



Report Identification Number: NY-17-098

Prepared by: New York City Regional Office

Issue Date: Feb 21, 2018

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: 1 month(s)

Jurisdiction: Kings
Gender: Female

Date of Death: 09/28/2017
Initial Date OCFS Notified: 09/29/2017

Presenting Information

The 9/29/17 report alleged that on 9/28/17, the BM took the SC to the babysitter's residence around 9:45 AM. Around 3:45 PM, the SC was fed and placed in the crib. The BM returned around 4:00 PM to pick up the SC from the babysitter's residence. The babysitter went to get the SC from the crib and noticed that the SC had a little blood under her nose, was pale and unresponsive. The babysitter gave the SC to the BM and they contacted their EMS. Once EMS arrived, they worked on the SC and could not get a pulse. The SC was then transported to Brooklyn Hospital. Brooklyn Hospital was able to get a pulse but at 10:10 PM, the SC was pronounced deceased. The SC had no known medical issues or conditions.

Executive Summary

The 1-month-old female infant (SC) died on 9/28/17. The parents did not consent to an autopsy.

The allegations of the 9/29/17 report were DOA/Fatality and IG of the SC by the babysitter. There were no surviving siblings or other children in the SC's household.

ACS learned that on 9/28/17, the BM and SC arrived at the babysitter's home at 9:45 AM. The SC's behavior in the babysitter's home was playful and happy. The SC's last feeding was at 3:15 PM. The babysitter placed the SC in the crib on her stomach and turned her face to the side. The BM arrived at the home to pick up the SC at 4:07 PM. The babysitter brought the SC to the SM and saw that the SC had mucous with pink blood coming from her nose. The babysitter went to the crib, saw blood on the sheet, and told the SM that something was wrong. The babysitter called the emergency response system. The babysitter had eight children, the 3-year-old and 16-year-old children were in the home but were not in the room with the SC at the time of the incident.

The BM said the SC had a slight cold for a few days. She called the Dr. who said the SC's health condition was due to the change of weather. The BM explained that the babysitter called the emergency response system and went downstairs to await their arrival. The BM provided a timeline of events regarding the time she took the SC to the babysitter and the time she returned to the babysitter's home. The documentation of the interview with the BM and babysitter reflected a different time at which the BM had reportedly dropped off the SC at the babysitter's home. The babysitter recalled the time was 9:45 AM and the BM said 8:45 AM.

LE said there were no visible sign of injuries on the SC's body. The SC seemed to have been a healthy CH.

On 10/2/17, the BF stated he received a text message that stated the ambulance responded to the babysitter's address. He spoke with the BM who told him she was going to the hospital. He went to the hospital where he remained until the SC died. The last time he saw the SC was around 8:00 AM at the case address. He said the SC had a cold for a day or two. ACS offered the BF counseling services which was declined. He said they would receive counseling from a community based agency.

On 10/3/17, the ME said the cause of death was undetermined as no autopsy was performed. There was no evidence of trauma; the x-rays were observed and there were no fractures. The SC had therapeutic injuries from needle sticks when medical assistance was provided upon arrival at the hospital.



On 11/28/17, the BM explained that she had community and family support. The babysitter informed ACS that she utilized a private provider for therapy services and she chose not to disclose the provider's information.

The documentation did not reflect whether ACS asked the babysitter about the number of times she checked the SC while the SC was in her care and whether the parents called her regarding the SC on 9/28/17. ACS did not ask the parents whether they contacted the babysitter to discuss the SC.

On 12/27/17, ACS unsubstantiated the allegations of DOA/Fatality and IG by the babysitter due to a lack of credible evidence. ACS added that the agency "did not gather that the babysitter was unable to provide a minimum degree of care" for the SC. ACS explained that due to religious grounds an autopsy was not performed and the cause of death was not determined.

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:

NA

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: 09/28/2017

Time of Death: 10:10 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: 04:13 PM

Did EMS respond to the scene? No

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

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 | No Role | Male | 20 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 19 Year(s) |
| Other Household 1 | Other Adult - babysitter | Alleged Perpetrator | Female | 46 Year(s) |

LDSS Response

On 9/29/17, ACS interviewed LE and learned that the SC exhibited signs of a possible cold starting two days prior to the SC's death. LE said the BM dropped the SC at the babysitter at about 9:45 AM on 9/28/17, went to work and then returned to pick up the SC. At the time the BM returned to the babysitter's home, the babysitter went to the room where the SC slept and when she picked up the SC she saw red mucous like substance coming from the nose, and the SC was unresponsive. The family called the community emergency response and an Emergency Medical Technician (EMT) responded.

The EMT received a radio call of an unresponsive CH. EMT responded and found the SC's BM, babysitter and other individuals in the lobby of the building. EMT observed the SC was warm, had color, but was unresponsive. CPR was performed on the SC. The SC had a red mucous substance coming from her nose and ears.

During interviews with ACS, the babysitter said she had known the BM since they were growing up. She said she had been caring for the SC for about 2 ½ weeks. Regarding the timeline of events, the babysitter said the SC arrived at her home at 9:45 AM. While in her home, the SC was happy and playful. The SC was fed twice; once at 11:45 AM and 2:45 PM. She said she placed the SC in the crib at 3:15 PM. The SC was placed on her stomach and turned her face to the side. The SC wore a onesie and was wrapped in a thin blanket. The blanket was in the crib with the SC and when she put the SC



down to take a nap, she placed a thin blanket over the SC. The BM arrived at the home at 4:07 PM. When the babysitter went to the room to get the SC, she saw blood. She picked up the SC and observed there was mucous with pinkish blood emanating from the SC's nose. She returned to check the crib, saw blood on the sheet, and told the SM that something was wrong. After contacting the emergency response system, the babysitter took the SC to a neighbor while the BM waited for the ambulance. The babysitter had eight children, four of whom were over the age of 18 years.

The babysitter's 14-year-old CH said his mother (babysitter) informed him of the incident regarding the SC. The CH said the SC was in the crib and when the babysitter found the SC, she had mucous and blood coming from her nose.

On 10/2/17, the BM said she usually placed the SC in the crib on her stomach to sleep. She was informed by the hospital that she could not lay the SC on her stomach. ACS provided safe sleep education to the BM and BF. The BF stated he placed the SC to sleep on her stomach. The BF had received safe sleep practice education in the hospital.

On 11/28/17, the babysitter informed ACS that she and her family relocated outside of New York City. Later, ACS contacted Rockland County Child Protective Services (RCCPS) and a safety check was conducted on the babysitter's children. RCCPS conducted a home visit to the babysitter and her family on 12/15/17. The home was assessed as safe with no visible hazards.

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)?No

Comments: The investigation adhered to previously approved protocols for joint investigations.

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 NYC region.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|---|-------------------------|--------------------|
| 043721 - Deceased Child, Female, 1 Mons | 043724 - Other Adult - babysitter, Female, 46 Year(s) | DOA / Fatality | Unsubstantiated |
| 043721 - Deceased Child, Female, 1 Mons | 043724 - Other Adult - babysitter, Female, 46 Year(s) | Inadequate Guardianship | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

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

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 | 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"/> |

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 children in the SC's household.

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

Explain:

The BM informed ACS that her community and family provided the necessary support. The BF said the family would receive counseling from a community based organization.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** N/A
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The babysitter was not known to the SCR or ACS.

Known CPS History Outside of NYS

There was no known history outside of NYS.

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