



Report Identification Number: NY-19-041

Prepared by: New York City Regional Office

Issue Date: Oct 11, 2019

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 day(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 07/18/2018
Initial Date OCFS Notified: 04/25/2019

Presenting Information

The 4/25/19 report alleged the SM gave birth to the SC at seven months gestation in July 2018. The SM gave birth in the bathroom and cut the SC's umbilical cord with scissors. The SM sent a text message to a relative requesting the relative get the SC. She further stated that if the relative did not come for the SC, the SC would die. The relative did not read the text message until the following day in July 2018. After reading the message, the relative went to the shelter and contacted EMS. EMS arrived at the shelter and transported the SC to the hospital. The SC was pronounced dead on 7/18/18. The autopsy showed the SC's cause of death was homicide due to the SM's failure to obtain medical evaluation and treatment for the SC's prematurity.

Executive Summary

This one-day-old female SC died on 7/18/18. NYCRO received a copy of the ME's report in September 2019. The ME listed the cause of death as complications of prematurity and the manner as homicide (failure to obtain medical evaluation and treatment for premature newborn).

The SCR registered a report of the SC's death on 7/18/18. ACS investigated the 7/18/18 report and found the SM was residing in a hotel room when she delivered the SC in the toilet. The SM placed the newborn SC on her chest where the SC remained for an undetermined period of time. A relative contacted EMS on 7/18/18, EMS responded and transported the SC to the hospital. The case was referred to LE and the ME investigation was pending the results of additional tests. On 12/31/18, ACS unsubstantiated the allegations of DOA/Fatality and IF/C/S and substantiated the allegations of LMC and IG of the SC by the SM. The 7/18/18 report was indicated and closed on 12/31/18.

OCFS completed and issued Fatality Report NY-18-074 on 1/17/19 regarding the SC's death. OCFS findings reflected ACS investigative progress notes were not written contemporaneously, and ACS did not gather sufficient information to make determination for the DOA/Fatality allegation of the 7/18/18 report.

The SCR registered a new report of the SC's death on 4/25/19. The allegations of the report were DOA/Fatality, IG, and LMC of the SC by the SM.

During the 4/25/19 investigation, ACS verified the SM gave birth prematurely and did not seek medical care for the SC in July 2018. Following the SC's death on 7/18/18, the SM continued to reside in the hotel for approximately one week, and then her whereabouts were unknown for a significant period of time. ACS maintained adequate contact with LE and learned that on 3/22/19, the SM was incarcerated and remained in prison. She was charged with Manslaughter in the 2nd Degree. ACS made diligent efforts to interview the SM regarding the SC's death. The SM refused to participate in any ACS interview without the presence of her attorney.

The SC had an 8-year-old surviving half-sibling (SS) who was in the legal custody and care of her PGF. There were no children in the SM's household, and therefore, no safety assessments and risk assessments documents were required for the case.

On 6/28/19, ACS substantiated the allegations of DOA/Fatality, LMC, and IG of the SC by the SM on the basis the SM failed to seek medical attention after she gave birth to the SC. ACS obtained information from ME and verified the cause of death was listed as complications of prematurity and the manner of death as homicide.



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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

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 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)

LDSS Response

On 4/25/19, ACS interviewed LE and verified the SC died in a hotel room after the SM gave birth prematurely. LE received the autopsy results which revealed the SC's death was a homicide. The SC was found unresponsive on 7/18/18. The SM was arrested in March 2019 and charged with reckless manslaughter.

ACS Specialist met with the Investigative Consultants and verified the SM remained incarcerated since 3/22/19. The SM was charged with Manslaughter, in the 2nd Degree.

ACS reviewed legal records and noted the SS was in the care of her PGF since 3/28/14.

On 4/26/19 and 4/29/19, ACS contacted Nassau County Department of Social Services (DSS) and requested a courtesy home visit for the SS. Nassau County DSS conducted a home visit and assessed the home and SS. The Caseworker (CW) found there were no safety concerns in the home. The family had sufficient food and adequate sleeping arrangements for the SS. The CW observed the SS and found she did not have visible marks/bruises.

ACS verified the SC's alleged father was in an institution at the time of the SC's death. ACS learned that the PU and family attempted to discuss burial plans with the SM. The SM did not participate in the family discussion.

On 4/30/19, ACS attempted to interview the SM about the circumstances of the SC's death; however, the SM refused to discuss the case with ACS unless her attorney was present.



On 5/14/19, ACS contacted the SS's physician. According to the physician's account, the SS was up to date with her immunizations and there were no concerns of abuse/maltreatment.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to 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
051502 - Deceased Child, Female, 1 Day(s)	051448 - Mother, Female, 35 Year(s)	Lack of Medical Care	Substantiated
051502 - Deceased Child, Female, 1 Day(s)	051448 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
051502 - Deceased Child, Female, 1 Day(s)	051448 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated

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"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>
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Additional information:

ACS attempted to interview the SM on 4/30/19. The SM did not respond to ACS as her attorney was not present.

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?

Family Court Criminal Court Order of Protection

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	Subject Mother	Pending	The Disposition is pending.
Comments:	The SM was incarcerated on 3/22/19. The SM was charged with Manslaughter in the 2nd Degree, a class C felony.		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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:
 The SM received a referral for mental health, health care and substance abuse services while hospitalized after the fatality.

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 SM's household.

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

Explain:
 Following the SC's death, the SM received health related services in the hospital. Subsequently, the SM refused ACS offer for services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? 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:

- | | |
|--|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input checked="" type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> With neither of the issues listed noted in case record | |



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/18/2018	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	DOA / Fatality	Unsubstantiated	Yes
	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

The 7/18/18 SCR report alleged the SM gave birth to the SC at 35 weeks gestation in her hotel room in July 2018. The SM notified a family member to get the SC and take the SC to the hospital. The family member did not receive the message until 7/18/18. The SC was found unresponsive in the hotel room on 7/18/18. The SM was in the room and she did not seek immediate medical assistance. As a result, the SC died.

Report Determination: Indicated

Date of Determination: 12/31/2018

Basis for Determination:

ACS substantiated the allegations of PD/AM, LMC, and IG of the SC by the SM on the basis the SM failed to seek medical attention after she gave birth to the SC. ACS added that the first responders observed the SC was covered in a blanket. There was drug paraphernalia in the room. ACS unsubstantiated the allegations of DOA/Fatality and IF/C/S on the basis of no credible evidence. The ME's report was pending results of additional tests. ACS interviewed LE who stated there were no criminal charges, due to the pending autopsy results.

OCFS Review Results:

ACS reviewed the SM's CPS and criminal history. ACS obtained pertinent information about the SC's death. ACS explained the allegations of the report and provided the SM with the required notifications.

ACS made additional attempts to locate and engage the SM to no avail. On 10/10/18, the SM contacted ACS and declined offered services; she decided to seek services privately. The SM refused to reveal her whereabouts. ACS did not enter investigative notes contemporaneously.

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

Issue:

Appropriateness of allegation determination

Summary:

ACS substantiated the allegation of PD/AM of the SC by the SM; however, the investigation conclusion narrative summary did not reflect there was credible evidence to substantiate the allegation.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

ACS must submit a PIP within 45 days that identifies the action the agency will take or took to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.



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

The SM was an alleged subject in three reports dated 1/28/11, 6/4/11 and 3/26/14.

The allegation of the 1/28/11 report was LS of the SS by the SM. ACS investigated the report. On 3/29/11, ACS substantiated the allegation on the basis the shelter staff observed the half-sibling alone in the room and the SM did not make plans for supervision of the SS.

The allegations of the 6/4/11 SCR report were IG, LS and PD/AM of the SS by the SM. Nassau County DSS (NCDSS) investigated the report. On 9/13/11, NCDSS unsubstantiated all the allegations on the basis of no credible evidence.

The allegations the 3/26/14 SCR report were IG and PD/AM of the SS by the SM and father of the SS. NCDSS substantiated the allegations on 6/13/14.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

As a result of the 1/28/11 investigation, ACS opened a preventive services case for the family on 4/1/11. The service plan included: case management, child care, and casework counseling. ACS closed the preventive services case on 5/19/11 as the family relocated out of NYC jurisdiction.

As a result of the 3/26/14 investigation, NCDSS opened a preventive service case on 6/17/14 and closed the case on 12/14/15. The family received case management, drug counseling/treatment and parent training services. The case was closed as NCDSS supervision expired on 9/24/15. The SS remained in the care and legal custody of her PGF who provided adequate care to the SS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Criminal Charge: Other - Criminal Possession of Narcotic Drug **Degree:** NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
06/10/2015	Subject Mother	08/08/2015	Probation
Comments:	The SM pled guilty to the charge and was sentenced to probation to expire on 8/7/21.		

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