

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

**Report Identification Number: NY-15-003**

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

**Issue Date: 6/16/2015**

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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

<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-pulmonary 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 Supervision
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

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**Report Type:** Child Still Born  
**Age:** Unknown

**Jurisdiction:** Bronx  
**Gender:** Unknown

**Date of Death:** Unknown  
**Initial Date OCFS Notified:** 01/05/2015

## Presenting Information

On 1/5/15, the SCR registered a report alleging that the BM gave birth to her child into the toilette of her home. The report stated that the EMS was called to the scene and found the SC lying on the floor; pale and with her umbilical cord attached. The EMS were unable to resuscitate the SC. The report noted that the BM provided two accounts of the timeframe for contacting EMS.

## Executive Summary

This report involves the alleged death of a female child, which the BM had spontaneously delivered in the home. The ME determined this was a female stillborn fetus. The gestational age was 38 weeks. The cause of death was due to intrauterine fetal demise due to funicitis and chorioamnionitis with fetal pneumonia and the manner stillborn. The BM had no children and did not identify the BF of the stillborn.

On 1/5/15, the SCR registered a report, which included DOA/Fatality and Inadequate Guardianship of a newborn by the BM.

ACS conducted a comprehensive investigation of the report by contacting the NYPD, medical staff, BM and MGM. ACS learned that on 12/31/14 and 1/2/15, the MGM took the BM to Albert Einstein Hospital's ER because she had abdominal pain. On 1/2/15, the BM's pain had intensified and she had dilated one centimeter. The MGM reported that she pleaded with the medical staff to admit the BM due to the level of discomfort the BM was experiencing and other medical issue. However, the BM was discharged and was told to monitor the baby's movement.

The BM was throwing up and constipated for several days so the MGM called the hospital to ask whether the BM could take a stool softener. On 1/5/15 at about 1:40 A.M., the BM had the urge to use the bathroom. The MGM heard the mother yell, "something happened." The BM thought she had had a bowel movement; however, according to the MGM said when she went to the bathroom she found the BM was undressed and there was fluids coming down her body. The MGM said she assisted the BM to clean up and left the bathroom to get the BM clean underwear and clothes. While assisting the BM to get dress, the BM noticed the umbilical cord in the toilet. The MGM looked in the toilet and saw the baby (fetus); she grabbed the baby and called 911. The MGM administered CPR and performed chest compressions as instructed by the operator. The MGM reported that she remained on line with the operator for about nine minutes and EMS arrived about three minutes later. EMS cut the umbilical cord, wrapped the baby in a blanket and then rushed her to Bronx Lebanon Hospital. The BM was sitting on the floor screaming as the MGM spoke to the operator. The BM and MGM's accounts were consistent.

After the initial interview with the family, the BM's sister who is an attorney advised the family to have no further contact with ACS.

ACS consulted with the ME and NYPD and learned that there was no foul play involved by the BM. The ME determined that the infant was stillborn as there was no liquid in her lungs.

On 6/3/15, ACS unsubstantiated the allegations of DOA Fatality and Inadequate Guardianship because it was

determined by the ME that this was a stillborn birth.

## 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? 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? 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:**

n/a

### Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)?  Yes  No

## Fatality-Related Information and Investigative Activities

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		
Deceased Child's Household	Grandparent	No Role	Female	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)

### LDSS Response

This report involves the alleged death of a female child, which the BM had spontaneously delivered in the home. The ME determined this was a female stillborn fetus. The gestational age was 38 weeks. The cause of death was due to intrauterine fetal demise due to funicitis and chorioamnionitis with fetal pneumonia and the manner stillborn. The BM had no children

and did not identify the BF of the stillborn.

On 1/5/15, the SCR registered a report, which included DOA/Fatality and Inadequate Guardianship of a newborn by the BM.

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Following discharge, the BM was throwing up and was constipated for several days; therefore, the MGM called the hospital to inform the medical personnel of the mother's condition and to ask whether the BM could take a stool softener. On 1/5/15 at about 1:40 A.M., the BM had the urge to use the bathroom. The MGM heard the mother yell, "something happened." The MGM said she went to the bathroom and found the BM undressed and with fluids coming down her body. The MGM said she assisted the BM to clean up and left the bathroom to get the BM clean underwear and clothes. While assisting the BM to get dress, the BM noticed the umbilical cord in the toilet. The MGM looked in the toilet and saw the baby (fetus); she grabbed the fetus and called 911. The MGM administered CPR and performed chest compressions as instructed by the operator. The MGM reported that she remained on line with the operator for about nine minutes and EMS arrived about three minutes later. EMS cut the umbilical cord, wrapped the fetus in a blanket and then rushed her to Bronx Lebanon Hospital. The BM was sitting on the floor screaming as the MGM spoke to the operator. The BM and MGM's accounts were consistent. After the initial interview with the family, the BM's sister who is an attorney advised the family to have no further contact with ACS.

ACS consulted with the ME and NYPD and learned that there was no foul play involved by the BM. The ME determined that the infant was stillborn as there was no liquid in her lungs.

Despite guidance early in the investigation from OCFS and the ACS liaison regarding the stillborn fetus and the fact that there were no surviving siblings in the home, the determination on this report was not done until 6/3/15 when ACS unsubstantiated the allegations of DOA Fatality and Inadequate Guardianship because it was determined by the ME that this was a stillborn birth.

### Multidisciplinary Investigation/Review

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

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

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

**Comments:** There is no OCFS approved Child Fatality Review team in the NYC Region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015541 - Deceased Child, ,	015542 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

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015541 - Deceased Child, ,	015542 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 progress notes were entered timely.

## 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

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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"/>
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 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 BM obtained an attorney and was advised to have no contact with ACS. However, ACS mail information for bereavement counseling.

**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 sibling.

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

**Explain:**  
 Although the family refused contact with ACS; information for bereavement services were mailed to the mother.

## CPS - Investigative History Three Years Prior to the Fatality

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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 family had no CPS history.

## Known CPS History Outside of NYS

The family had no CPS history outside 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

<b>Action:</b>	<p>OCFS is recommending that ACS Supervisory Team review with the Specialists the CONNECTIONS' Step-by-Step Guide: Training for CPS Workers (rev 3/1/07) page 204, which addresses Safety Assessments, and to review the Safety Assessments submitted for this report.</p> <p>Staff must be reminded that when there are no surviving siblings and/or minor children in the home, the Specialist must select "no surviving siblings" in the Investigation Conclusion window of the CONNECTIONS database at the beginning of the investigation to prevent the CONNECTIONS system from generating the Safety Assessments and Risk Assessment Profile.</p>
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Are there any recommended prevention activities resulting from the review? Yes No