



Report Identification Number: NY-20-020

Prepared by: New York City Regional Office

Issue Date: Jul 02, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 02/19/2020
Initial Date OCFS Notified: 02/19/2020

Presenting Information

The 2/19/20 report alleged on 2/19/20, while under the care of the SM and SF the SC passed away. The SM and SF checked the SC at 9:30 AM at which time the SC was well. The SM and SF placed the SC to sleep and checked the SC shortly before 10:54 AM. At that time, the SM and SF found the SC unconscious and not breathing. The SF called 911 and began to administer CPR. After unsuccessful efforts by the SF, LE, EMS, and hospital staff to revive the SC, he was pronounced dead at 11:49 AM. The parents had no explanation for the death of the SC and the SC was otherwise healthy.

Executive Summary

The 6-month-old medically fragile male child (SC) died on 2/19/20. As of 7/2/20, NYCRO had not received a copy of the autopsy report.

The allegations of the 2/19/20 report were DOA/Fatality and IG of the SC by the parents and an unknown female subject.

ACS investigated the 2/19/20 report and found the SC had a pre-existing medical condition at the age of one month and was fitted with medical equipment. The medical condition caused problems with feeding and swallowing. ACS verified the SC was born out of New York State (NYS) and the family relocated to NYS on 12/14/19.

According to the SM, the SC was ill on 2/13/20, and she took him to his physician who diagnosed him with a cold on 2/13/20. This physician prescribed Infant Tylenol, and a medical device with medication to be administered as needed for coughing and another symptom. The parents gave the SC the Infant Tylenol as prescribed. The medical device was delayed due to insurance provider procedure. The medical device processing was completed on 2/18/20, and the SF picked up the device and arrived home at about 8:30 PM. The SM gave the SC the medical device treatment at about 9:00 PM on 2/18/20. The SC was fed through medical equipment around 9:30 PM and was put to bed between 9:30 PM and 10:00 PM, and shortly after the parents went to bed. The SC slept on a small futon bed and the parents slept on a mattress on the floor below the futon. The medical equipment with medication was administered through the night until about 6:30 AM. There were no issues with his feeding and at 6:00 AM she checked him, cleared mucus from his nose, soothed him, and he returned to sleep. The SM said she returned to sleep and the SF left the home. At 9:30 AM, she awoke and checked the SC. He was sleeping as she touched his leg, and he moved. At about 10:30 AM, she checked the SC and observed he was not breathing. He felt cold, so she picked him up and he was limp. She alerted the SF, who returned home by this time. The SF called 911 and began CPR. The Emergency Medical Technician (EMT) arrived and the SC was transported to the hospital.

According to the SF, he left the home early in the morning and returned sometime after 9:00 AM. The SM checked the SC at about 10:30 AM, he saw the SC was not responding so he placed the SC on the table and began CPR. While performing CPR, he called 911. LE arrived and continued CPR.

The Paternal Great Grandmother (PGGM) reported the parents and SC resided with her. She said the SF returned home at about 8:30 PM on 2/18/20 and the SM gave the SC his treatment as he was still coughing. The SC was provided his feeding with his medical equipment. The PGGM played with the SC and she brought him to the parents, who put him in the bed.



On 2/24/20, the ME's office informed ACS that there were no findings.

On 2/25/20, ACS provided the SM with contact information for bereavement counseling.

As of 7/2/20, ACS had not yet made a determination on the fatality report.

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? Unable to Determine

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

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:

As of 7/2/20, the investigation remained open.

Required Actions Related to the Fatality

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

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	The 30-Day Child Fatality Summary Report was not completed timely as it was not completed until 3/30/20.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	ACS must submit a PIP within 45 days that identifies the action the agency has taken or will take 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.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 02/19/2020

Time of Death: 11:49 AM

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

10:30 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

10:58 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Other - Unknown	Alleged Perpetrator	Female	40 Year(s)

LDSS Response

On 2/19/20, LE stated the SC was born with a medical condition, was fed through medical equipment and administered prescribed medication. LE reported the parent stated that on 2/19/20 at 9:30 AM, they observed the SC and there were no concerns. At 10:30 AM, the SM checked the SC and the SC was unresponsive. The SF called 911. LE said, according to the medical professional, there were no marks or bruises on the SC, and no evidence of criminality.

On 2/19/20, the medical personnel reported the SC seemed to have received adequate care. The physician said the SC did not seem healthy as he was extremely small for his age. The physician compared the SC's size of an average child, whose age was a few weeks to one month. According to the physician, the low weight and size were very common in children who are fed through medical equipment. There was no evidence to state that the death of the SC was suspicious.

On 2/19/20, ACS visited the case address to interview the family. The SM provided a timeline of events beginning 2/13/20. She stated that on 2/13/20, the SC had a cough and was ill and she took him to the physician, who prescribed



Infant Tylenol and a medical device with prescribed medication to use as necessary. Per the SM's account, the parents awaited insurance processing for the medical device, which they eventually obtained on 2/18/20. She explained that during the night of 2/18/20 the SC was fine. She said the SF came home with the medical device as the pharmacy called that day to pick it up. She gave the SC the treatment at about 9:00 PM as he still coughed. After the treatment he was fine. At about 9:30 PM, they started feeding him through the medical equipment. The SM said the PGGM played with the SC and brought him to her and she put him to sleep. At 6:00 AM, the SC cried, and she picked him up and saw he was congested. She took out his mucous and soothed him to sleep. She checked him at about 9:30 AM, and he was fine. She checked the SC at about 10:30 AM. She touched his leg but he did not respond and his body felt cold. She turned the SC over, picked him up and he was limp. She then called the SF who started CPR.

The same day, the SF was interviewed, and his account was similar to the SM's. However, he provided additional information. The SF said the SC was fed through medical equipment at night from 9:30 PM to 6:00 AM. He left the SC to play with the PGGM who brought him to the parents in their bedroom, and they put the SC to sleep. The SF said he did not have concerns about the SC at the time they placed him to sleep.

On 2/21/20, ACS interviewed personnel at a medical center where the SC received an examination on 2/13/20. The personnel said the SC was referred by his physician. The referral was for an assessment. The documentation showed the SC was very small for his age, and the parents disclosed he had difficulty gaining weight.

On 2/28/20, ACS obtained the SC's medical records from a clinic. The records reflected the SC was seen at the clinic on 2/13/20. The SC presented as ill. Later, ACS received additional information that showed the SC had an examination with his physician on 1/31/20. The parents were compliant with all appointments. The physician noted there were no concerns regarding child abuse/neglect. Later, the physician informed ACS that the SC was seen on 2/13/20 by another medical specialist. The SC was prescribed the nebulizer and medication. ACS clarified discrepancies about the timeline of the SC's medical examinations and prescribed medications.

On 3/9/20, ACS obtained medical information about the infant's birth from the hospital.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

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 NYC.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053851 - Deceased Child, Male, 6 Mons	053853 - Father, Male, 27 Year(s)	DOA / Fatality	Pending



Child Fatality Report

053851 - Deceased Child, Male, 6 Mons	053853 - Father, Male, 27 Year(s)	Inadequate Guardianship	Pending
053851 - Deceased Child, Male, 6 Mons	053852 - Mother, Female, 21 Year(s)	DOA / Fatality	Pending
053851 - Deceased Child, Male, 6 Mons	053852 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Pending
053851 - Deceased Child, Male, 6 Mons	053854 - Other - Unknown, Female, 40 Year(s)	DOA / Fatality	Pending
053851 - Deceased Child, Male, 6 Mons	053854 - Other - Unknown, Female, 40 Year(s)	Inadequate Guardianship	Pending

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"/>
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 type="checkbox"/>	<input checked="" 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 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 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:
 ACS referred the family to community-based services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

There were no SS or other CHN residing in the home.

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

Explain:

ACS offered the parents bereavement services and they accepted.

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? N/A
 Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With 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 SM and SF were not named as subjects in a SCR report more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS 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