



Report Identification Number: NY-15-012

Prepared by: New York City Regional Office

Issue Date: 8/3/2015

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.



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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 01/31/2015
Initial Date OCFS Notified: 02/02/2015

Presenting Information

The SCR report alleged that at 3:17 A.M. on 1/31/15 the BM checked on her three-month-old daughter and discovered the child had stopped breathing. The BM called 911 and the SC was transported to Jamaica Hospital where she was pronounced dead at 3:56 A.M. According to the SCR report, the SC was otherwise healthy and did not have any preexisting medical condition.

Executive Summary

At approximately midnight on 1/30/15, the BM fed the SC, burped, and swaddled the SC in a cotton blanket. The mother then placed the SC on her back on a “Boppy” pillow in the middle of the queen size bed between the parents. At 3:15 A.M., the BM awoke, checked the SC, and found her face down on the bed. The SC was blue and was not breathing. The BM called 911 at 3:16 AM according to information received from EMS and the SC was transported to the hospital where she was pronounced dead at 3:56 A.M.

The SC was the parents’ only child; however, the BF had two daughters with his estranged wife. Those children resided out of state with their mother and had no contact with the BF.

On 2/2/15, ACS' Instant Response Team Coordinator contacted the PO and the attending Dr. who reported the SC’s death was not suspicious. The Dr. stated the SC did not have any marks or bruises. The PO reported there was no criminality and no arrests were made.

Also on 2/2/15, the Specialist visited the case address. The BM stated that the SC was born at six months gestation, was hospitalized from birth until 1/24/15. The BM relayed that she did not have any challenges caring for the SC following the SC's discharge from the hospital as she had taken several classes at the hospital and was prepared for the SC’s discharge. Regarding the incident the BM said she and the BF were co-sleeping with the SC at the time the SC was discovered unresponsive. The BM stated she immediately yelled for the BF to call 911 when she found the SC not breathing and administered CPR to the SC as instructed by the 911 operator.

On 2/6/15, the BF stated that at about 3:15 A.M. on 1/31/15, he was awakened by the BM who told him to call 911 because the SC was not breathing. He stated he called 911 and moments later, EMS arrived on the scene. He explained that he had gone to sleep at 10:00 PM on 1/30/15 and was not aware of what had transpired prior to being awakened by the BM. The parents denied drug and alcohol use in the home.

On 2/9/15, the Specialist contacted the BF’s estranged wife who denied she or their children had any contact with the SC or the BM. Following the contact with the BF’s estranged wife, the Specialist contacted the child abuse hotline, the LDSS, and the local sheriff office where the BF’s estranged wife and her children resided. The agencies declined to accept a CPS report or conduct courtesy visits to the family's home.

On 2/10/15, the medical staff at Long Island Jewish Hospital did not report any concerns for the family during the SC’s hospitalization. The staff confirmed the parents received safe sleep instructions prior to the SC’s discharge.



On 2/4/15 and 2/11/15, the Specialist contacted the assigned detective who stated that preliminary findings did not indicate any criminality regarding the fatality. There were no arrests and the case would remain open until the final autopsy report was received. According to the detective, the surviving children who resided out of state did not have any connection with the fatality and there were no concerns for their safety. Consequently, there was no cause to request a "well-check visit" from law enforcement in their state of residence.

On 3/24/15, ACS received a copy of the SC's medical record from the SC's pediatrician. The record reflected the SC's immunizations were current and she had been gaining weight.

Between 2/18/15 and 4/10/15, the Specialist made multiple casework contacts with the BM who did not provide any new information about the fatality. She stated she had not started grief counseling services because she had "issues" with her health insurance; however, she continued to receive support from her relatives.

At the time of the completion of this report, ACS did not receive the final autopsy report and has not made a determination of the CPS investigation.

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

Explain:

The casework activity commensurate with the case circumstances.

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:

ACS has not made a determination of the CPS investigation.

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: 01/31/2015

Time of Death: 03:56 AM

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

03:16 AM

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 | Female | 3 Month(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 28 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 22 Year(s) |
| Other Household 1 | Sibling | No Role | Female | 006 Year(s) |
| Other Household 1 | Sibling | No Role | Female | 003 Year(s) |

LDSS Response

On 2/2/15, ACS' Instant Response Team Coordinator contacted the PO and the attending Dr. who reported that the SC's death was not suspicious. The Dr. stated the SC did not have any marks or bruises. The PO reported that there was no criminality involved in the child's death and no arrests were made.



Also on 2/2/15, the Specialist visited the case address. The BM stated she had received routine prenatal care and that the SC was born at six months gestation. The SC was hospitalized from birth until 1/24/15. The BM said she did not have any challenges caring for the SC as she had taken several classes at the hospital and was prepared for the SC's discharge. Regarding the incident, the BM stated she and the BF were co-sleeping with the SC at the time the child was discovered unresponsive. The mother said the SC usually slept in the portable "basket" which was attached to the playpen at the foot of the bed on which the parents slept; however, on 1/30/15, she opted to use the "Boppy" nursing pillow on the bed. The mother explained that she swaddled the BM then placed the SC supine on the "Boppy pillow" on the bed between the parents. The BM stated she awoke approximately 3:00 AM and noticed the SC was not on the Boppy but was prone on the father's side and was blue. The BM said she called out to the BF and he called 911 and administered CPR as instructed by the 911 operator. ACS documented the mother was 5ft 5inches tall and weighed 200 pounds while the father was 5ft 10 inches tall and weighed 150 pounds. Additionally, ACS documented the child was swaddled in a cotton blanket and had been placed on a comforter to sleep.

On 2/6/15, the BF stated that at about 3:15 A.M. on 1/31/15, he was awakened by the BM who told him to call 911 because the SC was not breathing. He stated he called 911 and moments later, EMS arrived on the scene. He denied knowledge of what happened prior to being awakened by the BM. The father denied drug and alcohol use.

On 2/9/15, the Specialist contacted the mother of the father's older children who resided out of state. The mother of those children denied any contact with the BF's new family. Following the contact with the BF's estranged wife, the Specialist contacted that state's child abuse hotline, the LDSS, and local sheriff office where the BF's estranged wife and children resided. The agencies all declined to accept a CPS report or to conduct a courtesy visit to assess the children from that relationship.

On 2/10/15, the medical staff at hospital where the child was born did not report any concerns for the family. Staff reported that the parents had visited the hospital daily and had been appropriate with the SC. The staff confirmed the BM received safe sleep instructions prior to the SC's discharge but the BF declined stating he had received safe sleep training in the past.

On 2/4/15 and 2/11/15, the Specialist contacted the assigned detective who stated preliminary findings did not indicate any criminality regarding the fatality. There were no arrests and the case would remain open until the ME's final autopsy report. According to the detective, the surviving children who resided out of state did not have any connection with the fatality and there were no concerns for their safety. Consequently, there was no cause to request a "well-check visit" from law enforcement in their state of residence.

On 3/24/15, ACS received a copy of the SC's medical record from her Dr. The record reflected the SC's immunizations were current and she had been gaining weight.

On 2/18/15, 2/27/15, 4/2/15 and 4/10/15, the Specialist made casework contacts with the BM who did not provide any new information about the fatality. She stated she had not started grief counseling services because she had "issues" with her health insurance; however, she continued to receive support from her relatives.

As of 7/28/15, ACS has not received ME's final autopsy report and has not made a determination on the report.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause



NYS Office of Children and Family Services - Child Fatality Report

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 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 |
|---|-------------------------------------|-------------------------|--------------------|
| 018703 - Deceased Child, Female, 3 Mons | 018704 - Mother, Female, 22 Year(s) | DOA / Fatality | Pending |
| 018703 - Deceased Child, Female, 3 Mons | 018704 - Mother, Female, 22 Year(s) | Inadequate Guardianship | Pending |
| 018703 - Deceased Child, Female, 3 Mons | 018705 - Father, Male, 28 Year(s) | DOA / Fatality | Pending |
| 018703 - Deceased Child, Female, 3 Mons | 018705 - Father, Male, 28 Year(s) | Inadequate Guardianship | Pending |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed? | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |



NYS Office of Children and Family Services - Child Fatality Report

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 father of the SC had two children with his estranged wife. Those children resided out of state with their mother. ACS did not interview these children; however, the case record reflected the efforts made to contact and assess the children.

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



NYS Office of Children and Family Services - Child Fatality Report

| | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 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 BM initially stated she was interested in bereavement counseling services but there is no ACS documentation the mother engaged in services.

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:
 Although the father had other minor children, they did not reside in NYS. There were no surviving siblings or other minor children in the subjects' home.

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

Explain:
 ACS referred the BM for bereavement counseling but there was no documentation of the the BM's engagement in services because there was a medical coverage issue that the BM needed to resolve.

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 fetal alcohol effects or syndrome
- 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 family did not have any CPS history.

Known CPS History Outside of NYS

The family did not have any 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

| | |
|----------------|---|
| Action: | OCFS is recommending that ACS Supervisory Team review with the Specialist 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 in connection with this case. In the 24-Hour Safety Assessment which was not required since there were no surviving siblings or children in the household, the Specialist documented that safety factors existed but did not rise to the level of immediate or impending danger of serious harm. However, the selected safety factors and associated comments focused solely on the deceased child. The assessment of safety in this instance should be on the surviving siblings. Subsequent Safety Assessments were appropriate. |
|----------------|---|

Are there any recommended prevention activities resulting from the review? Yes No