



**Report Identification Number: NY-16-079**

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

**Issue Date: 1/25/2017**

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
FM-Foster Mother	SS-Surviving Sibling	

### 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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 10 month(s)

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** 08/02/2016  
**Initial Date OCFS Notified:** 08/02/2016

## Presenting Information

The 8/2/16 SCR report alleged at an unknown time on 8/2/16, the parents found the 10-month-old infant not breathing and unresponsive in her crib. Neither the parents or the uncle performed CPR in attempts to resuscitate the child, the adults called 911. Emergency personnel attempted to revive the infant. However, the infant was pronounced dead at 5:52 AM. The cause of death was cardiac arrest from an unspecified source. Besides a recent stomach virus where the infant has symptoms of vomiting and diarrhea, the infant was an otherwise healthy.

## Executive Summary

The 8/2/16 SCR reported alleged DOA/Fatality and IG of the SC by the birth parents (BP), MU, and MA of this 10-month-old female SC. According to the ME, the autopsy result was pending further studies and there were no suspicious marks or bruises observed on the SC. As of 12/30/16, NYCRO has yet to receive the autopsy report.

On 8/2/16, the SM fed the SC at approximately 2:00 AM and about 15 minutes later placed the SC in the playpen to sleep. Around 4:00 AM the SC had difficulties breathing. The SF attempted to give the SC water, however she did not drink it. The SC became unresponsive and the SM alerted the MU. The MU observed the SC was in distress; he called 911 and began CPR on SC. When EMS arrived on scene at 5:15 AM, CPR was continued and the emergency treatment was provided. Via ambulance, EMS transported the BP and SC to Harlem Hospital where she was pronounced dead at 5:52AM.

According to the SM, the SC's birth was normal. After SC's birth, the SF stated the SC developed slowly. The SC learned to sit up around 5 months and at the time of her death the SC was unable to crawl, pull herself up and hold her own bottle. The SF admitted he did not address his concerns to the SC's medical Dr. because babies develop differently.

The BP were interviewed regarding the events that lead to the death of the SC. The BP stated on 7/26/16, the BP and SC arrived to the United States at approximately 11:00 PM. The SC had developed symptoms of illness while on the plane to the USA. Once the family arrived in NYC, the BP took the SC to the hospital ER on 7/27/16 at approximately 4:00 PM. The SC was admitted into the hospital on 7/27/16. While at the hospital, the SC was given a medical treatment and tests were conducted. The medical staff explained the SC was dehydrated and did not have an illness. The SC was discharged on the evening of 7/29/16 without any special care instructions or medication. The BP said the SC did not eat well when she returned home and continued to exhibit similar symptoms that caused her hospitalization. On 8/1/16, the BP returned with the SC to the hospital for a scheduled follow-up appointment. The medical staff informed the BP it would take SC a few days to return to normal. The BP were instructed to keep SC hydrated and feed the SC yogurt.

ACS offered grief counseling to the BP, however the BP declined services at the time. ACS observed friends of the family enter the MU's home to provide support to the family. On 8/10/16, the Specialist contacted African Services Committee for referral services.



The investigation revealed there was no evidence the BP, MU or MA had history with CPS, domestic violence, mental illness or substance abuse. Although the SC had no surviving siblings, the Specialist conducted a home visit to assess the living environment; as the MU had three children who resided in the home.

On 10/31/16, ACS unsubstantiated the allegations of DOA/Fatality, and IG of the SC by the BP, MU and MA. Based on the accounts of BP, MU and pertinent collateral contacts, review of the timeline and ACS' overall assessment, it was determined the BP provided adequate case to ensure SC received ongoing medical care. The MU assisted with CPR at the time of the incident and not the SC's caretaker. The MA was not in the USA when the SC died.

## 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:

There were no surviving sibling or children in the home at the time of the fatality.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	Documentation of ACS' diligent effort to make collateral contact with first responders was not observed.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	ACS must submit a corrective action plan within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 08/02/2016

**Time of Death:** 05:52 AM

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

**County where fatality incident occurred:** New York

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

**Time of Call:** 05:12 AM

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

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

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

- 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	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Other Child	No Role	Male	3 Year(s)
Deceased Child's Household	Other Child	No Role	Male	1 Year(s)
Deceased Child's Household	Other Child	No Role	Female	6 Year(s)

**LDSS Response**

LE informed the Specialist, the SC's clothing and the formula were taken as evidence. There were no concerns regarding the BP, MU, or the home's condition at the time; no arrests were made.

The ME noted there were fractures observed during the autopsy. There was slight bruising near the SC's elbow. The ME stated there were no preliminary findings and the autopsy was pending toxicology studies.

The ER Dr. stated the SC arrived at the hospital and CPR was performed in the hospital to no avail. During physical inspection, the SC had no heart rate, had stiffness to her limbs, a temperature of 100.7 and she weighed 11 kilos (24.3 lbs.). The Dr. noted the SC had a fever prior to going into cardiac arrest. The ER Dr. had provided medical treatment to SC during the SC's ER visit on 7/27/16. The Dr. stated the SC became ill on the flight to the USA. Upon the family's arrival to NYC, the BP took the SC to the ER regarding the SC's symptoms. The SC was admitted on 7/27/16 and discharged on 7/29/16. During her hospitalization, the SC's tests results reflected SC was dehydrated. The Dr. stated the BP did not mention they had given the SC prescribed medication prescribed. According to the medical records, on 8/1/16 the SC continued to have symptoms of illness and no health concerns were noted by medical staff.

The hospital staff that cared for SC during her hospitalization was interviewed. The staff said the BP informed the staff the family had arrived to the USA on 7/27/16 and would be return home within a month. The BP provided the address of the MA; where the family was temporarily residing. The staff had no concerns with the care the BP provided to the SC. The staff said the BP appeared appropriate with SC and was cooperative with staff during SC's hospitalization. The BP were given a follow-up appointment at the outpatient clinic for SC upon her discharge.

On 8/2/16, the Specialist conducted a home visit. The SC was staying with BP in a room in the MU's two bedroom apartment. The Specialist observed at the foot of the BP bed was the playpen the SC had slept in. Observed in the playpen, were two dolls and a blanket. The BF stated SC slept on her back on top of a blanket; the blanket did not cover her. The home was furnished and had a working smoke/carbon monoxide detector. The home appeared appropriate at the time.

According to the BP, the family was visiting relatives in NYC for religious holidays. The SC drank a formula not sold in the USA and ate potato puree. The SC did not eat solids foods. Since their arrival, the BP spent a lot of time in the hospital due to SC's display of malaise upon arriving to NYC. The BP said the SC was not ill prior to arriving to the USA. The SC was last seen by a medical Dr. on 6/20/16, at which time the SC was immunized and prescribed medication. The BP were instructed to administer a spoonful of medication; using the provided spoon, when the SC had a pain. The BP had administered the medication to SC on two occasions; once prior to arriving to the USA and once on 8/1/16. The Specialist observed the SC's medical history book had an entry from the Dr. at Harlem Hospital.

The MU said the SM alerted him around 5:00 AM of the SC's condition. The MU observed the SC's eyes had drifted to one side. The MU called 911 at 5:12 AM. He placed SC on the floor and attempted CPR on SC while he made the call. EMS arrived shortly and continued CPR. The MU confirmed the MA and their three children were not in the USA at the time of the incident; but were due to return on 8/8/16. The MU was not previously involved in the family's daily routine and appeared supportive of the BP.

On 8/9/16, the MA, MU and the 6, 3 and 1-year-old children were assessed in the home. The children appeared clean, healthy and well taken care of at the time

**Official Manner and Cause of Death**



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

**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 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
030481 - Deceased Child, Female, 10 Mons	030504 - Aunt/Uncle, Male, 35 Year(s)	DOA / Fatality	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030505 - Aunt/Uncle, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030502 - Father, Male, 33 Year(s)	DOA / Fatality	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030504 - Aunt/Uncle, Male, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030503 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030503 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030502 - Father, Male, 33 Year(s)	Inadequate Guardianship	Unsubstantiated
030481 - Deceased Child, Female, 10 Mons	030505 - Aunt/Uncle, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" 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 case documentation did not reflect ACS made diligent efforts regarding collateral contact with first responders.

<b>Fatality Safety Assessment Activities</b>
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	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"/>

<b>Legal Activity Related to the Fatality</b>
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Was there legal activity as a result of the fatality investigation? There was no legal activity.

<b>Services Provided to the Family in Response to the Fatality</b>
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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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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

## 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? Yes

### 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 in NYS within three years prior to the fatality.

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

The family had no CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family had no CPS history outside of NYS.

**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.

**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