

NYS Office of Children and Family Services - Child Fatality Report

Report Identification Number: NY-14-084

Prepared by: New York City Regional Office

Issue Date: 1/16/2015

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

<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 07/20/2014
Initial Date OCFS Notified: 07/21/2014

Presenting Information

An otherwise healthy six-week-old infant passed away on 7/20/14. On 7/14/14, while the mother had been breast feeding the infant, he went into cardiac arrest. The mother called the grandfather who performed CPR on the infant until EMS arrived. The infant was taken to Winthrop Hospital and was put on a ventilator until the time of his death. There was no explanation for the cause of death.

Executive Summary

The family was visiting relatives in Nassau County. The parents had planned to have the MGPs care for the infant while they celebrated their anniversary. On 7/14/14 at approximately 9:11 A.M. the mother was breastfeeding the infant when he became unresponsive. The mother called the MGF who performed CPR until the arrival of the Nassau County (NC) Police and EMS at the home. EMS transported the infant to Winthrop University Hospital at 9:28 A.M. The infant was placed on a ventilator until the parents opted to have him removed on 7/19/14. The infant died on 7/20/14, at 4:45 A.M. The parents had no other children.

Initially, the SCR registered a report on 7/14/14 with the allegation of IG by the parents; however, on 7/20/14, the SCR registered a subsequent report with allegations of DOA and IG against the mother. The ACS Queens Field Office (QFO) initiated the investigation of the report as the parents and infant resided in Queens.

On 7/23/14, the ME reported to ACS that the infant had no sign of abuse, neglect or suffocation; however, the final autopsy was pending. The NCPD found no criminality and closed their case.

ACS unsubstantiated the 7/14/14 report on 8/5/14 and the 7/21/14 fatality report on 9/24/14. ACS' determination for the fatality report allegation of DOA/Fatality is unsubstantiated against the mother "due to lack of evidence." The determination also stated "The ME's preliminary autopsy report was inconclusive with no evidence of abuse or neglect."

The family is engaged in bereavement counseling through their synagogue.

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 NY-14-084**

Yes, sufficient information was gathered to determine all

FINAL

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investigation? allegations.
• Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:
Throughout the investigation, the level of casework reflected the case circumstances. However, safety assessment (S/A) was no Safety Assessments or a RAP was required for this investigation as there were no surviving siblings or other minors in the home. In addition, the final safety assessment assessment type should have been "Investigation Determination," not "Case Closed."

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:
ACS made the appropriate determination and closed the case within the required timeframe.

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: 07/20/2014 Time of Death: 04:45 AM

Date of fatal incident, if different than date of death: 07/14/2014
Time of fatal incident, if different than time of death: Unknown

County where fatality incident occurred: NASSAU
Was 911 or local emergency number called? Yes
Time of Call: 09:11 AM
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

Did child have supervision at time of incident leading to death? Yes
Is the caretaker listed in the Household Composition? Yes - Caregiver

At time of incident supervisor was: Not

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		1 Month(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)

LDSS Response

The QFO initiated the SCR report within the 24 hour timeframe. ACS joined with the NCPD to complete a thorough investigation. All collaterals were interviewed and ACS performed searches for any DV and criminal history and there was none found for either parent.

There were no surviving siblings or other minors in the home. ACS made their determination based on their findings and it was appropriate.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No

Comments: The QFO joined with the Nassau County Police Department to conduct the investigation because the parents lived in Queens and the incident occurred at the MGP's home in NC.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: New York City does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child 1 Month(s)	Mother Female 31 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child 1 Month(s)	Mother Female 31 Year(s)	Inadequate Guardianship	Unsubstantiated

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CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The SCR Report source contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral

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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 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"/>

Additional information, if necessary:
 The parents had no other children. They received counseling from their Rabbi and also engaged in family planning with their physician.

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 are no siblings or other minors in the home.

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

Explain:

The family engaged in bereavement counseling with the leaders in their synagogue.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

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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? No
Was the child acutely ill during the two weeks before death? No

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/14/2014	271-Deceased Child, Male, 1 Months	272-Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	271-Deceased Child, Male, 1 Months	273-Father, Male, 32 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 7/14/14 at approximately 9:11 A.M. the mother was breast feeding the infant when he became unresponsive. She called the MGF who performed CPR until the Nassau County (NC) Police and EMS' arrival to the home. EMS transported the infant to Winthrop University Hospital at 9:28 A.M. The infant was placed on a ventilator until the parents opted to have it removed on 7/19/14. The infant died on 7/20/14, at 4:45 A.M.

Determination: Unfounded **Date of Determination:** 08/05/2014

Basis for Determination:

On 8/5/14, ACS unsubstantiated the allegation of Inadequate Guardianship of the infant by the mother. ACS determined there was no credible evidence to support the allegations. ACS based their determination on the results of their investigation. ACS documented that when EMS transported the infant was to the Hospital there were no indications of abuse or maltreatment. The father was at work when the incident occurred.

OCFS Review Results:

ACS appropriately unsubstantiated the allegations. ACS interviewed all collaterals and there were no inconsistencies. The family was cooperative and the investigation was thorough.

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

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

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There was no CPS History for either parent more than three years prior to the fatality.

Known CPS History Outside of NYS

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

LDSS: Pertinent Information Related to the Fatality

The ME found no signs of abuse, neglect or suffocation. The parents reported the infant had no known medical conditions. The ME final report is pending. ACS completed a thorough investigation.

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