



## Report Identification Number: RO-19-042

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 14, 2020

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Monroe  
**Gender:** Female

**Date of Death:** 11/23/2019  
**Initial Date OCFS Notified:** 11/26/2019

## Presenting Information

The 2-year-old female subject child died during an open CPS investigation regarding the fatal incident. The child was alleged to have died as a result of choking on food while unsupervised.

## Executive Summary

This fatality report concerns the death of a 2-year-old subject child who died during an open CPS investigation. An SCR report received prior to the child’s death involved concerns the parents were not providing proper supervision to the child when she choked and became unresponsive. The child temporarily resided with her mother, two unrelated adults, and an 11-year-old unrelated child. The safety of the unrelated child was assessed throughout the investigation.

Monroe County Department of Human Services (MCDHS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report relating to the fatal incident. Law enforcement found no criminality regarding the child’s death and closed their investigation. An autopsy was performed; however, was not completed at the time this report was written. The preliminary autopsy report noted the cause of death to be complications of choking and the manner was accidental.

The mother and one of the unrelated adults (OA1) were home at the time of the fatal incident and reported the child was playing upstairs with the unrelated child (OC) when the unrelated child told them the child was sleeping. It was immediately learned the child was unresponsive and not breathing. The mother called 911 and began resuscitation efforts. The child was transported to the hospital via ambulance where she was placed on life-support until she succumbed to her injuries on 11/23/19 and was declared deceased.

MCDHS gathered information from the mother, household members and the fathers of the children. Additionally, information was gathered from first responders, family members, hospital staff and the medical examiner.

Multiple home visits were made, and the safety of the unrelated child was assessed throughout the investigation. There were no concerns for the care she was provided. Grief counseling referrals, burial assistance and travel vouchers were offered to the parents. The went to Florida following the death to bury the child there, and it remained unknown if they engaged in bereavement services.

MCDHS completed all required reports and Safety Assessments timely and accurately. Interviews with the family and collaterals were thorough and appropriate. The allegations of Inadequate Guardianship and Lack of Supervision were unsubstantiated against the parents. There was no credible evidence the parents did not provide adequate supervision to the child or respond appropriately when she choked. No report was made to the SCR regarding the death as there was no suspected abuse or maltreatment.

## 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.

**Explain:**

The decision to close the case was appropriate.

**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: 11/23/2019

Time of Death: 10:57 PM

Date of fatal incident, if different than date of death:

11/20/2020

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

Unknown

County where fatality incident occurred:

Montgomery

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS 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
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances

**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	Female	2 Year(s)
Deceased Child's Household	Mother	No Role	Female	31 Year(s)
Deceased Child's Household	Other Adult - Other Adult 1	No Role	Female	42 Year(s)
Deceased Child's Household	Other Adult - Other Adult 2	No Role	Female	21 Year(s)
Deceased Child's Household	Other Child - Other Child	No Role	Female	11 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Other Adult - Father of Other Child	No Role	Male	38 Year(s)

**LDSS Response**

MCDHS initiated their investigation into the death by coordinating investigative efforts with law enforcement and contacting the source of the SCR report regarding the fatal incident. Law enforcement, who had already interviewed the mother, provided information the child was eating noodles prior to going upstairs to play with the unrelated child. The unrelated child yelled downstairs to the mother to say the child fell asleep and was told to wake the child. The mother realized the child was unresponsive, called 911 and began CPR. MCDHS completed the required OCFS 7065- Agency Reporting Form and timely notified the Regional Office of the child's death.

On 11/21/19, law enforcement and MCDHS caseworker observed the child on a ventilator. The mother's recollection of the day of the fatal incident mirrored what she had previously told law enforcement. The mother reported the day prior the child acted normally, played and ate. The children were eating noodles and the child attempted to eat more but was told no as the mother was preparing dinner. She said the child took more noodles out of a bowl and went upstairs to play. Moments later the unrelated child yelled down the stairs that the child had fallen asleep. The mother told the unrelated child to wake the child as it was too early to go to sleep. The unrelated child attempted to wake the child to no avail. The mother observed the child unresponsive and not breathing. She contacted 911 and started performing CPR.

On 11/21/19, a home visit was made. The other adult (OA1) who was home at the time of the fatal incident corroborated the mother's recollection of the fatal incident. The other adult who lived in the home, OA2 was not present at the time of the incident and had no information to add.

The interview with the unrelated child was thorough. MCDHS gathered information the child was playing on a bed when she coughed, wheezed and went to sleep. The unrelated child attempted to wake the subject child, and the child wheezed again and opened her eyes slightly. The unrelated child yelled for the mother and brought the child downstairs to the mother. The unrelated child had no additional information to add.

On 11/22/19, the father was interviewed at the hospital. The father resided in Florida and was not in New York at the time of the fatal incident. He was told by the mother that the child choked on something and was in the hospital. The father was provided with a travel voucher from the hospital so he could visit the child. He had no concerns for the care the mother provided to the child.



The medical examiner said EMS suctioned noodles and vomit from the child’s lungs and listed the preliminary autopsy result showed the child died as a result of accidental choking. The medical examiner’s final report had not yet been received at the time of this writing.

MCDHS contacted the father of the unrelated child, who had no concerns for the care of his daughter. Furthermore, MCDHS interviewed a friend who was present at the time of the fatal incident. He also corroborated the mother’s recollection of the fatal incident and had no concerns for the care of the unrelated child.

MCDHS offered grief counseling to the parents. It was unknown if the services were offered to the unrelated adults or unrelated child. The parents brought the child’s body to Florida for burial and it was believed they continued to reside there. It remained unknown if the parents received any services in response to the fatality.

### Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes**

**Comments:** The death was referred to a CFRT.

### 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 checked="" type="checkbox"/>	<input 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"/>

### 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				



# Child Fatality Report

<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
No 24-hour Safety Assessment was required as the death was not reported to the SCR.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
Services were offered to the parents; however, the record did not reflect services were offered to all those who were present at the time of the fatal incident.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?</b>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The hospital provided the family with travel vouchers. The funeral home assisted with burial costs. It remained unknown if the family or other home members engaged in 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? No**

**Explain:**

The record did not reflect the other child was referred for services in response to the fatal incident.

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

**Explain:**

The parents were offered grief counseling and funeral assistance. After the death, the parents returned to Florida and it remained unknown if they sought bereavement services. The record did not reflect services were offered to the adult who was home at the time of the fatal incident.



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

## 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)
11/20/2019	Deceased Child, Female, 2 Years	Mother, Female, 31 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 2 Years	Mother, Female, 31 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 2 Years	Father, Male, 31 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 2 Years	Father, Male, 31 Years	Lack of Supervision	Unsubstantiated	

### Report Summary:

An SCR report alleged on 11/20/19 at 6:45 PM, while under the care of the mother and father, the two-year-old female subject child collapsed and went into cardiac arrest. The child was in an unknown location in the home eating while unsupervised when she collapsed. No further details were known.

**Report Determination:** Unfounded

**Date of Determination:** 12/19/2019

### Basis for Determination:

The reported allegations of Inadequate Guardianship and Lack of Supervision were unsubstantiated against the parents. The investigation revealed the father was not the person who was in the home at the time of the fatal incident, and that he resided in Florida. The investigation did not reveal the mother was neglectful in caring for her child. The Florida Department of Children and Families had no concerns with regard to the child. Law enforcement closed their investigation, naming it a non-criminal accident.

### OCFS Review Results:

The investigation was initiated timely and the source was contacted. A CPS history check was documented. Notice of Existence letters were provided timely. Safety Assessments were completed timely and accurately. MCDHS made home visits and assessed the safety of the other child. All appropriate collateral contacts were made and the investigation was unsubstantiated and closed.

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

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

There was no CPS history more than three years prior to the death.

### Known CPS History Outside of NYS



On 6/27/2017, Florida Department of Children and Families was made aware of concerns for the child's home, as it was alleged to be dirty. The report also had concerns the mother misused prescription medications. The report was unfounded and closed.

### 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