



Report Identification Number: NY-16-002

Prepared by: New York City Regional Office

Issue Date: 7/8/2016

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: New York
Gender: Female

Date of Death: 01/05/2016
Initial Date OCFS Notified: 01/05/2016

Presenting Information

On 1/5/16, at approximately 11:30 A.M, the three-month-old female SC was found unconscious while sleeping in the bed with her parents. Emergency Medical Services responded to the home. Their attempts to revive the child were unsuccessful. The SC was transported to St. Luke's Hospital, where she was pronounced dead at 12:24 P.M. The report stated the SC had previously been diagnosed with multiple medical conditions and it is unknown if these ailments were factors in the SC's death.

Executive Summary

On 1/5/16, the SCR registered a report regarding the death of this three-month-old female. The allegations of the 1/5/16 report were DOA/ Fatality, IG and LMC of the SC by the parents. The ME had not determined the cause and manner of death at the time of the completion of this report.

ACS initiated the investigation within the mandated time frame and made contact with appropriate collaterals such as LE, Dr, EMS, parents, and family members. ACS learned from LE that the PA summoned 911 for medical assistance at 11:51 A.M. Upon arrival, they observed the BF holding the SC. He reported the SC was not responding to CPR. LE continued efforts to revive the SC until the EMS ambulance arrived and transported the SC to St. Luke's Hospital. LE reported the parents' full size mattress was very firm and they found seven blankets and two pillows on the bed. LE found no criminality. The ME investigator reported the room temperature was 75 degrees.

The parents and family members' accounts were consistent. The parents reported the SC was sick with a cold for approximately three days. On the eve of the incident, the SC was coughing a lot and she had a temperature of 99.8 degrees. The parents sought advice from family and the pharmacist. Sometime between 8:30 and 9:30 P.M., they opted to give the SC a dose of infant Tylenol. At midnight, the SC's temperature was 100.3 and she was given a second dose which she regurgitated.

Shortly thereafter, the BM attempted to feed the SC but she refused to eat. At approximately 1:00 A.M., the BM administered the prescribed medication and the SC regurgitated again. The SC slept periodically and continued to cry throughout the night. The parents and PA took turns soothing the SC until they all fell asleep at approximately 6:00 A.M. The BM placed the SC on her side, in the bed, next to the wall. The BM explained she placed a folded blanket behind the SC to support her back; this was her usual sleep position. The BF slept behind the BM. The BM awoke after 11:00 A.M. and observed the SC face down, rigid and unresponsive.

The parents reported that the SC usually slept in her playpen; however, they opted to co-sleep because she was sick and they wanted to monitor her closely. The BM said she did not receive safe sleep training; however, the SW at the Staten Island University Hospital (SIUH) reported the parents were educated around safe sleep while the SC was in the Neonatal Intensive Care Unit (NICU) and upon discharge.

On 1/7/16, ACS learned from the ME that the SC had no signs of trauma or bruising; however, there were concerns around co-sleeping. On 7/16/16, the ME reported the autopsy is pending. ACS has not yet determined this report.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:

- o 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? 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:

This report has not yet been determined.

Was the decision to close the case appropriate? Unknown

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:

The case determination is pending.

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: 01/05/2016

Time of Death: 12:24 PM

Time of fatal incident, if different than time of death: 11:30 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 11:35 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:



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- 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	Aunt/Uncle	No Role	Female	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)

LDSS Response

Following the receipt of the SCR report, the ACS Specialist visited St. Luke's Hospital on 1/5/16 and obtained information from the appropriate collaterals, LE, Dr, EMS, ME investigator, parents and family members. LE reported that the PA summoned 911 for medical assistance at 11:51 A.M. When the first responders arrived, the BF told them that the SC did not respond to CPR. The SC was pronounced DOA at 12:24 P.M. LE reported the parents' full size mattress was very firm. LE found seven blankets and two pillows on the bed; however, there was no explanation as to why there were so many blankets. The ME investigator reported the room temperature was 75 degrees. LE found no criminality associated with the SC's death.

The Specialist visited the home and the parents explained the SC had been ill with a cold for approximately three days. She was coughing a lot and had a temperature of 99.8 degrees. The parents discussed the situation with the PGM, a maternal great aunt who is a nurse, and the pharmacist; they opted to purchase medicine for the SC. The BM gave the SC a dose of Tylenol between 8:30 and 9:30 P.M. At midnight, her temperature was 100.3 and a second dose was administered. The SC vomited and refused to eat. At approximately 1:00 A.M., the BM administered the prescribed daily medication and the SC vomited again. She fussed, cried, and slept periodically throughout the night. The parents and PA took turns in attempts to soothe her until approximately 6:00 A.M., when they all fell asleep. The BM placed the SC to sleep in their full size bed next to the wall. She laid her on her side and placed a folded blanket behind the SC to support her back; this was her usual sleep position. The BF slept behind the BM. The BM awoke at 11:00 A.M. on 1/5/16 and observed the SC face down, rigid, and unresponsive.



The BM explained that the SC usually slept in her playpen; however, they opted to co-sleep because she was sick and they wanted to monitor her closely. Although the BM said she did not receive safe sleep training, the SW at the Staten Island University Hospital (SIUH) reported the parents were educated around safe sleep while the SC was in the Neonatal Intensive Care Unit (NICU) and upon discharge the parents declined services.

ACS received information from the SC's Dr on 1/5/16, stating that the SC was born at SIUH. She was full term and she weighed almost six pounds. However, she remained in the NICU for two months because she was not gaining weight. The Dr reported the SC was born with several medical conditions. The SC gained 14 ounces between 11/18/15 and 12/28/15; the Dr noted the SC "looked good." The SC was scheduled for weekly appointments due to multiple medical issues; however, she had missed appointments. The Dr stated the BM explained she missed appointments because she had relocated. The Dr reported he had no major concerns around the care given the SC except he felt that the parents did not seem to understand the severity of the SC's medical condition.

On 1/7/16, ACS learned from the ME the SC had no signs of trauma or bruising; however, there were concerns around co-sleeping that were not explained. During this investigation, ACS completed Safety Assessments that contained the appropriate safety decisions; however, because there were no surviving siblings or other minor children in the home they were not required.

On 4/22/16, ACS contacted the ME's office and the result of the SC's autopsy is pending. ACS has not yet determined this report.

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: ACS 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 New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027801 - Deceased Child, Female, 3 Mons	027821 - Mother, Female, 23 Year(s)	Lack of Medical Care	Pending
027801 - Deceased Child, Female, 3 Mons	027822 - Father, Male, 20 Year(s)	DOA / Fatality	Pending



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027801 - Deceased Child, Female, 3 Mons	027822 - Father, Male, 20 Year(s)	Lack of Medical Care	Pending
027801 - Deceased Child, Female, 3 Mons	027821 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Pending
027801 - Deceased Child, Female, 3 Mons	027822 - Father, Male, 20 Year(s)	Inadequate Guardianship	Pending
027801 - Deceased Child, Female, 3 Mons	027821 - Mother, Female, 23 Year(s)	DOA / Fatality	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 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:

N/A.

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 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 parents received support from the family. There are no surviving siblings.

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 siblings or other children residing in the home.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No



Explain:

ACS referred the parents to services; however, they declined.

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

There was no CPS history prior to the fatality 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