

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 4/30/15, the investigation which began on 11/5/14 has not yet been completed.

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

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Date of Death: 11/05/2014

Time of Death: 09:07 AM

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

County where fatality incident occurred:

RICHMOND

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: Unknown if they were 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	Female	26 Day(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)

LDSS Response

On 11/5/14, ACS' staff contacted law enforcement and hospital staff who confirmed on 11/5/14, the parents brought the female infant to Staten Island University Hospital (SIUH). At the time of arrival in SIUH, the infant wore a dirty onesie and soiled diaper. The father told SIUH staff between 3:00 and 4:00 AM he fell asleep and remained asleep until approximately 8:30 when he observed the infant was face down in the crook of the mother's arm. Subsequently, ACS obtained the infant's medical records which showed upon arrival at SIUH, cardiopulmonary resuscitation was immediately initiated. The infant did not regain any pulses throughout the episode.

On the same day, the Specialist visited the case address and observed the police investigation was in progress. The father was at the case address and the supervising detective asked the Specialist to refrain from interviewing the father as NYPD planned to interview him at the police precinct. However, the Specialist engaged the father who said on 11/5/14, at the time he arrived in the home he observed the mother fed the infant ready to feed formula. He did not recall the time he arrived in the home or the time the parents and infant went to sleep. When he woke up and observed the infant under the mother's arm, he woke the mother. The father disclosed he used drugs but he denied the mother used drugs/alcohol during

her pregnancy. He said the infant was healthy.

During the visit to the case address, the Specialist observed there were flies, dog feces, clothing, and garbage throughout the floor of the house. A pet dog was observed in the backyard. There was an infant carrier and a portable crib/playpen, next to a sofa in the family room in which the mother and infant reportedly slept. The carrier included a blanket with feces. In the playpen, there were a "green neck roll pill," a stuffed animal, loose fitted cover, a package of diapers, pacifier and a pink blanket draped on the edge. The floor and dining room table were covered with drug paraphernalia (including baking soda, bong, filter, and lighter) and a baby bottle with decaying milk. There was no infant formula observed in the home.

The Specialist visited SIUH and interviewed a physician who described the mother's condition as stable. The mother was not prescribed medication and there was no current concerns regarding her mental health status. During this visit, the Specialist interviewed mother who said, following the infant's birth, she resided with the MGM for nine days and with the PGM for about one week. Then on 10/30/14, she relocated to the case address. The mother said on 11/5/14, at about 4:30 AM, she last fed the infant approximately two ounces of formula mixed with water. The mother lay on the sofa, placed the infant face down on her (mother's) chest, and patted the infant's back. The infant burped and fell asleep. She added that she usually placed the infant in the crib/playpen to sleep. She said on 11/5/14 the parents did not contact 911 as they thought they would get to SIUH more quickly by driving their car. The Specialist did not discuss safe sleep practices with the parents. On 11/5/14, the mother was released from SIUH.

Later, the Specialist engaged the parents and MGM at the police precinct. The parents agreed to submit to drug screening by 11/7/14 and they accepted ACS' offer for bereavement and burial services. The MGM did not provide new information. Subsequently, the parents informed the Specialist that their attorney's had advised them to cease communication with ACS.

ACS learned on 11/14/14, the father was arrested and charged concerning criminal possession of a weapon and marijuana. The law enforcement investigation pertaining to the infant's death was closed due to no evidence of criminality.

On 4/13/15, the Specialist contacted the ME's office and was informed the autopsy was not finalized.

As of 4/30/15, the case remains open in the investigation stage.

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.

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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016041 - Deceased Child, Female, 26 Days	016042 - Mother, Female, 20 Year(s)	DOA / Fatality	Pending
016041 - Deceased Child, Female, 26 Days	016042 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Pending

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"/>
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 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

There was no "other person named" in the report.

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"/>

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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 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 Specialist offered referral for drug/alcohol testing. The parents did not follow up with the referral.

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:

There were no surviving children in the household.

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

Explain:

There were no surviving children in the household. The parents did not accept ACS' offer for bereavement and burial services.

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:

- 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 within three years prior to the fatality.

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

The parents were not know as the subjects of a report.

Known CPS History Outside of NYS

There was no known 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

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