



Report Identification Number: SV-18-020

Prepared by: New York State Office of Children & Family Services

Issue Date: Aug 16, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 3 year(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 03/19/2018
Initial Date OCFS Notified: 03/19/2018

Presenting Information

On 3/13/18, the mother was preparing a bath for the 3-year-old child. While mother was doing this, the child ran out of the bathroom and got a hold of a small ball and placed it in her mouth. The child began to choke on the ball. The child went back into the bathroom and mother realized the child was choking. The mother failed to supervise the child adequately for an unknown period of time. The mother called 911 and the child was taken to the hospital. On 3/19/18, at approximately 7:30AM, the child passed away.

Executive Summary

An initial report was made to the SCR on 3/13/18 regarding concerns of a lack of supervision by the mother and the 3-year-old female child and that she had choked on a small rubber ball. This fatality report concerns the death of the child that occurred on 3/19/18, as a result of the choking incident. There were no surviving siblings or other children living in the home.

Westchester County Department of Social Services (WCDSS) coordinated efforts with LE upon receipt of the initial report. The family had no prior criminal history. An autopsy was performed; however, the results were not available at the time of this writing.

On 3/13/18, the mother and child were in the bathroom and mother was getting ready to give the child a bath around 8PM. The child ran out of the room and came back shortly after holding her throat. The child was choking on something and the mother attempted to dislodge the object and was unsuccessful. The mother called 911 and EMS arrived. EMS dislodged the object and transported the child to the hospital. SC had been without oxygen for more than 10 minutes. The SC suffered a brain death while in the hospital and the family agreed to remove the child from all medical devices. The child later died on 3/19/18.

WCDSS gathered information about the child's death from the mother, maternal grandmother, EMS, and hospital staff.

Several home visits were made and collaterals were interviewed. Grief counseling was offered to the family and the mother had already engaged in counseling on her own. The child's father had never met the child and WCDSS was unable to locate him. The family had no CPS history. WCDSS completed required reports and safety assessments accurately and on time and completed a thorough investigation. The case was unfounded and closed on 5/18/18.

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:



Child Fatality Report

- **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:

The casework activity was commensurate with case circumstances.

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: 03/19/2018

Time of Death: 07:30 AM

Date of fatal incident, if different than date of death:

03/13/2018

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

08:30 PM

County where fatality incident occurred:

Westchester

Was 911 or local emergency number called?

Yes

Time of Call:

08:35 PM

Did EMS 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

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

How long before incident was the child last seen by caretaker? 2 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Female	3 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)

LDSS Response

WCDSS initiated their investigation and coordinated efforts with LE upon receipt of the initial report which was received on 3/13/18. On 3/19/18, WCDSS received the fatality report from the SCR and made the appropriate notifications to the Spring Valley Regional Office. There were no surviving siblings. The CW spoke to the source of the report and completed a CPS history check. The family had no CPS history.

WCDSS spoke with the mother at the hospital on 3/14/18. She said she was getting the child ready for a bath around 8PM. She told the child to take her clothes off and go in the tub. The water was not on yet because the mother was using the toilet. The mother said the child ran out of the bathroom and ran back in shortly later holding her throat. The mother attempted to remove what was in her throat but it would not move. She ran into the hallway and screamed for help but no one responded. The mother then went back into the apartment and called 911. The operator instructed her what to do until EMS arrived. EMS arrived and were able to get the ball out. The mother said she had never seen the ball in her home before. The MGM later told the CW that one of her nephews brought the ball over two weeks ago. The MGM told the CW she picked the child up at 6PM from a friend's home and brought her home. When the child's mother came home at 7:15PM, the MGM left.

WCDSS obtained all medical records and notes reflected EMS was called at 8:35PM and arrived approximately 10 minutes later. The child was found unresponsive and bleeding from her mouth. The child was turned over and a few manual blows to the back were performed and the foreign body was eventually removed with forceps. The child was pulseless.

WCDSS spoke with the attending Dr. who had no concerns with the history provided by the family. LE believed the incident to be accidental and found no criminality in the case.

WCDSS completed searches of the sex offender registry, criminal justice database, and probation database and found no history. The CW obtained records from the child's pediatrician who had no concerns.

The CW made several home visits and offered the mother and MGM grief counseling services. The MGM was not interested at the time but the mother had already scheduled an appointment.

The autopsy report was not available at the time of case closure. WCDSS determined the death was not due to any action or inaction on the part of the mother. The case was unfounded and closed on 5/18/18.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Hospital physician



Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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
047206 - Deceased Child, Female, 3 Yrs	047207 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
047206 - Deceased Child, Female, 3 Yrs	047207 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
047206 - Deceased Child, Female, 3 Yrs	047207 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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"/>
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 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 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"/>

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

Explain:
Services were offered to the mother and grandmother. The grandmother declined services at the time and mother had engaged in services on her own.

History Prior to the Fatality

Child Information

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



Was there an open CPS case with this child at the time of death? Yes
 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? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/13/2018	Deceased Child, Female, 3 Years	Mother, Female, 27 Years	Choking / Twisting / Shaking	Unsubstantiated	No
	Deceased Child, Female, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 3 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated	

Report Summary:
 An SCR report alleged that on 3/13/18, the SC was left unsupervised for an unknown amount of time, while in the sole care of her mother. During that time, SC was able to swallow a toy ball that was 4cm in diameter. SC was choking and the mother was unable to dislodge the ball from SC's throat. SC collapsed in the home and the mother sought the appropriate medical care. SC suffered cardiac arrest as a result of choking and was unresponsive for approximately 30 minutes. SC was placed on a ventilator and was unresponsive to any pain.

Report Determination: Unfounded **Date of Determination:** 05/10/2018

Basis for Determination:
 The case was ruled an accident by LE and medical professionals. The mother was unaware another child that had been to their home had left this small rubber ball at their home. The child stepped away from the mother for a couple of minutes and ended up choking on the ball. The mother was unable to dislodge the ball and sought immediate medical assistance. The child later suffered a brain death and died.

OCFS Review Results:
 WCDSS obtained all medical records for the child, worked jointly with LE, spoke with collaterals and determined the incident to be an unfortunate accident. WCDSS appropriately unfounded the report after making sure the mother was engaged in bereavement counseling.

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

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

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

Known CPS History Outside of NYS

There was no 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