

Report Identification Number: NY-14-136

Prepared by: New York City Regional Office

Issue Date: 6/12/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.

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Abbreviations

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
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	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	
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		

Case Information

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Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Bronx
Gender: Female

Date of Death: 12/14/2014
Initial Date OCFS Notified: 12/14/2014

Presenting Information

At 6:34 A.M. on 12/14/14, the SC was pronounced dead on arrival at Jacobi Hospital. At 1:00 A.M., the BF woke up to feed the SC and placed her in her crib after feeding. At 4:00 A.M., the BF woke up again to feed and check on the SC and noticed that she was not moving in her crib. He picked up the SC and placed her in bed with the BM who was asleep at the time. The BF then played video games for an hour in the same bedroom. After the hour, he turned the lights on and saw that the SC was blue and her chest was not moving. The BF started CPR on the SC and at that point the BM awoke and called emergency medical services. EMS arrived to the home and transported the SC to Jacobi Hospital. The BF failed to seek medical treatment for his infant daughter when he first noticed that she was not moving at 4:00 A.M.

The SC was a full-term otherwise healthy infant with no pre-existing medical condition.

Executive Summary

The SC was co-sleeping with her parents at the time of her death. At 1:00 A.M. on 12/14/14, the BF fed the SC, did not burp her but placed her face-up to sleep between him and the BM in their queen sized bed. At 4:00 A.M., the BF woke up and noticed the SC was unresponsive. He did not seek medical treatment for his daughter at the time, but awoken the BM. The BM cuddled the SC and she was warm; she told the BF the SC was fine. The parents then placed the SC back in bed with them in her prior position. At approximately 6:00 A.M., the parents woke up and observed the SC was blue. The BF, who was a certified nurse's assistant, began CPR on the SC and an unrelated home member called 911. The EMS arrived to the home and continued CPR on the SC. She was transported to Jacobi Hospital where she was subsequently pronounced dead. There were no surviving siblings for the SC.

On 12/14/14, the ACS ECS Specialist initiated the CPS investigation and contacted the detective, the ME and the Dr. at Jacobi Hospital regarding the fatality. They stated the SC's death was not suspicious. The detective denied there was criminality involved and stated the criminal investigation would be closed.

The Specialist then interviewed the parents at the local NYPD precinct. They admitted to have co-slept with their daughter since she was discharged from the hospital despite having a crib and been aware of the risk of co-sleeping. The parents denied being intoxicated at the time of the incident.

On 12/15/14, the ME reported that the cause and manner of the SC's death was pending. The ME stated based on the police report, there was no delay in the medical care for the child.

On 12/23/14, the SC's pediatrician described her as a happy and alert baby with normal growth. The pediatrician did not report any concerns for the SC or her parents.

Between 12/16/14 and 2/10/15, ACS made several casework contacts with the family. The BF refused to be engaged with ACS during the period; however, the BM declined ACS' offer of bereavement services.

On 2/16/15, ACS substantiated the allegation LMC against the parents. Although the information obtained from the

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ME stated there was no medical delay contributing to the SC's death, ACS determined the parents delayed in seeking medical care for the SC when they first observed her unresponsive at 4:00 A.M.

ACS also substantiated the allegation IG against the parents. ACS based its decision on the parents' admission to been educated about the dangers of co-sleeping with their child; however, they continued to do so on a regular basis.

ACS unsubstantiated the allegation DOA/Fatality against the parents. According to ACS, the ME reported that the SC appeared well cared for. The final autopsy report listed the cause and manner of death as undetermined.

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

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.

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: 12/14/2014

Time of Death: 06:34 AM

County where fatality incident occurred: BRONX

Was 911 or local emergency number called? Yes

Time of Call: 06:04 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

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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

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

2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)

LDSS Response

On 12/14/14, the Specialist contacted the attending Dr. at Jacobi Hospital who reported that at 6:05 A.M., the SC arrived at the PER with rigor mortis setting in. Medical staff unsuccessfully tried to resuscitate her before she was pronounced dead at 6:34 A.M. The Dr. stated the SC had marks and bruises that could have been caused by lividity; they did not suggest physical abuse or neglect of the SC. The Dr. described the SC as a well-nourished baby.

Following the contact with the Dr., the Specialist contacted the NYPD detective in charge of the criminal investigation. The detective stated the family had a portable crib for the SC which showed no signs of usage. According to the detective, preliminary investigation into the fatality did not reveal any criminality and there were no arrests made. The detective stated the parent's account was consistent with the nature of the incident.

Later that same day, the Specialist interviewed the parents at the NYPD precinct. They repeated their account of the incident as previously reported to the detective. They admitted to co-sleeping with the SC despite having a crib and been aware of the risk of co-sleeping. The BM stated she felt more comfortable as a new mother having her baby next to her at night. The parents denied being intoxicated at the time of the incident. They denied any substance abuse, mental health diagnosis or DV. The BM stated the SC's immunizations were current and she did not have any medical condition.

On 12/15/14, the Specialist made a follow-up contact with the detective who reiterated the fatality did not appear suspicious and that the case would be closed. According to the detective, the parents did not appear to be under the influence at the time of the incident. The detective stated the bruising found on the SC's buttock area had been identified by the ME as birthmarks.

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Also on 12/15/14, the ME reported that the cause and manner of the SC's death was pending further studies. The ME confirmed that the marks found on the SC were birthmarks. The ME stated based on the police report, there was no delay in the medical care for the child.

On 12/23/14, ACS received the SC's medical records from her pediatrician which did not report any concerns for the SC. She was described as a happy and alert baby with normal growth. The pediatrician did not report any concerns for the SC or her parents.

Between 12/16/14 and 2/10/15, ACS made several casework contacts with the family. The BF refused to be engaged with ACS during the period. The BM denied being an abusive or neglectful mother. She stated she enjoyed being a mother and denied being overwhelmed. Regarding a history of DV in her relationship, the BM minimized her past DV issues and stated she and the BF had reconciled. She denied any current DV issues. She declined ACS' offer of bereavement services and stated she received support from the BF. She refused to submit drug testing.

According to the Specialist's documentation, the unrelated home member who called 911 at the time of the incident declined to be interviewed.

On 2/16/15, ACS substantiated the allegations IG and LMC against the parents. ACS based its decision on the parents' admission to been educated about the dangers of co-sleeping with their child and continued to do so on a regular basis. Also, they delayed in seeking medical care for the SC when they first observed her unresponsive at 4:00 A.M.

ACS unsubstantiated the allegation DOA/Fatality against the parents. According to ACS, the ME reported that the SC appeared well cared for. The final autopsy report listed the cause and manner of death remained undetermined at this time.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

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 approved protocols for joint investigation.

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

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017141 - Deceased Child, Female, 3 Mons	017143 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
017141 - Deceased Child, Female, 3	017142 - Mother, Female, 19	Inadequate	Substantiated

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Mons	Year(s)	Guardianship	
017141 - Deceased Child, Female, 3 Mons	017142 - Mother, Female, 19 Year(s)	Lack of Medical Care	Substantiated
017141 - Deceased Child, Female, 3 Mons	017143 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
017141 - Deceased Child, Female, 3 Mons	017143 - Father, Male, 22 Year(s)	Lack of Medical Care	Substantiated

CPS Fatality Casework/Investigative Activities

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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 siblings.

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 within three years prior to the fatality.

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

There is no CPS investigative history more than three years prior to the fatality.

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