



**Report Identification Number: NY-15-041**

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

**Issue Date: 10/20/2015**

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



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

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Manhattan  
**Gender:** Male

**Date of Death:** 05/24/2015  
**Initial Date OCFS Notified:** 05/24/2015

## Presenting Information

The 5/24/15 SCR report alleged that the nanny fed the one-month-old infant and placed him in his crib. An hour later this infant was unresponsive when the nanny returned to check him. The mother and nanny started CPR and called 911. The father was in the home at the time as well. The infant was transported to the hospital via ambulance. The infant was pronounced dead a short time after arrival at the hospital. The infant was an otherwise healthy child with no pre-existing medical conditions.

## Executive Summary

This male infant died on 5/24/15. The autopsy report listed the cause of death as cardiac arrhythmia due to Long Q T Syndrome and the manner as natural.

The allegations of the 5/24/15 report were DOA/Fatality and IG of the infant by the parents and the nanny. As of 10/7/15, NYCRO has not yet received the ME's report.

According to the ACS case record, the infant was born full term at St. Luke's Hospital. Prior to death, the infant had no pre-existing medical conditions. On 5/18/15, the infant received a vaccination and had a medical procedure. No medication was prescribed to the infant. The infant was last seen alive by the parents during the infant's last feeding at approximately 11:00 PM on 5/23/15.

The parents, who had no experience with children, hired a temporary live-in CPR certified nanny to assist and teach them to care for the infant until July 2015. ACS interviewed the parents and the nanny separately. Each of their accounts of the events of the evening of the death correlated. The parents stated they went to a show at 8:00 PM, and returned home at approximately 11:00 PM, at which time the infant was breast fed by the mother, burped, swaddled in a blanket, and placed in the crib on his back. The nanny, who slept in a bed next to infant's crib in the nursery, reported conducting a visual observation at approximately 5:00 AM. She reported that she touched the infant in the crib and saw the infant's head move. The nanny reported at approximately 7:00 AM, she checked the infant again and the infant was pale and unresponsive. She undid the infant's blanket, placed him on the floor as she was trained and began CPR. The nanny alerted the parents to call for help after unsuccessful CPR. The father dialed 911 while the mother assisted with CPR until NYPD arrived. EMS transported the infant and the parents to St Luke's Hospital at 7:19 AM where CPR continued; however, the infant remained unresponsive. The infant was pronounced dead at 7:44 AM.

During the investigation, it was revealed there was no evidence that the parents or the nanny had history of domestic violence, mental illness, substance abuse, or criminal activity. The Specialist contacted the parents and conducted a home visit to assess the infant's sleeping environment. After the ME and LE conducted their interviews and re-enactment with the parents and nanny, LE also interviewed the neighbors and the MGM who was visiting from abroad. Later that day, the father removed the crib and other items from the nursery to reduce the mother's trauma.

ACS offered bereavement service to the parents; however, they declined and decided to seek a private therapist.



There were no concerns related to safety due to the lack of surviving siblings.

During the investigation, ACS gathered pertinent information about the circumstances surrounding the infant's death by observing the family's home, and by gathering statements made from the parents, nanny, law enforcement and emergency room staff. Appropriate collateral contacts were made regarding the nanny's family.

Following the fatality, the Specialist made several attempts to engage the parents. Subsequently, on 9/16/15, the Specialist interviewed the parents in the home. The parents provided contact information for the MGM who had been visiting the family at the time of the infant's death. The parents also provided information about the infant's medical records. On 9/24/15, the Specialist contacted the Dr. who had provided care of the infant from birth. This Dr. said the parents attended all the well-child appointments. The infant did not have signs of illness and the physician did not have concerns about the care the parents provided the child.

As of 10/7/15, ACS has yet to complete the investigation.

**Findings Related to the CPS Investigation of the Fatality**

**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?** N/A

**Determination:**

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

**Explain:**

As of 10/7/15, ACS has not completed the investigation.

**Was the decision to close the case appropriate?** Unknown

**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:**

As of 10/7/15, ACS has not yet completed the investigation.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**



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

## Incident Information

**Date of Death:** 05/24/2015

**Time of Death:** 07:44 AM

**Time of fatal incident, if different than time of death:** Unknown

**County where fatality incident occurred:**

MANHATTAN

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

Yes

**Time of Call:**

07:06 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?** No

**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	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Other	Alleged Perpetrator	Female	34 Year(s)

## LDSS Response

On 5/24/15, ACS staff interviewed LE personnel who were first responders. They confirmed that the mother was performing CPR on the infant when they arrived at the home. Along with the parents, when the responders met EMS on the street level, CPR was continued by EMS staff and the infant was transported to the hospital. According to LE, on 5/24/15 the ME and LE escorted the parents to their home to conduct a re-enactment, which appeared benign and revealed no suspicions. Photos were taken and the bedding was vouchered. During the investigation LE confirmed on 6/8/15, that they conducted separate interviews of the nanny, parents, MGM, doctors and neighbors. The LE stated there was no



evidence of any suspicious behavior that may have led to the infant's death.

ACS staff interviewed the hospital's attending ER Dr. on 5/24/15, who verified the infant was pronounced dead shortly after arrival. According to the Dr., the infant had no external signs upon physical examination that suggested abuse or neglect and that the cause of death was pending the toxicology report.

On 5/25/15, ACS staff assessed the infant's living environment. It was observed that the parents had an adequate supply of provisions for the infant including a crib and a bassinet. The home was equipped with working smoke/carbon dioxide detectors and the living environment did not pose any threat of harm to the infant.

ACS staff interviewed the father at home on 5/24/15. He corroborated the information provided to the SCR, but denied ACS access to interview the distraught mother and instructed ACS to return on 5/25/15. The father said that he had no concerns or suspicions regarding the nanny's ability to care for the infant.

According to the mother, on 5/23/15, she fed infant at 1:00 PM; the family including the MGM went to a restaurant from 2:00-4:30 PM and then to the park from 5:30-6:30 PM. When the Specialist asked, the mother's account of the incident was consistent with the father's.

During an interview at the nanny's home on 5/24/15, the nanny described her routine daily duties with the family, including her daily break from 2:00-6:00 PM. She said upon returning from her break on 5/23/15, the infant was not in the home but on a walk with the MGM. She stated that when the MGM arrived around 7:00 PM, the infant was awake. She said the mother then fed and burped the infant before the parents left for the show at 7:30 PM. The nanny said the infant's diaper and clothing were changed and the infant was placed, swaddled, face up in the crib. The nanny's recollection of the incident was consistent with the parents' accounts. According to the nanny, the crib contained a mattress, a fitted sheet and a stuffed animal mobile.

On 5/29/15 and 6/4/15, the Specialist conducted follow up interviews with the nanny and her spouse. On 6/4/15, the nanny's two children were interviewed and a home assessment was conducted. ACS offered the nanny bereavement service but she declined. Her home was reported as an adequate and safe dwelling for all children. The children's medical information, release documents were obtained. ACS visited one child's school on 6/8/15 and the daycare facility of the other on 6/4/15. There were no concerns regarding the safety and wellbeing of the nanny's children.

In an attempt to obtain additional information on 5/26/15, ACS staff called the father who informed ACS that he and the mother were out of NYS to bury the infant and continue to grieve. Continued attempts were made to contact the parents on 6/2/15, 6/3/15, 6/8/15, 7/23/15, 7/24/15 and 7/27/15 to no avail. The Specialist made telephone contact with the father on 6/11/15 and 7/29/15. During these telephone contacts, he informed ACS staff of his continued unavailability. Eventually, on 9/16/15, the Specialist interviewed the parents in the home. The parent's declined ACS' offer for bereavement services.

As of 10/7/15, ACS has not made a determination of this report.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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



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

## 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
016921 - Deceased Child, Male, 1 Mons	016922 - Other - Nanny, Female, 34 Year(s)	DOA / Fatality	Pending
016921 - Deceased Child, Male, 1 Mons	016924 - Father, Male, 37 Year(s)	DOA / Fatality	Pending
016921 - Deceased Child, Male, 1 Mons	016925 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
016921 - Deceased Child, Male, 1 Mons	016922 - Other - Nanny, Female, 34 Year(s)	Inadequate Guardianship	Pending
016921 - Deceased Child, Male, 1 Mons	016924 - Father, Male, 37 Year(s)	Inadequate Guardianship	Pending
016921 - Deceased Child, Male, 1 Mons	016925 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending

## 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"/>



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

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:**

An event which occurred on 7/2/15 had an entry date of 8/11/15.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legal Activity Related to the Fatality**

Was there legal activity as a result of the fatality investigation? There was no legal activity

**Services Provided to the Family in Response to the Fatality**

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 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"/>



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

Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 The parents were offered bereavement service; however, they opted to obtain services through their family provider.

**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 parents' household.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** No

**Explain:**  
 ACS offered the parents bereavement service and the parents declined. ACS interviewed the nanny and her spouse at the Child Advocacy Center. The nanny's family also declined ACS' offer for bereavement services.

## 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 fetal alcohol effects or syndrome



With neither of the issues listed noted in case record

**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**

The parents and the nanny were not known to the SCR or ACS.

**Known CPS History Outside of NYS**

The parents and the nanny had no known CPS 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