

Report Identification Number: SV-13-047

Prepared by: Spring Valley Regional Office

Issue Date: 4/8/2015

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.

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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 |
| 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 |
| CPR-Cardio-plumonyary Resuscitation | | |
| 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 | MN-Medical Neglect | 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 Suprevision |
| Ab-Abandonment | OTH/COI-Others | |
| 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 | | |

Case Information

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Report Type: Child Deceased
Age: 9 day(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 11/21/2013
Initial Date OCFS Notified: 11/21/2013

Presenting Information

On 11/21/13, at approximately 7 a.m. the mother breast fed the nine-day-old subject child and put the child back to sleep. At an unknown time, either mother or father observed the child to be unresponsive. The parents wrapped the child up in a blanket and brought the child to the emergency room. Hospital staff tried to resuscitate the child however, efforts were unsuccessful and the child was pronounced dead at 9:27 a.m. No other information known at this time, therefore death is suspicious.

Executive Summary

On 11/21/2013, an SCR report was received by Westchester County Department of Social Services (WCDSS). It stated that at approximately 7:00 a.m., the mother (MO) breast fed the nine-day-old SC and put the child back to sleep. At an unknown time, either the MO or father (FA) observed the child to be unresponsive. The parents brought the child to the Montefiore Hospital emergency room where hospital staff tried to resuscitate the child. Efforts were unsuccessful and the child was pronounced dead at 9:27 a.m. The allegations were listed as DOA/Fatality and Inadequate Guardianship against the MO and FA. There were no surviving siblings.

The WCDSS investigation consisted of face to face interviews with the MO and FA. Collateral contacts were attempted and/or made with the following: the source of the report, the local Police Department, the District Attorney's Office, the Medical Examiner's (ME's) Office, Victims Assistance Services, the local Medical Center, a local Community Based Services Organization and the Child Advocacy Center.

WCDSS was unable to substantiate that the parents' act of bed sharing in and of itself resulted in the death of the subject child. WCDSS indicated that it was unclear if the MO actually rolled over onto the SC, believed that she did so after multiple interviews with law enforcement and WCDSS or made the statement due to the grieving process. No aggravating factors were found during the investigation and the MO denied receiving safe sleep information from her medical providers.

At the date of determination, the SC's cause of death remained unknown. The SC had not received any medical care prior to his death. The hospital's medical records provided no evidence of abuse or maltreatment. WCDSS noted that due to the lack of medical evidence and the police investigation noting no criminality, the CW found no proof to substantiate the allegations according to the NYS Social Services Law.

WCDSS held and documented multiple fatality conferences throughout the life of the investigation as well as a determination conference. Progress notes were contemporaneous and documentation was gathered in a timely manner. All necessary collateral contacts were made and documented. The safety assessments reflected the circumstances of the case. WCDSS completed a thorough investigation of the allegations and, based on the facts obtained, appropriately determined each allegation. OCFS is in agreement with the determination of the allegations

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.

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: 11/21/2013

Time of Death: 09:27 AM

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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown
- Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

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Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 9 Day(s) |
| Deceased Child's Household | Father | Alleged Perpetrator | Male | 37 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 33 Year(s) |

LDSS Response

On 11/21/2013, the Caseworker (CW) responded to the report of the fatality and conducted a visit to the SC's home. The CW met with the MO and FA. Both parents denied the allegations and stated that after feeding the SC, the MO laid him on his left side to sleep. Due to the room already being cleaned up, the CW instructed the parents to construct a drawing of their sleeping arrangements and this was added to the case file. The CW assigned to the investigation had multiple documented contacts with the family. During the initial interviews the MO denied the allegations. On 12/30/2013, she made an admission, stating that she laid the SC down to sleep next to her in the center of the full size bed after breast feeding him. The FA admitted to sleeping in the same bed with his back to the SC.

On 11/21/2013, the CW was present at the preliminary police examination of the SC's body. It was observed that the blood had pooled/collected in the skin on the left side, indicating that the SC had expired and remained lying on his left side. As stated, the CW observed the case address along with the local Police and an accurate observation of the home's condition relating to the incident was not viewed/obtained due to the room being cleaned and the bed made. A copy of the ME's Autopsy report was requested on 11/26/2013.

Medical records were obtained for the SC and MO. The CW reviewed these records and noted that the SC had medical complications and remained in the hospital after his birth on 11/12/2013, eventually discharged being home on 11/19/2013. The record indicated that the MO received appropriate medical care and pre-natal services. The local Police Department reported that there was no criminality involved in the criminal case and that the investigation would be closed. Documentation was also obtained that indicated that there were no other records of police incidents or responses on file for the family or case address. The parents' drug/alcohol use as well as mental health status were explored. Both parents reported occasional social drinking and no history of mental health concerns. A Community Based Services Organization reported that they were servicing the family and making diligent efforts to link the parents to bereavement counseling.

Official Manner and Cause of Death

Official Manner: Unknown

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)? Yes

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Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|---------------------------------|-------------------------|--------------------|
| 005721 - Deceased Child, Male, 9 Days | 005722 - Mother, Female, 33 Yrs | DOA / Fatality | Unsubstantiated |
| 005721 - Deceased Child, Male, 9 Days | 005722 - Mother, Female, 33 Yrs | Inadequate Guardianship | Unsubstantiated |
| 005721 - Deceased Child, Male, 9 Days | 005723 - Father, Male, 37 Yrs | DOA / Fatality | Unsubstantiated |
| 005721 - Deceased Child, Male, 9 Days | 005723 - Father, Male, 37 Yrs | Inadequate Guardianship | 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input type="checkbox"/> | <input checked="" 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"/> |

Additional information:

All progress notes were contemporaneous and all documentation was gathered in a timely manner.

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"/> |

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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Needed but not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input 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:

The parents were linked to a Community Based Services Organization with a Spanish-speaking worker in order to provide them with bereavement counseling as well as legal assistance for their immigration status.

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 other children in the household.

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? Yes

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 type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |
- Infant was born:**
- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

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

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

There is no CPS History.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Preventive Services History

There is no Preventive history.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no Placement history.

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