



Report Identification Number: NY-16-046

Prepared by: New York City Regional Office

Issue Date: 12/9/2016

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: 5 month(s)

Jurisdiction: Kings
Gender: Male

Date of Death: 05/06/2016
Initial Date OCFS Notified: 05/11/2016

Presenting Information

On 3/28/16 infant child 4 month old became unresponsive at approximately 9:00 p.m. The 4 month old male infant was unable to breathe on his own and required respiratory support. The SM, SF and regular babysitter all had access to the child on 03/28/16. OCFS received a follow-up report on 05/11/16 indicating the five month old male child died at the rehabilitation center on 5/6/16. The cause of the child's death was believed to be from Sudden Infant Death Syndrome (SIDS). The report stated there was no evidence to indicate that the child was abused or that the cause of death was related to abuse or neglect.

Executive Summary

On 3/29/16 a report was registered by the SCR regarding an incident that occurred on 3/28/16. The allegations of the report were Internal Injuries, Swelling, Dislocations, Sprains, and Inadequate Guardianship of the 5-month-old child by the parents and babysitter.

On 3/28/16, while in the care of a babysitter, this 5-month-old male child experienced an acute life threatening event. The babysitter called the private ambulance service and the child was transported to the Brooklyn Hospital Center. During transport, the child had to be revived three times. Doctors at the hospital assessed that the child needed a higher level of care and he was transferred to Columbia University Medical Center. Medical examinations did not reveal any signs of trauma and there were no signs of abuse. The child remained at Columbia University Medical Center until 5/4/16 when he was again transferred to the Sunshine Children's Home and Rehabilitation Center for continued care. During the child's hospitalization, ACS maintained contact with the family and made the appropriate collateral contacts.

On 5/10/16, the ACS Specialist contacted the Rehabilitation center to inquire about the child and learned that the child had died on 5/6/16 . There was no autopsy performed; however, the attending physician from Columbia Hospital indicated the possibility of Sudden Infant Death Syndrome as the cause of death. As there was no suspicion regarding the death of the child, the SCR did not register allegations of DOA/Fatality against the adults in the home or the babysitter.

ACS made contact with the family and documented there were no safety concerns for the two-year-old surviving sibling. ACS also offered the family bereavement services; the family declined and indicated they had the support of their community and the Chai Life Line which would provide counseling and any other needed services.

On 5/27/16, ACS unsubstantiated the allegations of the report on the basis that there was no medical evidence of Internal Injuries or Swelling dislocations and sprains, and no credible evidence to support Inadequate Guardianship of the child by the parents or the babysitter.



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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/06/2016

Time of Death: 04:48 PM

Date of fatal incident, if different than date of death: 03/28/2016

Time of fatal incident, if different than time of death: 09:00 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



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Playing
 Other

Eating

Unknown

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

Is the caretaker listed in the Household

Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 001

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Month(s)
Deceased Child's Household	Father	No Role	Male	027 Year(s)
Deceased Child's Household	Mother	No Role	Female	026 Year(s)
Deceased Child's Household	Sibling	No Role	Male	002 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Other	No Role	Female	043 Year(s)
Other Household 1	Other Adult	No Role	Female	19 Year(s)

LDSS Response

On 5/10/16 ACS learned of the death of the child who was at the Rehabilitation Center and on 5/11/16 ACS submitted to NYCRO the OCFS-7065 Agency Reporting Form for Serious Injuries, Accidents or Deaths of Children in Foster Care and Deaths of Children in Open Child Protective or Preventive cases. The information regarding the infant's death was reported to OCFS under Chapter 485 of the Laws of 2006.

The case documentation reflected that between 5/10/16 and 5/27/16 when the report was determined, ACS made contact with the family and subjects, contacted medical providers and community resources. The interviews with the parents and babysitter remained consistent. The parents indicated they left the child with the babysitter and went to a wedding. Later they were informed that the child had been transported to the hospital. The baby sitter reported the parents took the child to her home. The child was alive and appeared well. The child was fed then he was placed in his stroller for a while. A few minutes later the babysitter noticed the child was pale and was sweating. The babysitter said she took the child to the bathroom and washed his face in cool water then called for emergency medical assistance. A private ambulance responded. The child was transported to the hospital. During transport, the child had to be revived three times.

The information from medical providers reflected that there was no evidence of trauma. Medical providers informed ACS that the acute life threatening event could have been caused by a number of factors. ACS explored abuse and maltreatment but could not find any evidence to support that the parents and/or baby sitter caused the death of the child through their actions or inactions.



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On 5/27/16, the report was unfounded.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS documented 24/48 hour contact with the source. On 03/29/16 ACS conducted a home visit to maternal aunts home and made face-to-face contact with SS male (age 2). ACS observed the SS to have no marks, bruises, or scratches.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children				



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in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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 or 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"/>
Explain as necessary: N/A				

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

Table with 8 columns: Services, Provided After Death, Offered but Refused, Offered Unknown if Used, Needed but not Offered, Needed but Unavailable, N/A, CDR Lead to Referral. Rows include Bereavement counseling, Economic support, Funeral arrangements, etc.

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? Yes

Explain: ACS referred the SS to the Child Advocacy Center in Brooklyn.

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

Explain: Bereavement counseling was offered.



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? 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:

- 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)
03/29/2016	12101 - Deceased Child, Male, 5 Months	12103 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	No
	12101 - Deceased Child, Male, 5 Months	12103 - Mother, Female, 26 Years	Internal Injuries	Unfounded	
	12101 - Deceased Child, Male, 5 Months	12104 - Father, Male, 27 Years	Swelling / Dislocations / Sprains	Unfounded	
	12101 - Deceased Child, Male, 5 Months	12105 - Other - Baby sitter, Female, 43 Years	Internal Injuries	Unfounded	
	12101 - Deceased Child, Male, 5 Months	12104 - Father, Male, 27 Years	Inadequate Guardianship	Unfounded	
	12101 - Deceased Child, Male, 5 Months	12105 - Other - Baby sitter, Female, 43 Years	Swelling / Dislocations / Sprains	Unfounded	



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12101 - Deceased Child, Male, 5 Months	12103 - Mother, Female, 26 Years	Swelling / Dislocations / Sprains	Unfounded
12101 - Deceased Child, Male, 5 Months	12104 - Father, Male, 27 Years	Internal Injuries	Unfounded
12101 - Deceased Child, Male, 5 Months	12105 - Other - Baby sitter, Female, 43 Years	Inadequate Guardianship	Unfounded

Report Summary:

On 3/29/16 the SCR registered a report with allegations of II, SWDS, and IG of the 4-month-old child by the parents and babysitter who was deemed a person legally responsible. According to the report, the child suffered an acute life threatening event and became unresponsive at 9:00 PM on 3/28/16. The child was unable to breathe on his own and required respiratory support. The child was otherwise healthy which made the situation suspicious in nature. ACS investigated the report and made contact with appropriate collaterals including LE, medical personnel and other family members. ACS learned the child was in sight of the babysitter who, when she observed child in distress, called 911.

Determination: Unfounded**Date of Determination:** 05/27/2016**Basis for Determination:**

The allegations were unsubstantiated as there was no medical evidence of SWDS or II and no credible evidence of neglect by any of the adult subjects . ACS further documented the child had an acute life threatening event which was neither the result of actions or inactions of the adults.

OCFS Review Results:

ACS initiated the investigation within the mandated time frames and made contact with the appropriate collaterals. ACS sought the advice of medical personnel to address allegations of Internal Injuries, and Swelling, Dislocation and Sprains. The Safety Assessments were appropriate as was the Risk Assessment Profile. ACS maintained contact with the family and when the child died on 5/6/16, ACS offered the family services.

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

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

Based on a search conducted in the CONNECTIONS database, the family did not have any CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known 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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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