



Report Identification Number: NY-17-051

Prepared by: New York City Regional Office

Issue Date: Nov 01, 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	OA-Other Adult	
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
CPS-Child Protective Services		
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
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 9 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 05/25/2017
Initial Date OCFS Notified: 05/25/2017

Presenting Information

The 5/25/17 SCR report alleged that on 5/25/17, the SC (9 months old) died while in the care of the PS. The report also alleged that the SC had no pre-existing medical conditions and was otherwise a healthy child, making the death suspicious in nature. The SM and the SF had unknown roles.

Executive Summary

The 9-month-old male child (SC) died on 5/25/17. NYCRO received the autopsy report in August 2017. The ME listed the cause of death as undetermined and the manner as undetermined (found sleeping supine between pillows in adult bed with sheet covering face).

The allegations of the 5/25/17 report were IG and DOA/Fatality of the SC by the PS.

The Specialist interviewed the attending Dr. on 5/25/17 and learned that EMS transported the SC to the hospital. The parents were not in the home and the PS was caring for the SC at the time of the incident. The PS reported that the SC fell asleep around 3:00 P.M., and when she observed him at approximately 5:30 P.M., she found he was unresponsive.

The Specialist obtained a timeline of events and learned that the PS's co-worker supervised the SC from 2:00 P.M. through 2:30 P.M. on 5/25/17, because the PS picked up two children from school. The co-worker acknowledged that she supervised the SC for half an hour. During the half-hour period, the co-worker fed the SC two sliced bananas. The co-worker said the SC appeared well when he was placed for his nap (there were no signs of lethargy or fever). The PS's co-worker stated that at 5:30 P.M. the PS reported the SC was not breathing. The co-worker stated 911 was called and the PS performed CPR. The co-worker said FDNY responded and continued CPR.

The Specialist interviewed the PS and learned that she arrived at work on 5/25/17 at 8:36 A.M. The PS stated that she left the SC with her co-worker to pick up two children (unrelated to SC) from school. The PS reported giving the SC water and two pieces of cold cuts (cut in small pieces) to eat. The PS stated that she swaddled the SC around 3:30 P.M. until he fell asleep, and then she removed the swaddle from the SC's body and placed him on his back to sleep. The PS said she placed the SC on the bed and blocked him with two pillows. She checked the SC at 4:15 P.M. and observed he was asleep. The PS observed that the SC was blue in the face and not breathing at approximately 5:30 P.M. The PS reported that the SC had been ill approximately two weeks prior to 5/25/17, so when he was in her care, she observed him frequently. The PS stated that she called 911 and performed CPR with her co-worker. The PS stated she was unsuccessful in resuscitating the SC.

The Specialist interviewed the BM and BF at the case address on 5/26/17. The BM and BF reported that they were at work during the incident. The BF stated that he fed the SC at 8:20 A.M., walked the dog, and left for work. The BF said he received a call from the PS stating that the SC was not breathing. He left work, went to the case address and observed the ambulance in front of the case address. Regarding the SC's medical history, the BF reported that on 5/1/17 the SC was taken to the ER because he was ill. The BF stated that the SC was diagnosed with a medical condition and was referred for follow-up with the family Dr. The BM followed-up with the Dr. who prescribed medication, and the SC finished the medication on 5/20/17. The BF and BM stated that the SC was not introduced to new foods and was an overall healthy child with updated immunizations. The BM and BF stated they did not have any concerns with the care that the PS provided to the SC.



On 7/27/17, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the PS on the basis that the SC's cause of death was found to be undetermined. ACS added that LE did not deem the SC's death as suspicious.

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

Explain:

N/A

Was the decision to close the case appropriate? Yes

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

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

Explain:

N/A

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/25/2017

Time of Death: 06:23 PM

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

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes



Time of Call: 05:41 PM
Did EMS 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
How long before incident was the child last seen by caretaker? 2 Hours
Is the caretaker listed in the Household Composition? No
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	Male	9 Month(s)
Deceased Child's Household	Father	No Role	Male	39 Year(s)
Deceased Child's Household	Mother	No Role	Female	37 Year(s)
Other Household 1	Other Adult - Babysitter	Alleged Perpetrator	Female	28 Year(s)

LDSS Response

On 5/25/17, the ACS Specialist contacted the attending Dr. at Brooklyn Hospital and obtained details regarding the death of the SC. Per the Dr.'s account, the SC was in the care of the PS, who was babysitting, at the time of the 5/25/17 incident. The SC was transported to Brooklyn Hospital, and at the time of arrival, the SC had a 103 degree temperature, and was blue and non-responsive. The preliminary medical findings revealed the SC had an illness.

The Specialist visited the home, engaged the BF and BM and verified there were no surviving children in the family household. The Specialist learned that the BF and BM were at work during the incident. ACS home assessment revealed that the family resided in a two-bedroom apartment. ACS observed a crib in the SC's bedroom. ACS staff visited the neighbor's apartment where the incident occurred and observed the bed and pillows. ACS documented that there were photos of the bed and pillows in the case file.

On 5/26/17, the Specialist interviewed the PS who confirmed that the SC was in her care at the time of his death. She said she had been caring for the SC since he was 2 months old.

ACS contacted the ME's office and verified the SC's time of death and learned that an autopsy and external examination was conducted on the SC.

ACS contacted LE who said the incident occurred in a neighbor's apartment, where the PS was watching two other children. LE reported that there appeared to be no suspicion of foul play. Subsequently, ACS learned there were no arrests



related to the fatality.

The Specialist interviewed the PS's co-worker who confirmed the PS was caring for the SC on 5/25/17. The Specialist obtained a timeline of events that occurred on 5/25/17 and learned that the co-worker supervised the SC from 2:00 P.M. through 2:30 P.M.

On 5/30/17, ACS contacted the EMS liaison to obtain the EMS report. ACS learned that the 911 call was received at 5:41 P.M. and EMS arrived at 5:46 P.M. FDNY had responded to the scene and performed CPR on the SC. EMS attempted CPR when they arrived at the case address, they left at 5:55 P.M., and arrived at Brooklyn Hospital at 6:00 P.M. Upon arrival to Brooklyn Hospital, EMS had noted the SC was warm with no pulse.

On 5/31/17, ACS met with the medical consultant. The consultant recommended that ACS obtain the SC's hospital ER discharge record from 05/01/17. The Specialist requested medical records from NYU Langone Medical Center and Brooklyn Hospital.

During the investigation, the ACS Specialist discussed safe sleep with the BM, BF and PS. The Specialist learned that the BM, BF and PS were educated on safe sleep. The Specialist documented that the PS was provided with safe sleep material.

On 6/23/17, ACS discussed the benefits of therapeutic services with the BM and BF, who reported that they were receiving services with a therapist to help them cope with the death of the SC. The BM and BF refused to provide the therapist's contact information to ACS.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)? Yes

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
040933 - Deceased Child, Male, 9 Mons	040936 - Other Adult - Babysitter, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
040933 - Deceased Child, Male, 9 Mons	040936 - Other Adult - Babysitter, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine



Child Fatality Report

All children observed?	<input checked="" type="checkbox"/>	<input 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 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Homemaking Services	<input type="checkbox"/>	<input 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"/>				

Additional information, if necessary:

The Specialist offered the family bereavement counseling; however, the BM and BF declined bereavement 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:

There were no surviving children in the home.

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

Explain:

The Specialist offered the BM and BF bereavement services; however, they declined. The BM and BF said they were receiving therapy from a provider whose identity they did not want to disclose.

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

There was no CPS History more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

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

Additional Local District Comments

There are no additional local district comments.

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