



Report Identification Number: NY-19-063

Prepared by: New York City Regional Office

Issue Date: Nov 01, 2019

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 06/08/2019
Initial Date OCFS Notified: 06/08/2019

Presenting Information

The 6/8/19 Additional Information document stated the 5-month-old male infant was diagnosed with a rare medical condition. The infant died on 6/8/19.

Executive Summary

This 5-month-old medically fragile male infant died on 6/8/19. ACS obtained information that showed the death was due to natural causes. The case was not referred to the ME, there was no autopsy conducted, and the body was released to the family for burial on 6/8/19.

At the time of the infant's death, the family had an open investigation that began on 5/17/19. ACS was conducting the investigation when the agency learned of the infant's death. On 6/8/19, the SCR registered an Additional Information document regarding the infant's death. According to the document, there was no suspicion of abuse/maltreatment pertaining to the death.

ACS investigative findings showed at birth, medical personnel diagnosed the infant with pre-existing medical conditions. The infant received medical care in the hospital and by the primary care physician, but he continued to exhibit signs of illness. The BM and BF obtained a post-natal evaluation from a medical specialist. On 5/15/19, the BM and BF took the infant to a physician who directed them to take him to the ER for treatment of his illness. The infant was admitted to the hospital with no planned discharge date. His condition deteriorated and the attending physician found he had multiple organ failure. The infant received medical care to assist his breathing. On 6/6/19, hospital personnel obtained the results of tests and found the infant had profound organ failure and a rare genetic disorder, and he was not expected to survive. It was determined that the BM and BF's actions did not contribute to the infant's illness. Subsequently, the infant was removed from life support and pronounced dead.

The infant had no surviving sibling and there were no other children in the BM and BF's care. The BM and infant resided in a room in the MA's home. The BF resided in a separate home. ACS visited the MA's home and offered the family support services. The family declined the offer. The MA had a 5-year-old child and an infant who resided with her. ACS maintained contact with the MA and found there were no hazardous conditions in her home. In June 2019, the BM relocated to reside with the BF.

ACS submitted 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. ACS incorporated the information into the open investigation for further exploration.

ACS attempted to interview the BF in his home. The BF refused to participate in the interview and he declined offers for bereavement services. ACS closed the case on 7/19/19 after the family refused services.

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? N/A
- 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? 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:

There was no CPS investigation pertaining to the infant's death.

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: 06/08/2019

Time of Death: 12:50 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- | | | |
|---|----------------------------------|---|
| <input 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 checked="" type="checkbox"/> Other: Hospitalized | | |

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

At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	5 Month(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)

LDSS Response

Following the infant’s death, ACS obtained information from the attending physician and hospital personnel through telephone contacts and interviews in the hospital on 6/8/19. ACS learned that on or about 6/6/19, the hospital obtained updated test results that revealed the infant had zero chance of survival. The hospital personnel said the BM and BF were with the infant throughout his period of hospitalization and were compliant with the treatment. The medical team discussed the infant’s prognosis with the BM and BF, and they understood there were no additional medical actions that would improve the infant’s health. The infant was then taken off the breathing apparatus and pronounced dead on 6/8/19.

ACS visited the BM’s home on 6/8/19. The BM was reportedly out of the home attending to the infant’s burial while the MA and extended family conducted religious proceedings for the infant. The MA refused to allow ACS to enter the apartment. ACS observed the 5-year-old and infant cousins (MA’s children) at the entrance of the apartment. ACS noted these cousins did not have marks/bruises.

ACS established telephone contact with the BF on 6/8/19. The BF said he transported the infant’s body for burial. He provided his address and referred ACS to the hospital for obtaining the infant’s medical records.

ACS obtained a medical consultation, conducted follow up visits to the MA and BF’s homes and offered referrals for bereavement counseling. The MA’s home was observably clean, and the family had an adequate supply of food and supplies. The BM no longer resided in the MA’s home as she relocated to reside with the BF. During the visit to the BF’s home, ACS encouraged the BM to accept referrals for bereavement counseling. The BM said she did not want services. She agreed to accept the referral for future consideration. The BF was in the home and he refused to meet with ACS.

Prior to closing the case, on 7/3/19, ACS visited the BF’s home. The BF refused to discuss the case and he said there were no surviving children in the parents' household. The Investigation Progress Notes showed ACS received the infant’s medical records from the hospital.

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: Hospital physician

Multidisciplinary Investigation/Review

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.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

There were no surviving children in the BM and BF's care. ACS observed the infant's cousins in the MA's home. The case was not referred to the ME.

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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 BM said she planned to obtain support through her family and religious associates. The BF refused referrals for bereavement services.

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 BM and BF's care.

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

Explain:

The BM and BF declined referrals for bereavement services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? N/A
- 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/17/2019	Deceased Child, Male, 4 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 4 Months	Mother, Female, 29 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 4 Months	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Months	Father, Male, 29 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The 5/17/19 SCR report alleged the BM and BF were aware the 4-month-old infant was born with a medical condition that progressively degenerated. The BM and BF refused to get required procedures to diagnose and treat the condition. The BM and BF refused to get the required tests to monitor the infant's health and went against medical advice in not seeking the medical care the infant needed.

Report Determination: Unfounded

Date of Determination: 07/19/2019

Basis for Determination:

ACS unsubstantiated the allegations of IG and LMC of the infant by the BM and BF on the basis of no credible evidence. ACS explained that according to medical personnel, the infant had no chance of survival. The BM and BF's actions/inactions did not change the infant's prognosis. The BM and BF provided a minimum degree of care to the infant.

OCFS Review Results:

ACS addressed the allegation with the BM and BF, observed the infant in the hospital and obtained information from the physicians, and MA. The findings showed following his birth, medical personnel diagnosed the infant with preexisting medical conditions. The BM and BF addressed the infant's medical needs and obtained an additional medical evaluation. The infant was hospitalized on 5/17/19 and tests results showed he had a rare medical condition that led to multiple organ failure and resulted in his death.

The BM and infant resided in the MA's home. The BM relocated to the BF's home in June 2019. ACS completed the required safety assessments and risk assessment documents.

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

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

The family had no 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.



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