



Report Identification Number: NY-17-025

Prepared by: New York City Regional Office

Issue Date: Sep 25, 2017

(Report was reissued on: Sep 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	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 03/12/2017
Initial Date OCFS Notified: 03/12/2017

Presenting Information

On 3/12/17, the SCR registered a report alleging DOA/Fatality and Inadequate Guardianship of the two-week-old subject child (SC). The bio parents were named subjects of the report.

The report alleged that sometime on the morning of 3/12/17, the SC was pronounced dead. The SC had suspicious and unexplained bruising to the left side of the head and was bleeding through the mouth.

Executive Summary

The two-week-old subject child (SC) died on 3/12/17 while sleeping in an adult (unspecified) size bed with her parents. ACS' investigation revealed that at 5:32 A.M. on 3/12/17, the BM fed the SC and placed her to sleep in her bassinet (unknown what position). The SC was fussy so the BF took her out of the bassinet and put her in the bed with him. The BF held the SC in the crook of his arm and fell asleep. At about 9:00 A.M., the BM woke up and went to pick up the SC and found her responsive, lying on her back next to her BF. The BM woke up the BF and they alerted the PGM. The BF called 911 and both parents spoke to the 911 dispatcher via the phone while the PGM gave the SC CPR. EMS arrived to the home minutes later, took over CPR efforts then transported the SC to the hospital. The hospital staff continued unsuccessfully to resuscitate the SC, and pronounced her deceased at 10:52 A.M. According to ACS documentation, the ME determined the SC's cause of death was respiratory syncytial virus pneumonia. The manner of death was natural. The family did not have any other children.

On 3/12/17, ACS received the report and initiated the CPS investigation by contacting the family and relevant collaterals. ACS documented that according to LE, the information obtained regarding the fatality did not reveal any criminality. Also, the statements provided by the family to ACS, LE and the hospital staff were consistent. The LE did not make any arrests and no charges were pending.

During the investigation, ACS conducted domestic incident and criminal history database checks on the family. The parents did not have any prior criminal history or an active order of protection.

On 9/22/17, ACS unsubstantiated the allegations of the report against the bio parents. ACS based its decision on the autopsy report which stated the SC died of natural causes. There were no surviving children for the family. ACS closed the case with no services required.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

- **Safety assessment due at the time of determination?** N/A

**Determination:**

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

ACS did not provide relevant sleep-related fatality information regarding the CPS investigation. NYCRO requested specific information regarding the SC's position on the bed while sleeping with the parents. ACS did not respond.

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: 03/12/2017

Time of Death: 10:52 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 09:47 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

LDSS Response

On 3/12/17, ACS initiated the CPS investigation and contacted the medical and the LE personnel regarding the fatality. The attending pediatric emergency room doctor stated the preliminary findings revealed the SC's death was due to respiratory arrest (suffocation). The LE stated that the statements provided by the parents and the ME's preliminary findings did not reveal any criminality and no arrests or charges of the parents would be made.

The Specialist then interviewed the parents who admitted that they had appropriate sleeping provisions for the SC, but they opted to co-sleep with her in the same bed because she was suffering from a cold. The BM reported that on 3/3/17, the SC was ill and she sought medical attention for her with the SC's medical provider. On 3/4/17, the SC's cold persisted and the BM took her to the emergency room (ER). The ER doctor treated and discharged the SC with prescribed medication that same day.

The parents stated that on the night of 3/11/17, they attended a family event at the MGM's home in Brooklyn. The parents said the SC appeared fine and was in her bassinet most of the time they were at the event. At approximately 4:30 A.M., the family returned home and the parents reported the SC appeared "normal" at the time. At 5:32 A.M., the BM fed the SC and placed her in bassinet. Shortly thereafter, the SC began to be fussy; the BF took the SC out of the bassinet and put her in the bed with him. The BF held the SC in the crook of his arm and fell asleep. At about 9:00 A.M., the BM awoke and picked up the SC. The BM found the SC unresponsive and unconscious; lying on her back. The BM woke up the BF and also alerted the PGM. The parents called 911 while the PGM attempted to resuscitate the SC by performing CPR. The EMS ambulance arrived at the home minutes later and the EMT technicians continued CPR on the SC then transported her to the hospital. The parents denied they rolled over on the SC.

Later that same day, ACS conducted domestic incident and criminal history database checks on the family. The parents did not have any prior criminal history or an active OOP.

On 3/15/17, ACS documented the PGM declined ACS' offer of financial assistance for the SC's burial; stating that everything was being paid for.

Between 3/15/17 and 8/16/17, the Specialist made multiple casework contacts with the family, and other collaterals. The collaterals did not provide any new information regarding the fatality investigation. The ME reported the SC's autopsy was pending the results of toxicology and other tests to be completed. During the same period, the parents did not make themselves available to ACS for additional interviews. The Specialist made numerous phone calls and visits to the grandparents' homes without success. ACS conducted a database clearance to locate the parents but the clearance did not reveal any new addresses for them.

At the time of completing this report, ACS has not yet determined the CPS investigation.

On 9/7/17, NYCRO received the ME's autopsy report that listed the SC's cause of death as natural and the manner of death as Pneumonia.



On 9/22/17, ACS unsubstantiated the allegations of the report against the bio parents. There were no surviving children for the family. ACS closed the case with no services required.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

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: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036321 - Deceased Child, Female, 1 Mons	036322 - Mother, Female, 24 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036322 - Mother, Female, 24 Year(s)	Internal Injuries	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036323 - Father, Male, 23 Year(s)	Internal Injuries	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036323 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036323 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036323 - Father, Male, 23 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036322 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
036321 - Deceased Child, Female, 1 Mons	036322 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input 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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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"/>				

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 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 in NYS 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 New York State.

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