



Report Identification Number: NY-17-130

Prepared by: New York City Regional Office

Issue Date: Apr 25, 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: 5 year(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 11/25/2017
Initial Date OCFS Notified: 11/25/2017

Presenting Information

The SCR report alleged the five-year-old child appeared sickly, frail, underweight, small for his age, was unable to walk and recently experienced a decrease in appetite. However, the mother failed to provide adequate medical care to the child for his issues. On 11/25/2017, for an unknown length of time, the mother left the child in a bedroom, belted in a stroller, and unsupervised while she was in the kitchen. When the mother returned, she noticed the child was pale and pressed on his lips. Emergency services were called and the mother carried the child outside to meet EMS. The child was intubated, brought to the ER and subsequently died. The role of the father was unknown.

Executive Summary

This five-year-old male child died on 11/25/17. The ME did not conduct an autopsy due to parents' religious objections. The cause of death as listed on the Death Certificate was complications of perinatal hypoxic-ischemic encephalopathy and the manner of death was natural.

According to the SCR report registered on 11/25/17, the mother left the child in a bedroom for an unknown period of time, belted in a stroller, and unsupervised while she was in the kitchen. The five-year-old child was sickly, frail, underweight, small for his age, was unable to walk and recently experienced a decrease in appetite. When the mother returned to the bedroom, she noticed the child was pale; she pressed on his lips and he did not respond. Emergency services were called and the mother carried the child outside to meet EMS. The child was intubated, brought to the ER and subsequently died. The allegations of the report were DOA/Fatality, Lack of Medical Care and Inadequate Guardianship of the child by the mother who was named the subject of the report. The child's father worked outside of New York State and was not present at the time of the fatality.

ACS investigated the allegations of the report and made the appropriate contacts with collaterals including family, medical providers and LE. ACS learned this child was ill since birth and was receiving care for his medical condition. The ME reported there were no signs of trauma on the child's body. Collaterals who were contacted did not express any concerns regarding the care the family had provided to the child. LE did not find any criminality associated with the death of the child. LE confirmed there were no other children in the home.

ACS's assessment of the home did not reveal any concerns. The family was referred for community based services.

ACS appropriately addressed the allegations of the report and followed up on information from collaterals timely. The Safety and Risk assessments were timely and adequate, and accurately reflected the case circumstances.

On 4/4/18, ACS unsubstantiated the allegations of DOA/Fatality, Lack of Medical Care, and Inadequate Guardianship of the child by the mother on the basis of no credible evidence to support the substantiation of the allegations. ACS documented the ME stated the child was born with underlying medical problems which resulted in him being small for his age. The child had a prenatal injury due to lack of oxygen to his brain when he was born and his death was due to natural causes. The child had received medical care.

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:

There were no surviving siblings or children in the home; therefore, the safety decision on the Investigation Determination Safety Assessment was appropriate.

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:

The only child in the family died and the parents were referred for community-based grief counseling services.

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: 11/25/2017

Time of Death: 04:30 PM

Time of fatal incident, if different than time of death: 02:00 PM

County where fatality incident occurred: Kings

Was 911 or local emergency number called? Yes

Time of Call: 03:15 PM

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:



Child Fatality Report

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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	Male	5 Year(s)
Deceased Child's Household	Father	No Role	Male	38 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)

LDSS Response

On receipt of the report, the ACS Specialist interviewed the mother who explained her husband worked out of state, and the child has had medical issues since birth, but did not specify the nature of the child's medical issues. The mother said the family came to New York City a little over two years ago. The mother stated at 8:00AM on 11/25/17 the child was alert and awake. She prepared his meal and went about her daily routine. At 2:00 PM on 11/25/17 she noticed her son was unresponsive and sent a text to a friend to call 911 on her behalf, as she does not speak English. EMS responded to the address and transported the child to the hospital where he was pronounced dead. ACS used an interpreter for all contacts with the family.

On 11/25/17, the ACS Specialist contacted the physician at the hospital where the child was taken. The physician reported upon examination the child presented signs of existing Cerebral Palsy as his legs were atrophied, he was non-mobile and non-verbal. The physician stated the child was unresponsive when EMS arrived at the home and that his skin was blue. From 3:43PM to 4:30PM EMS staff followed cardiac code and attempted to revive the child enroute to the hospital. EMS workers were not able to resuscitate the child and he was pronounced dead at the hospital at 4:30PM.

On 11/26/17, the ACS Specialist contacted the ME and was informed the parents were objecting to an autopsy; however, the external physical examination and the x-rays did not reveal any injuries or signs of abuse.

On 11/26/17 in a second interview involving both parents, the father who was interviewed alone in the kitchen area of the home told the Specialist he last saw the child on 10/1/17. He explained he worked out of state. He said the child was not sick at all. However, he provided additional details about the child's bith and medical issues, including episodic hospitalizations. The father said he and his wife declined an operation for a GI-tube and for nursing home care for the child. There were no service providers involved with the family. The father said he was not aware the child was in distress or had experienced any decrease in appetite. The father said on 11/25/17 around 3:00 PM he received a phone call from his wife telling him that the child was at the ER and at about 4:20PM hospital staff called to them to say the child had died. The father confirmed this was their only child.



In the interview with the mother, the mother filled in the details regarding what had transpired between 8:00AM and 2:00PM when the child was found unresponsive. The mother said between 10:00AM and 1:00PM the child took a nap. She explained she would normally feed the child at 8:00AM, noon, 4:00PM, and last meal between 8:00PM and 9:00 PM. The meals typically included baby cereal with milk or water, soup, blended noodles, and a home-made pork broth soup. The mother said on 11/25/17 after 1:00 PM when the child awoke, she dressed him, put him in the stroller and put the safety belt around his waist. She left him seated in the stroller with the door to the bedroom open and went into the kitchen to wash dishes. Around 2:00PM, she returned to the bedroom to find the child unresponsive. She called his name and pressed his lips, but there was no response. A friend called 911 and the child was taken to the hospital by EMS who arrived at the home at 3:26 PM. ACS confirmed with the friend that he called 911.

Between 11/27/17 and 3/28/18, the Specialist made contact with collaterals including LE, medical providers, family, and the ME. There was no concerns regarding drug use or domestic violence in the home. Medical providers reported the child had a medical condition for which he was being treated. Family members and neighbors had no concerns for the care of the child.

On 4/4/18, ACS unsubstantiated the allegations of the report on the basis of no credible evidence to support the substantiation of the allegations.

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)? Yes

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
042670 - Deceased Child, Male, 5 Yrs	042671 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
042670 - Deceased Child, Male, 5 Yrs	042671 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
042670 - Deceased Child, Male, 5 Yrs	042671 - Mother, Female, 36 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 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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 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 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.

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

Explain:

Parents were referred for grief counseling.

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

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.



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

N/A

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