



**Report Identification Number: NY-15-054**

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

**Issue Date: 12/22/2015**

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.



## Abbreviations

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	MN-Medical Neglect	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	
<b>Miscellaneous</b>		
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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Bronx  
**Gender:** Female

**Date of Death:** 07/03/2015  
**Initial Date OCFS Notified:** 07/03/2015

## Presenting Information

The SCR registered a report alleging that on 6/30/15, the mother left the SC in the care of the MGM for three hours. When the mother returned to the home, the SC had a fever. The mother gave the SC Tylenol and placed the SC to sleep with her on the bed. The mother awoke and found the SC unconscious, and with her eyes open. EMS was called and the SC was taken to Bronx Lebanon Hospital. The medical examinations revealed that the SC had sustained an intracranial hemorrhage and subdural hematoma. Hours later the SC was transferred to Montefiore Children's Hospital (MCH) where she remained on life support until 7/3/15 when she was pronounced dead. The roles of the SC's three siblings were unknown.

## Executive Summary

The SC was 6 months old when she died on 7/3/15. The autopsy was completed; however, the report is pending.

ACS had an open investigation dated 6/30/15 concerning the injuries that led to the SC's hospitalization. At the time of the incident, the mother was home with the MGM, SC and the three siblings. The mother resided with her children in a two-bedroom apartment. The MGM who resided elsewhere was also present at the time of the incident; however, she refused to provide her address.

According to the mother, on 6/30/15 she awoke at 8:00 AM and noticed the SC had a blank stare and labored breathing; there was mucus coming from the SC's nose and mouth. The BM called 911; EMS responded and transported the SC to St. Barnabas Hospital. Hours later the SC was transferred to MCH where she was placed on a ventilator in the NICU. The SC succumbed to her injuries on 7/3/15 at 1:22 PM.

On 7/3/15, the SCR registered a report with allegations of DOA/Fatality, Internal Injuries and Inadequate Guardianship of the SC by the mother and the MGM.

Initially, it was suspected that the SC's injuries were due to shaken baby syndrome (SBS); however, the medical staff and the ME found no signs of trauma or abuse. The ME determined that the SC's injuries were not inflicted. The medical staff from MCH noted that the cause of death was due to an intracranial hemorrhage and cardiac arrest. This has not been confirmed by the ME. Medical examinations revealed the SC also had other medical conditions which could have caused the subdural hematoma and the other unusual findings. The NYPD confiscated the SC's bottle and formula and both were tested. Nothing unusual was found in the formula.

ACS held a CSC and found no concerns for the siblings' safety. Therefore, there was no Family Court intervention needed. The siblings remained in the care of the BM.

ACS maintained contact with the ME; however, as of 12/22/15, the ME has not issued the autopsy report or provided a verbal report of the cause and manner of death.

ACS has not made a determination on this report..



## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? 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? 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:

N/A

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

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

### Explain:

The investigation determination is pending.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of Child Protective Services casework contacts
<b>Summary:</b>	The bi-weekly required visits with the family were not completed.
<b>Legal Reference:</b>	432.2(b)(4)(vi)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.
<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	The SC's father was not provided with a NOE.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date



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of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

<b>Issue:</b>	Adequacy of Progress Notes
<b>Summary:</b>	The progress notes were not clear and concise. Discrepancies were not explored for clarification. The home visits did not include a description of the home.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	The SC's father came to US and was present during visits; however, he was not interviewed. The sibling visited their father via a PA, but ACS did not make effort to interview him.
<b>Legal Reference:</b>	18 NYCRR 432.1 (b)(3)(ii)(a)
<b>Action:</b>	ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction 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:** 07/03/2015

**Time of Death:** 01:22 AM

**Date of fatal incident, if different than date of death:** 06/30/2015

**County where fatality incident occurred:**

BRONX

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

Yes

**Time of Call:**

09:10 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:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

**How long before incident was the child last seen by caretaker?** 3 Hours

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

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**At time of incident supervisor was:**

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

**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	Female	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	56 Year(s)

**LDSS Response**

Following the receipt of the fatality report, ACS continued the investigations of both reports simultaneously.

The BM reported that at approximately 8:00 AM on 6/30/15, she awoke and noticed there was mucus coming from the SC's nose and mouth. The SC had a blank stare and labored breathing. The BM called 911; EMS responded and transported the SC to the hospital. The SC was diagnosed with a subdural hematoma and intracranial hemorrhage. Hours later, the SC was transferred to MCH where she was placed on a ventilator and subsequently died on 7/3/15.

The BM indicated that she called the MGM on 6/29/15 to care for the children. Prior to leaving the home at 12:00 A.M. on 6/30/15 she fed the SC. The BM showed ACS that at 2:11 A.M., she received a text from the MGM asking her to come home because the SC was not feeling well. The BM said she returned at 2:45 A.M. When she arrived, the SC was crying and felt hot, so she administered Tylenol. The SC's temperature was not documented. The BM said she and the SC finally fell asleep at about 5:00 A.M. When she awoke at 8:00 AM, the SC had a blank stare and labored breathing; there was mucus coming from the SC's nose and mouth. A MU who was visiting took the SC out to the hallway for air until EMS arrived.

The EMS liaison indicated that the call was at 9:10 A.M. The hour discrepancy in the time the BM discovered the SC unresponsive and the call to EMS was not explored. The response times to the home and the hospital were not documented. EMS confirmed that the SC had severe breathing difficulty. The SC's lips were cyanotic. The SC did not require resuscitation, she had a pulse, but was lethargic and responded to pain.

The medical staff from MCH and the ME found there were no signs of trauma or abuse, indicating that the SC's injuries were not inflicted. The medical records from St. Barnabus Hospital reflected that the SC had septicemia. ACS did not



inquire from the ME whether this condition could have caused the SC's death.

The MGM confirmed the BM's account of events leading to the 911 call. However, she did not provide a timeline of events. The MGM came to the home at 7:00 P.M. on 6/29/15. After the BM left, the SC became fussy and felt hot. Therefore, the MGM had the 11-year-old child text the BM. The MGM said that once the BM arrived, she gave the SC Tylenol and then took the SC to her room. The MGM said she slept in the living and heard the BM scream that something was wrong with the SC. The MGM said she immediately took the SC to the bathroom and put water on the SC's face. The BM called 911, and a MU who was visiting that morning took the SC out to the hallway "for air" until EMS arrived. ACS interviewed relatives and none expressed concerns about the mother's ability to care for her children, including the SC.

The 11-year-old confirmed the MGM's account and noted that the SC had regurgitated twice while the BM was out. She said she strapped the SC in the bouncer and then went to sleep. The 9-year-old said she went to sleep at 8:00 P.M. on 6/29/15, the 7-year old child declined to provide his account of the hours he was in the care of the MGM.

ACS assessed the surviving children were safe in the mother's care, but failed to conduct the biweekly visits required for CPS investigations.

As of 12/22/15, ACS has not made a determination.

### 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 NYC Region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018841 - Deceased Child, Female, 6 Mons	018842 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
018841 - Deceased Child, Female, 6 Mons	018842 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending
018841 - Deceased Child, Female, 6 Mons	018842 - Mother, Female, 30 Year(s)	Internal Injuries	Pending



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018841 - Deceased Child, Female, 6 Mons	022704 - Grandparent, Female, 56 Year(s)	Internal Injuries	Pending
018841 - Deceased Child, Female, 6 Mons	022704 - Grandparent, Female, 56 Year(s)	DOA / Fatality	Pending
018841 - Deceased Child, Female, 6 Mons	022704 - Grandparent, Female, 56 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"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

N/A

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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



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## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:**

ACS assisted with funeral expenses; however, the payment to the funeral hall is pending. ACS needs to complete a financial assessment as the family had serious arrears with the rent and utility.

**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 immediate services needed. However, ACS made referrals for the mother to seek bereavement counseling for the children. As of 12/7/15, ACS had not documented the status of the referrals.

**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 services needed. However, ACS provided referrals for bereavement counseling and offered monetary assistance for the funeral cost. As of 12/7/15 there has been no update on the status of the counseling.



However, as of 12/7/15, ACS had not made payment to the funeral home.

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

### 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/16/2015	5297 - Sibling, Male, 6 Years	6411 - Mother, Female, 32 Years	Educational Neglect	Unfounded	Yes
	5299 - Sibling, Male, 8 Years	6411 - Mother, Female, 32 Years	Educational Neglect	Unfounded	
	5300 - Sibling, Female, 10 Years	6411 - Mother, Female, 32 Years	Educational Neglect	Unfounded	

#### Report Summary:

On 3/16/15, the SCR registered a report alleging the SC's three older siblings had missed over 20 days of the current 2014-2015 school year. The report alleged that the siblings were either failing all subjects or had a promotion in doubt. The report noted that the mother was aware of the situation and had done nothing to intervene.

**Determination:** Unfounded **Date of Determination:** 05/15/2015

**Basis for Determination:**



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ACS unsubstantiated the allegation of educational neglect against the mother citing that she was out of the country and left the children in the care of a relative who failed to take the children to school. The investigation noted that the mother left the country with the infant to visit the SC's father from 3/18/15 through 4/27/15. This is after the SCR report was registered.

**OCFS Review Results:**

The BM left the children with a relative who did not properly care for the children or take them to school regularly. This person was involved in an altercation with a MA in the presence of the children; the police were called. The BM was contacted and she arranged for another relative to care for the children, but made no effort to return.

School staff had concerns about the children's behavior and attendance, but ACS did not focus on the reported issues involving the BM. The BM's excuse for the children' absences was that they were either sick or the weather was bad. The children's school was far from the home, but the mother would not consider a transfer from the school.

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

**Issue:**

Adequacy of Progress Notes

**Summary:**

The progress notes were not clear and concise. They did not document details concerning each individual child's attendance and grade to explore the information alleged in the SCR report. There was no detailed discussion with the BM about the information ACS obtained from the school relative to the allegations of the report prior to her leaving for vacation.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

**Issue:**

Appropriateness of allegation determination

**Summary:**

ACS received some credible evidence from the school staff to substantiate the allegation of EDNG. However, did not take it into consideration when making the determination. ACS also obtained information to add the allegation of IG. The mother went on vacation in the middle of the school year and left left the three children with an unreliable resource.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/01/2015	5296 - Deceased Child, Female, 6 Months	5291 - Mother, Female, 32 Years	Inadequate Guardianship	Pending	Yes
	5296 - Deceased Child,	5291 - Mother, Female, 32	Internal Injuries	Pending	



# NYS Office of Children and Family Services - Child Fatality Report

Female, 6 Months	Years		
5296 - Deceased Child, Female, 6 Months	5292 - Grandparent, Female, 56 Years	Internal Injuries	Pending
5296 - Deceased Child, Female, 6 Months	5292 - Grandparent, Female, 56 Years	Inadequate Guardianship	Pending

**Report Summary:**

On 7/1/15, the SCR registered a report alleging that the SC was fed by the mother on 6/29/15 at 11:00 PM. After the feeding, the mother left the SC to sleep with her on the bed. On 6/30/15 at approximately 6:00 AM, the mother noticed that the SC awoke with mucus coming out of her mouth. The mother noticed the SC was not “acting normal” and called 911. The SC was transported to the hospital where it was determined that she had a hematoma and an intracranial hemorrhage. It was alleged that the SC had been ill three weeks prior to the incident.

The SC died on 7/3/15.

**Determination:** Undetermined

**OCFS Review Results:**

On 6/30/15, at approximately 8:00 AM, the BM awoke and noticed there was mucus coming from the SC’s nose and mouth. The SC had a blank stare and labored breathing. The BM immediately called 911. EMS transported the SC to St. Barnabus Hospital where it was discovered she had a subdural hematoma. The SC was transported to Montefiore Children’s Hospital where she died on 7/3/15. It was initially suspected the injuries could have been the result of SBS, but further examination revealed that the SC had no signs of trauma or abuse.

ACS assessed that the surviving siblings were safe in the home.

As of 12/7/15, the ME had not the autopsy report or provided a verb report.

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

**Issue:**

Adequacy of Child Protective Services casework contacts

**Summary:**

The bi-weekly required visits with the family were not completed.

**Legal Reference:**

432.2(b)(4)(vi)

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction 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:**

The progress notes were not clear and concise. Discrepancies were not explored for clarification. The home visits did not include a description of the home. There was no continuity of services offered.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who



attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

**Issue:**

Face-to-Face Interview (Subject/Family)

**Summary:**

The SC's father came to US and was present during visits; however, he was not interviewed. The sibling visited their father via a PA, but ACS did not make effort to interview him.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(a)

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

**Issue:**

Timeliness of Determination

**Summary:**

Although ACS had sufficient information to make a determination of the allegations, the report remains open.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

ACS must meet with the staff involved in this fatality investigation and inform NYCRO of the date of the meeting, who attended, and what was discussed; and submit a correction action plan within 45 days that identifies what action it has taken or will take to address this issue.

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

The mother was listed as a subject of an unfounded report dated 12/2/09 for Inadequate Guardianship of her older children's half-sister. It was alleged that the half-sister witnessed the violence between the mother and the older children's father. It was noted that the half-sister did not reside in the home.

From 2002 through 2007, the MGM was known as a subject of five SCR reports; three reports were indicated. The allegations of the reports were Parents' Drug/Alcohol Misuse, Educational Neglect, Lack of Medical Care and Inadequate Guardianship of her children. The reports involved her adult children; however, none listed the mother as a maltreated child. The reports reflect the MGM had a history of drug use, untreated mental illness, unstable housing and income. At the time of the fatality, the MGM had an open FSS involving her eighteen-year-old adult child who was in a RTF. The PPG for this child was APPLA.

**Known CPS History Outside of NYS**

The family has no known 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 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