

Report Identification Number: SV-14-024

Prepared by: Spring Valley Regional Office

Issue Date: 7/8/2015

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-pulmonary 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 Supervision
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: 2 year(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 09/03/2014
Initial Date OCFS Notified: 09/03/2014

Presenting Information

A report was accepted by the State Central Registry (SCR) for Child Abuse and Maltreatment on 9/1/14 with allegations of Inadequate Guardianship and Internal Injuries against the mother and parent substitute on behalf of the one-year-old female subject child. The report alleged the child was found unresponsive by the parent substitute on 8/31/14 at 9:00 PM. Emergency Medical Services responded to the home at approximately 9:30 PM. Cardiopulmonary resuscitation was administered at the scene and the child was transported to the hospital, where she was placed on life support. According to the report, the child had no concerning medical history. Tests were performed and the child was found to have traumatic hemorrhaging around the brain and cerebral edema. On 9/3/14 a subsequent SCR report was made, after the child was assessed to have no brain activity and was removed from life support. The allegation of DOA/Fatality was added against the parent substitute.

Executive Summary

On 9/1/14, the Westchester County Department of Social Services (WCDSS) received a report from the SCR, which alleged Inadequate Guardianship and Internal Injuries against the mother and parent substitute. The report stated that on 8/31/14, the child was found unresponsive by the parent substitute. The child was transported to the hospital, where the child was later determined to have no brain activity and removed from life support on 9/3/14. The allegation of DOA/Fatality was added against the parent substitute.

WCDSS' child protective services investigation consisted of contacts with the biological parents, parent substitute, maternal grandmother, law enforcement, hospital staff, and the medical examiner. The child's medical records were reviewed. The parent substitute's biological child and this child's mother were interviewed and it was determined no recent contact with the parent substitute had occurred; this child's mother decided to request an extension on a previously granted order of protection and obtained an order of protection for the parent substitute's biological child.

At the conclusion of the investigation, the subject child's autopsy report was pending, but the Medical Examiner offered a preliminary finding of brain trauma as the cause of death. The child's medical providers supported the preliminary findings, and stated the injuries were consistent with that of a child who died of trauma to the brain caused by excessive shaking or striking.

The allegations against the mother were unfounded as the mother was not home when the child was injured and also because the mother had no prior concerns about the child's wellbeing while under the supervision of the parent substitute. All allegations against the parent substitute were substantiated, given the medical finding of traumatic brain injury and the fact he was the sole caregiver to the child before the child sustained the brain injury which caused her death.

The WCDSS CPS investigation met all NYS regulations.

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: 09/03/2014

Time of Death: 02:28 PM

Date of fatal incident, if different than date of death: 08/31/2014

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

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

Yes

Time of Call:

09:30 PM

Did EMS to 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:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Fell out of bed

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

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

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At time of incident supervisor was: Not

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impaired.

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	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	30 Year(s)

LDSS Response

On 9/1/14, the Westchester County Department of Social Services (WCDSS) received a report from the SCR, which alleged IG and II against the mother and parent substitute. The report stated that on 8/31/14, the child was found unresponsive by the parent substitute. The child was transported to the hospital, where the child was later determined to have no brain activity and removed from life support on 9/3/14. The allegation of DOA/Fatality was added against the parent substitute.

WCDSS' investigation consisted of contacts with the biological parents, parent substitute, maternal grandmother, law enforcement, hospital staff, and the medical examiner. The WCDSS caseworker (CW) conducted interviews at the hospital on 9/3/14. The mother stated on 8/31/14 she left the child in the care of the parent substitute at 6:00 PM. The mother spoke with child and parent substitute by phone at 7:30 PM and 8:40 PM, and had no concerns. The mother stated she had no prior concerns about the parent substitute care of the child. When provided information from the medical team, she expressed suspicion and concern the parent substitute hurt the child on 8/31/14. Hospital staff reported the child's medical history did not contribute to the child's current state. The mother accepted a referral for victims services. During an interview with the MGM, the MGM denied knowing the parent substitute and reported no safety concerns for the child while under the mother's care. The biological father lives out of state and reported no recent contact with the child.

On 9/4/14 the CW met with the parent substitute's biological child and mother of this child. This child's mother reported the parent substitute had not seen the child since 8/1/14, as family court suspended visits after he threatened the mother in front of the child. This child's mother stated the subject child's parent substitute did not know where they lived, worked, or attended school and there was a restraining order in place.

On 9/15/14 the CW visited the subject child's mother at the case address. No obvious hazards were noted by the CW. The mother declined referrals for additional services and reported a plan to move out of state.

The Westchester County District Attorney's Office requested WCDSS delay interviewing the parent substitute, due to a co-occurring law enforcement investigation. The CW interviewed the parent substitute on 10/8/14. The parent substitute stated was in a relationship with the mother for one year, and that he resided with her and the subject child for one month. On 8/31/14, the parent substitute stated the mother left the child in his care at 6:30 PM, shortly after which time the child was jumping on the mother's bed and fell to the floor, but did not appear injured or cry. At around 9:00 PM the parent substitute heard a thud in the bedroom. The parent substitute found the child on the floor face-down, in respiratory distress, bleeding from the mouth. Per the parent substitute, he attempted breathing into the child's mouth, splashed water on her

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face, and then called 911. He stated the child defecated so he quickly washed and changed the child before meeting the ambulance in the street. He denied ever using physical punishment or hurting the child.

The CW interviewed hospital physicians and the medical examiner, and all reported the child died from non accidental brain trauma that is often the result of excessive shaking or hitting.

WCDSS held a determination conference on 10/24/14. All allegations against the mother were unfounded as the mother was not home when the child was injured and she had no prior concerns regarding the parent substitute care of the child. Allegations of IG, II, and DOA/Fatality against the parent substitute were substantiated, given he was the sole caregiver to the child prior to sustaining the injuries which led to her death.

The Autopsy ruled the death as caused by abusive head trauma, a homicide.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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

Comments: Law enforcement requested WCDSS refrain from interviewing the parent substitute until law enforcement investigation activities had concluded. The caseworker was permitted to view interviews of the parent substitute and law enforcement that were videotaped.

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

Comments: The Westchester Child Fatality Review Team, an OCFS approved Child Fatality Review Team, met to review the case as required by the group's protocol.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
011861 - Deceased Child, Female, 2 Yrs	012041 - Mother's Partner, Male, 30 Year(s)	DOA / Fatality	Substantiated
011861 - Deceased Child, Female, 2 Yrs	012041 - Mother's Partner, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
011861 - Deceased Child, Female, 2 Yrs	012041 - Mother's Partner, Male, 30 Year(s)	Internal Injuries	Substantiated
011861 - Deceased Child, Female, 2 Yrs	011862 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
011861 - Deceased Child, Female, 2 Yrs	011862 - Mother, Female, 25 Year(s)	Internal Injuries	Unsubstantiated

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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 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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to

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	Death	Refused	if Used	Offered	Unavailable		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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Victim Services							

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

Explain:

The mother accepted a referral for victims services and declined all other offers for services.

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 within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

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 record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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 record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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