

Report Identification Number: NY-16-113

Prepared by: New York City Regional Office

Issue Date: May 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: 1 month(s)

Jurisdiction: Queens
Gender: Female

Date of Death: 11/09/2016
Initial Date OCFS Notified: 11/09/2016

Presenting Information

The 11/09/16 initial SCR report alleged the SM fed the SC at approximately 2:30 a.m. and then left the SC in the care of the SF. The report alleged the SM went back to sleep and woke up at 9:00 a.m. to find the SF sleeping on one side of the sofa and SC on the other side. The SM determined the SC was unresponsive and immediately called 911. The SC was taken to Elmhurst Hospital where she was pronounced dead at 9:49 a.m. The SM was listed as having an unknown role due to the SF having been left responsible to care for the infant at the time of the incident.

The 11/9/16 subsequent SCR report alleged the SM found the SC with blood on her ears and nose, and having defecated on herself. The SC was also unresponsive. EMS was called and the SC was taken to the hospital where she was pronounced dead. At the time of death, the SC was in the care of the SM. The SM was unable to provide an explanation for the SC's death. The role of the father was unknown.

Executive Summary

The 8-week-old female infant (SC) died on 11/9/16. ACS made telephone contact with the ME on 2/24/17. ACS documented the ME listed the cause of death as undetermined (couch sharing with an adult) and the manner of death as undetermined. As of 3/28/17, NYCRO has not yet received the autopsy report.

The allegations of the 11/9/16 reports were IG and DOA/Fatality of the SC by the SM and SF.

ACS made several collateral contacts with the ME and the SC's Dr., on 11/14/16. The ME said the SC had no broken bones. ACS documented that the SC had a medical condition. The Dr. informed ACS that there were no concerns regarding the SC's care because the SC was gaining weight and the subject parents were compliant with medical visits. The Dr. had diagnosed the SC with a pre-existing medical condition; but, noted that for the first few months of life, the pre-existing condition could be normal for a child to experience. If a child had the pre-existing condition in addition to not growing well or feeding well, there would have been a concern. The Dr. explained that the SC had no ER visits or hospitalizations prior to death. The Dr. had examined the SC on 10/17/16 for the first month immunization. The SC was screened for various conditions and the results were negative.

ACS conducted face-to-face interviews with SM and SF on 11/9/16. The SM said on 11/9/16, at approximately 4:00 a.m., she left the SC in the care of the SF. The SM reported waking up at 9:00 a.m. and observing the SC lying perpendicular to the length of the couch. She checked the SC and found she was not breathing. The SM said she did not observe pillows or toys next to the couch. ACS learned the SM observed the SC not breathing. The SM reportedly contacted 911 and was instructed by the operator to perform CPR. ACS interviewed the SF and learned that he fed the SC after 4:00 a.m. and laid the SC on the couch (on her back). The SF informed ACS that he fell asleep and was awakened by the SM.

Following the initial home visit on 11/9/16 and , ACS staff re-interviewed the SM and SF on 12/8/16 and 1/6/17; ACS obtained an account of the events that occurred the evening prior to SC's death. During the 12/8/16 interview with ACS staff, the SF stated he consumed 2 glasses of red wine, 3 ounces each glass, two 12 ounce beers, and a scotch Johnnie Walker 10 ounce glass half full with added water. ACS documented that the SF began drinking at



9:30 p.m. and ended at 2:30 am on 11/8/16. ACS offered the SF a referral to address his alcohol misuse but the SF declined the offer. The family accepted a referral for bereavement counseling. ACS learned that the subject parents received safe sleep practice education at the New York Presbyterian, Weil Cornell Hospital (NYPH).

On 1/6/2017, ACS made phone contact with the SM who reported drinking two glasses of red wine and one 12 ounce can of Coors light. ACS learned that SM did not breastfeed the SC. ACS case notes reflected that the SM reported that the SC and SF were sleeping on the couch together at the time of the SC's death. ACS observed that the SC had a crib; during the home visit the staff did not observe any objects in the crib. ACS offered the family burial assistance, however the family declined. The family arranged to have SC buried out of New York State.

ACS documented phone contact with the SC's Dr. who said the family was referred to a Community Based Organization for bereavement counseling. ACS contacted the MGM, who said she had no concerns regarding the care the parents provided the SC.

On 3/01/17, ACS substantiated the allegations of DOA/Fatality and IG of the infant by the SM and SF on the basis that the SF co-slept with the SC on the couch. The SM and SF was trained on safe sleep practices prior to the SC's release from the hospital. ACS found credible evidence that SM allowed the SF who was intoxicated to care for SC.

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

Explain:

N/A

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:

N/A

Required Actions Related to the Fatality

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



Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	ACS did not submit the 30-day Fatality Report within the required timeframe. For the 11/9/16 fatality report, ACS completed the 30-day report on 1/13/17.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	ACS must meet with the staff involved in this investigation and inform OCFS of the date of the meeting, who attended, and what was discussed. ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Adequacy of Child Protective Services casework contacts
Summary:	ACS documented that the SF and SM admitted to drinking alcohol prior to the death of SC. ACS did not consult the substance abuse consultant, or mental health consultant for further investigatory assistance.
Legal Reference:	432.2(b)(4)(vi)
Action:	ACS must meet with the staff involved in this investigation and inform OCFS of the date of the meeting, who attended, and what was discussed. ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Pre-Determination/Nature, Extent and Cause of Any Condition
Summary:	ACS substantiated the allegations of IG and DOA/Fatality against SM and SF; however, did not add the allegations of PD/AM, as ACS noted the SC's death appeared to be related to SF and SM's impairment while under the influence of alcohol.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	ACS must meet with the staff involved in this investigation and inform OCFS of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.
Issue:	Adequacy of Progress Notes
Summary:	ACS did not write the investigation progress notes contemporaneously. CONNECTIONS Investigation Progress Notes dated 11/16/2016 were not entered until 1/6/2017. These notes were not entered within the required 30-day timeframe.
Legal Reference:	18 NYCRR 428.5
Action:	ACS must meet with the staff involved in this investigation and inform OCFS of the date of the meeting, who attended, and what was discussed; and submit a corrective action plan within 45 days that identifies what action it has taken or will take to address this issue.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/09/2016

Time of Death: 09:49 AM



County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 09:00 AM

Did EMS to respond to the scene? Yes

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

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At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

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	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)

LDSS Response

On 11/09/16, the ACS Instant Response Team learned that the SC's body was at Elmhurst Hospital. ACS documented that the SC was found un-responsive while in the SF's care. ACS attempted phone contact to the hospital social worker; however, the attempt was unsuccessful as there was no response.

On 11/10/16, ACS staff contacted the ME's office and verified the SC's time of death was listed as 11/9/16 at 9:49 a.m. ACS made 24-hour contact and conducted a joint interview of the SM and SF with the Investigative Consultants (IC). ACS contacted LE and learned there appeared to be no criminal intent pertaining to the SC's death. There were no arrests. ACS staff visited the case address and observed the parents had a crib for the SC.

On 11/14/16, ACS contacted the ICs, EMS, LE and Dr. ACS obtained Domestic Incident Reports (DIR) from the ICs and found the parents did not have DIR or criminal history. EMS informed ACS that the SC appeared unresponsive and pulseless, when EMS arrived at the home. LE attempted CPR when they arrived at the case address.



On 11/15/16, ACS staff interviewed the ME and discussed the preliminary findings. The ME said the examination results were negative for child abuse/maltreatment. ACS received and reviewed the SC's medical records from Elmhurst Hospital Center, and made phone contact with the nurse in order to obtain further information about the SC.

On 1/6/17, the ACS Specialist re-interviewed the SM and obtained a detailed account of the timeline of events surrounding SC's death. ACS learned that the SM and SF consumed alcohol the night before SC's death. The SM reported having completed emergency medical training as part of her job requirement. The SM said at the time she observed the SC was unresponsive on 11/9/16, she attempted CPR but the SC did not respond. The parents contacted 911 and EMS arrived at the case address. To support the SM and SF the ACS supervisor advised the Specialist to refer the subject parents to bereavement counseling. ACS made phone contact with the Dr. and learned that the SC's immunizations were up to date.

ACS documented phone contact with SC's Dr. who noted the family was referred to a Community Based Organization for bereavement counseling. The parents accepted the offer for services on 1/10/17.

ACS made collateral contact with the Investigative Consultants to obtain the requested 911 tapes and transcripts on 1/11/17.

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 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 New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035681 - Deceased Child, Female, 1 Mons	036505 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
035681 - Deceased Child, Female, 1 Mons	035683 - Father, Male, 33 Year(s)	DOA / Fatality	Substantiated
035681 - Deceased Child, Female, 1 Mons	035683 - Father, Male, 33 Year(s)	Inadequate Guardianship	Substantiated
035681 - Deceased Child, Female, 1 Mons	036505 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated



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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were no "other person named" in the report. CONNECTIONS Investigation Progress Notes showed events occurred on 11/16/16, but were not entered until 1/6/17.

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 checked="" type="checkbox"/>	<input 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 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"/>

Additional information, if necessary:
 ACS offered the SM and SF bereavement classes and burial assistance. The subject family declined burial assistance.

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 were no surviving children in the household.

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

Explain:
 ACS referred the SM and SF to bereavement counseling.

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

Infants Under One Year Old

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

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

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

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

Additional Local District Comments

N/A

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