



Report Identification Number: SV-16-023

Prepared by: Spring Valley Regional Office

Issue Date: 1/25/2017

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	

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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 26 day(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 06/07/2016
Initial Date OCFS Notified: 06/09/2016

Presenting Information

The subject child was born at 24 weeks gestation on 5/12/2016 and weighed 2lbs. The subject child passed away on 6/7/16 at the hospital. The subject child never left the hospital. The reported cause of death is Necrotizing Enterocolitis Disease.

Executive Summary

On 5/13/16, the Westchester County Department of Social Services (WCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of Parent’s Drug/Alcohol Use against the mother on behalf of the subject child. The report stated that on 5/12/16, while in foster care, the mother gave birth to the subject child at twenty-four weeks gestation weighing only two pounds. The mother tested positive for marijuana. On 6/7/16, the subject child died at the hospital. It was reported that the cause of death was Necrotizing Enterocolitis Disease. The subject child never left the hospital due to his medical condition.

Visits were made to the home and interviews were conducted with all family members. Contact was made with the source of the report. Criminal and CPS checks were conducted and history was documented. Collateral contacts were made with all medical providers and schools. Releases were signed by the mother and all medical records were requested and received. Supervisory and case conferences were held throughout the life of the case. Progress notes were adequate and entered in a timely fashion. Safety and risk assessments were appropriate and submitted in a timely manner.

Contact was made with the medical examiner throughout the life of the case. As of the date of this report, the autopsy results were pending. The allegations of Parent’s Drug/Alcohol Use were unsubstantiated regarding the mother. The subject child was not born positive for marihuana and according to the medical professionals; the mother’s drug use had no impact on the subject child.

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.

Explain:
At the time of the child fatality, the mother was receiving foster care services. The CPS investigation was closed and ongoing services were not offered as the mother did not have any other children.

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: 06/07/2016 **Time of Death:** Unknown

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

County where fatality incident occurred: BRONX

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? 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

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1



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Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	26 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	38 Year(s)
Deceased Child's Household	Mother	No Role	Female	16 Year(s)

LDSS Response

On 5/13/16, the Westchester County Department of Social Services (WCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of Parent’s Drug/Alcohol Use against the mother on behalf of the subject child. The report stated that on 5/12/16, while in foster care, the mother gave birth to the subject child at twenty-four weeks gestation weighing only two pounds. The mother tested positive for marijuana. On 6/7/16, the subject child died at the hospital. It was reported that the cause of death was Necrotizing Enterocolitis Disease. The subject child never left the hospital due to his medical condition.

Throughout the investigation the caseworker made home visits, interviewed the mother, foster mother and maternal grandmother as well as the foster care worker. The caseworker contacted the source as well as collateral contacts with medical providers and the medical examiner

Supervisory and case conferences were held frequently throughout the life of the case. Regular contact was maintained with the mother, maternal grandmother and birth father. Referrals for bereavement services were offered to the mother, father and maternal grandmother.

Safety and risk assessments were appropriate and completed in a timely fashion. Progress notes were entered timely and contemporaneously.

The allegations of Parent’s Drug/Alcohol Misuse were appropriately unsubstantiated regarding the mother. The mother reported that she had not received prenatal care during her pregnancy. The mother also reported that she kept her pregnancy a secret from everyone and the foster care worker reported not knowing that the mother was pregnant. In addition, the mother admitted to smoking marijuana during her pregnancy but reported that she stopped once she found out she was pregnant. In spite of the mother’s admitted drug use, the subject child was born negative for all substances and according to medical professionals, the mother’s drug use had no impact on the subject child.

The WCDSS caseworker referred the mother for bereavement services as she continued to receive after care services. Listings of bereavement counseling resources were also provided to the father. The Medical Examiner’s report is still pending as of the date of this report.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



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Multidisciplinary Investigation/Review

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

Comments: This fatality was reviewed by an OCFS approved Child Fatality Review Team.

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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



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Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>

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

Explain:

Bereavement counseling was offered to the mother and father.

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

Infants Under One Year Old



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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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/13/2016	11326 - Deceased Child, Male, 26 Days	11327 - Mother, Female, 16 Years	Parents Drug / Alcohol Misuse	Unfounded	No

Report Summary:

A report was called in to the SCR with allegations of Parent's Drug/Alcohol Use against the mother on behalf of the subject child. The report alleged that the mother tested positive for marijuana at the time she gave birth to the subject child. The subject child was born premature and the mother hid her pregnancy until she gave birth.

Determination: Unfounded**Date of Determination:** 07/12/2016**Basis for Determination:**

The subject child was not born positive for marijuana. In addition, it was reported that the subject child was born at 24 weeks gestation and suffered from Necrotizing Enterocolitis Disease. The mother's drug use had no impact on the subject child's death.

OCFS Review Results:

The investigation was appropriate and adequate. No issues were noted.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/03/2014	11322 - Mother, Female, 14 Years	11324 - Grandparent, Male, 42 Years	Educational Neglect	Unfounded	No
	11322 - Mother, Female, 14 Years	11323 - Grandparent, Female, 38 Years	Educational Neglect	Indicated	
	11325 - Aunt/Uncle, Female, 17 Years	11323 - Grandparent, Female, 38 Years	Educational Neglect	Indicated	
	11325 - Aunt/Uncle, Female, 17 Years	11324 - Grandparent, Male, 42 Years	Educational Neglect	Unfounded	

Report Summary:

On 12/3/14 a case was called in to the SCR against the maternal grandmother and maternal grandfather on behalf of the then 17- year old maternal aunt. During the investigation, it was discovered that the mother had been discharged from



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school for not attending. Preventive services were placed in the home and the case was indicated against the maternal grandmother and unsubstantiated against the maternal grandfather on behalf of the then 17-year old maternal aunt as well as the mother.

Determination: Indicated **Date of Determination:** 02/04/2014

Basis for Determination:

A neglect petition was filed on 4/28/14 for continued educational neglect on the part of the maternal grandmother in spite of preventive services being in the home. The maternal grandmother failed to ensure that the mother attend school regularly. The mother was removed and placed in foster care on 6/18/14 due to the continued educational neglect.

OCFS Review Results:

The caseworker appropriately placed preventive services in the home and appropriately filed a neglect petition in response to the maternal grandmother's continued educational neglect. The investigation was conducted appropriately and adequately.

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

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

On 9/14/07, a case was called into the SCR with allegations of Inadequate Guardianship, Lacerations, Bruises and Welts and Parent's Drug/Alcohol Use against the maternal grandfather with regard to the then 12 and 11 year old maternal aunts as well as the mother. The maternal aunts and the mother were visiting their father when he became physically abusive to the maternal aunts. The father abuses alcohol. The maternal grandmother came to retrieve the maternal aunts and mother and the father became physically abusive to her in front of the children. The case was indicated against the maternal grandfather and the case was indicated and remained open for CPS services. The maternal aunts and the mother were returned to the maternal grandmother with supervision.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 06/18/2014

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)



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	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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