



Report Identification Number: NY-17-052

Prepared by: New York City Regional Office

Issue Date: Nov 17, 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: 2 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 05/28/2017
Initial Date OCFS Notified: 05/28/2017

Presenting Information

On 5/28/17, the SM discovered her two-month-old daughter unresponsive. She called 911. The SC was transported to the hospital where she was pronounced dead on arrival. The SC was found with no injuries. This was an otherwise healthy child and there were no other explanations for how the SC died. The BM had a history of mental health concerns and had not been receiving psychiatric care during her pregnancy or after the birth of SC. The parents were named subjects of this report.

Executive Summary

The SCR registered a report regarding the death of a two-month-old female that occurred on 5/28/17. The allegations of the report were DOA/Fatality and IG of the SC by the parents. The report alleged the SC was an otherwise healthy infant and there was no plausible explanation for the SC's sudden death. The report also alleged the SM had a mental health condition that had not been treated just prior to her pregnancy with the SC and after the birth.

Following the receipt of the report, an ACS Queens Field Office Specialist contacted New York Presbyterian Hospital (NYPH) and obtained information regarding the incident. ACS learned that the SM had fed and changed the SC at 7:00 AM and again at 9:00 AM, and placed her to sleep face up, in her crib. The SM took a nap at 10:00 AM and awoke at 11:15 AM. She went to the kitchen at 11:35 AM and also checked the SC who appeared blue and unresponsive. The SM called 911 and an EMS ambulance transported the SC to NYPH where she was pronounced dead at 12:49 PM. The SM had no other children and the SF was at work at the time of the incident.

On 5/29/17, ACS learned from the Dr, EMS, LE, and the ME that the SC was found with no signs of maltreatment or abuse. EMS reported the SM was outside the home with the SC in her arms when they arrived. According to LE, they found no criminality. ACS also learned from the ME that the SC was born prematurely and had Congenital Cytomegalovirus (CMV) caused by Flu transfer from the SM during pregnancy.

ACS interviewed the SM and her details of the incident were consistent with those reported to the Dr. and LE. The SM added that when picked up her daughter from the crib she observed vomitus and turned the SC upside down and blood and vomitus excreted from her nostrils. The SM explained that she immediately called 911, attempted CPR and panicked and ran outside just as EMS was arriving. The SM disclosed the SC was born prematurely, and was deaf in her right ear. The SM reported she stopped taking her medications when she was pregnant and had not taken them since. She had not received appropriate prenatal care due to her medical insurance. The SM stated she had no family or friends in this state and her only support was the BF.

On 5/29/17, ACS used an interpreter to interview the SF who stated the SM was an excellent mother and he had no concerns for the care she provided to their daughter. He reported that when he left the home shortly after 8:00 AM, the SC was fine and there was no indication that anything was wrong. He was at work when he received a text message that summoned him to the hospital. According to ACS' case documentation, the neighbors did not know the family.

ACS contacted the SC's pediatrician and the visiting nurse and learned that the SC was born with complications and stayed in the hospital for approximately two weeks before discharge. On 4/15/17, the SC was treated at NYPH for vomiting and she was released the same day. The SC's immunizations were current and the SM was always attentive to the SC. In addition, ACS documented the SM was always available for the nurse's weekly visits and she had not missed



any of the SC's medical appointments.

On 8/22/17, ACS received information from the ME that the cause of the SC's death was listed as Congenital Cytomegalo Virus and the manner was natural. On 8/23/17, ACS unsubstantiated the allegations of the report citing the ME's final autopsy report and closed the case.

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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

No Safety Assessments were required for this case as there are no surviving siblings or other children in the home.

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: 05/28/2017

Time of Death: 12:49 PM

County where fatality incident occurred:

Queens



Was 911 or local emergency number called?

Yes

Time of Call:

11:47 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 1 Hours

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)

LDSS Response

On 5/28/17, ACS responded to the report registered by the SCR regarding the death of the two-month-old female by contacting the NYPH to obtain information regarding the information. According to the case documentation, the allegations were DOA/Fatality and IG of the SC by the parents as the SC was found with no indication of abuse or neglect and the SM did not have an explanation for the death.

ACS obtained information from the first responders, LE and ME investigator that the SC was a well infant who was fed and placed to sleep on her back, in her crib, at 9:00 AM. The SM took a nap in her bed at 10:00 AM and when she awoke an hour later, she looked over at the SC and thought she was fine as she appeared to be asleep. The SM went to the kitchen and returned to check the SC at 11:35 and observed her to be unresponsive. The SM called 911. EMS responded to the home to find the SM with the SC outside. They transported the SC to NYPH where she was pronounced dead at 12:49 PM.

ACS learned from the Dr. that the SC had been born prematurely, and with a medical condition that caused hearing loss in the right ear. The ME reported that the lividity found on the SC appeared in her stomach that was contrary to the position in which the SM described. LE reported the SM was consistent and adamant in her details regarding the sleep position. The SM was devastated at her sudden loss and she reiterated to LE that she had done everything right in addition to safe sleep practice. The SM disclosed that she had a mental health condition that was being treated; however, she stopped taking the medication due to the pregnancy and had not resumed. The investigation revealed the mother's clinical condition did not contribute to the SC's death. She stated she had no medical insurance and did not receive prenatal care; however, she took prenatal vitamins.



On 5/28/17, ACS interviewed the SM whose account was consistent with that given to the first responders. During the interview, ACS quickly assessed that the SM could not control her emotions and the Specialist recommended the SM seek medical attention. The Specialist utilized an interpreter to interview the SF who was distraught; however, his concern was the SM. He confirmed that when he left for work, the SC and the SM were well with no indication that anything was wrong. The SF disclosed that he had an eleven-year-old daughter who resided with her mother in another country. He spoke to her periodically and she initiated the contact through social media. ACS attempted contact to no avail.

On 6/5/17, ACS contacted the Dr who had been treating the SC and had referred her to Long Island Jewish Hospital for further needed tests to address hearing loss. The SC was also enrolled in Early Intervention and a nurse visited weekly. The Dr informed the Specialist the SC was born with Congenital Cytomegalo Virus (CCV) that was transferred from the SM during pregnancy as a result of the flu she had contracted. ACS obtained information from the nurse that the SC weighed four pounds, three ounces at birth and just prior to her death, she was seven pounds, five ounces, thriving and in good health. The SM did not miss any appointments and provided excellent care to the SC.

The parents declined to divulge information regarding their families, stating they were not involved in their daily lives. The SM reported she had a damaged relationship with the MGM and no close relatives. The ACS Specialist recognized the SM required mental health services and promptly contacted the mobile crisis unit. The SM received mental health care and she began receiving bereavement counseling. The Specialist also referred the parents to family planning.

On 8/22/17, ACS received information from the ME that the cause of death of the SC was complications of Congenital Cytomegalovirus infection and the manner of death was Natural. ACS unsubstantiated the allegations of the report citing the ME's cause and manner of death

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 ACS investigation adhered to previously 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
041941 - Deceased Child, Female, 2 Month(s)	041742 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
041941 - Deceased Child, Female, 2 Month(s)	041743 - Father, Male, 40 Year(s)	DOA / Fatality	Unsubstantiated
041941 - Deceased Child, Female, 2 Month(s)	041742 - Mother, Female, 40 Year(s)	DOA / Fatality	Unsubstantiated



041941 - Deceased Child, Female, 2 Month(s)	041743 - Father, Male, 40 Year(s)	Inadequate Guardianship	Unsubstantiated
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CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Planners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Agency Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Daycare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 parents did not disclose their family member's contact information.

The SM and SC were alone in the home at the time of the incident.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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: N/A							

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 in the home.

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

Explain:

The SM was enrolled in bereavement counseling, the SF declined services. The SM received also general mental health services.



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? No
- 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 in NYS within three years prior to the fatality.

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

There was no known 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

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