



**Report Identification Number: NY-16-119**

**Prepared by: New York City Regional Office**

**Issue Date: Jun 30, 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:** 2 year(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 11/19/2016  
**Initial Date OCFS Notified:** 11/19/2016

### Presenting Information

On 11/19/16, the SCR registered two reports. The reports noted the 2-year-old SC died on 11/19/16 while in the care of the mother and his two MUs. The reports alleged the SC had a fever for an unspecified amount of time, and was last observed alive sometime between 1:00 P.M. and 3:00 P.M. The reports alleged that at approximately 4:20 P.M., the mother found the SC unresponsive in bed and the SC was taken to the hospital at 5:10 P.M. and was pronounced dead on arrival. The report also alleged the SC had no medical condition and the cause of his death was unknown.

### Executive Summary

The SC was two years old when he died on 11/19/16. As of 4/26/17, the ME has not yet provided the cause or manner of death.

On 11/19/16, the SCR registered two reports with allegations of DOA/Fatality and Inadequate Guardianship of the SC by the mother and his two MU's. However, one of the MUs was a minor.

According to the mother, the SC awoke at about 8:00 A.M. and appeared fine. At approximately 1:00 P.M., the SC appeared to have a fever and the mother gave him over-the-counter medication. However, the mother did not use a thermometer to measure the SC's temperature.

The mother reported sometime after 2:00 P.M. she placed the SC on the MGM's bed to take a nap. The mother said she checked the SC sometime after 4:00 P.M. and found the SC unresponsive. The mother stated she called out for the MU and he administered CPR while the mother called 911. EMS arrived and transported the SC to Woodhull Hospital where he was pronounced dead at 5:10 P.M. The MUs corroborated the mother's account.

The NYPD, hospital medical staff and the ME did not find any physical indications of trauma or matreatment on the SC's body. In addition, the NYPD found no criminality concerning the SC's death.

As of 4/26/17, ACS had not yet made a determination for this investigation.

### 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?** N/A

#### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** The CPS report had not yet been determined at the time this Fatality report was issued.



- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

No safety assessment is required as there are no minor children in the home.

- Was the decision to close the case appropriate? N/A

- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Unable to Determine

- Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**

ACS is awaiting the results of the autopsy report; therefore the case remains open.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 11/19/2016

**Time of Death:** 05:10 PM

**County where fatality incident occurred:** KINGS

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**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?** No - Not needed given developmental age or circumstances

**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	Aunt/Uncle	No Role	Male	17 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	51 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)

### LDSS Response

Following the fatality report, ACS made contact with the NYPD, ME, hospital staff, service providers and family members.

The NYPD indicated the 911 was made at 4:40 P.M. When the NYPD arrived at the home, there were four family members present who reported the SC had a fever and was given over-the-counter medication by the mother and then placed to take a nap on the MGM's bed.

ACS met with the NYPD and the ME at the case address where the mother re-enacted the manner in which she placed the SC down on the MGM's queen size bed for a nap. The mother demonstrated with a doll that she placed the SC on his stomach horizontally across the bed with his head on a pillow. The mother said the SC's face was pointing to the right. According to the mother, when she returned to check the SC he was in the same position she had placed him to take the nap. The Specialist observed there was vomit on a pillow and the comforter that were on the bed.

The adult MU indicated he saw the SC briefly at 10:00 A.M and did not pay much attention to him at that time. The MU said he left the home to do laundry and arrived at 4:20 P.M. at which time he asked the mother about the SC's whereabouts. The MU said the mother then went to the MGM's room and found the SC unresponsive. The MU said the mother called him into the MGM's bedroom and he turned the SC over and observed the child was blue and had vomit on his face. The MU said he administered CPR, but the SC did not respond. The MU stated the mother called 911 and EMS responded to the home. The MU said that EMS also administered CPR before transporting the SC to the hospital. The MU was certified in NYS to administer CPR. The 17-year-old MU corroborated this account. Neither the MGM nor her spouse were present when the incident occurred.

The father did not reside in the home and was no longer in a relationship with the mother. However, he continued to have contact with the family. The father had no concerns about the level of care the SC received from any of the adults in the household.

The attending physician from Woodhull Hospital stated the SC was brought in by the ambulance at 5:00 P.M. accompanied by the mother. The physician stated the SC was pronounced dead on arrival after efforts to resuscitate the SC failed. The physician indicated the SC's temperature at the time of his arrival to the hospital was 101.9 Fahrenheit. The official time of death was 5:10 P.M.

The day care provider (DCP) indicated the SC had attended the day care on 11/18/16 and appeared well. The DCP had no concerns about the care the SC received at home. The DCP noted that she had never known the SC to be sick.

The SC pediatrician provided information concerning the SC's death and confirmed the SC had no medical condition. The pediatrician stated the mother kept up with the SC's medical appointments and sought medical attention for the SC when



necessary.

ACS remains in contact with the ME; however, the ME has not provided a cause or manner of death.

As of 4/26/17, ACS did not make a determination in this case.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** The investigation adhered to previously approved protocols for joint investigation.

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC Region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037221 - Deceased Child, Male, 2 Yrs	037226 - Aunt/Uncle, Male, 31 Year(s)	DOA / Fatality	Pending
037221 - Deceased Child, Male, 2 Yrs	037222 - Mother, Female, 23 Year(s)	DOA / Fatality	Pending
037221 - Deceased Child, Male, 2 Yrs	037226 - Aunt/Uncle, Male, 31 Year(s)	Inadequate Guardianship	Pending
037221 - Deceased Child, Male, 2 Yrs	037222 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<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"/>
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
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Additional information, if necessary:</b> No services needed.							

**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 was no need for immediate services in response to this fatality. The SC was the mother's only child.

There was a 17-year-old MU who resided in the home, however, he turned 18 in December 2016. Currently there are no minor children in the home.

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

**Explain:**

There were no immediate needs in response to the fatality for the parents or other adults in the home.

ACS provided information concerning bereavement counseling; however, it is not clear whether the family engaged the service.

## History Prior to the Fatality

## Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No





## CPS - Investigative History Three Years Prior to the Fatality

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

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

The mother was known as a child in report dated 6/1/09. The MGM was listed as the subject of the report with the allegation of Educational Neglect. ACS unsubstantiated the allegation citing there was no credible evidence to substantiate the allegation.

The MU was name as the subject in an indicated SCR report dated 6/6/16 concerning his children. The report involved an incident of domestic violence between the MU and his wife in the presence of their children. ACS filed an Article 10 Neglect Petition at the Kings County Family Court on 6/13/16. The children were paroled to their mother. Family Court issued a full stay away order of protection against the MU on behalf of his wife and children except for supervised visits with his children at ACS' Field Office.

## Known CPS History Outside of NYS

The family had no known history outside of NYS.

## 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.

## 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