



**Report Identification Number: SV-19-048**

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

**Issue Date: Mar 05, 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:** 1 month(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 10/07/2019  
**Initial Date OCFS Notified:** 10/07/2019

## Presenting Information

An SCR report was received on 10/7/19 alleging the great grandmother arrived home from work at 12:00 AM. The great grandmother fed the one-month-old subject child and then laid the subject child down to sleep in a soft crib located on the mother's bed next to the mother. At approximately 6:23 AM the mother found the subject child with a blanket partially covering her face and not breathing. The great grandmother attempted to revive the subject child by administering CPR. She then called 911. EMS arrived and transported the subject child to the hospital. The subject child was pronounced deceased at 6:54 AM.

## Executive Summary

This report concerns the death of the one-month-old female child. Westchester County Department of Social Services (WCDSS) received an SCR report on 10/7/19 regarding the child's death. WCDSS determined there were no surviving siblings or other children living in the home.

On 10/7/19 at approximately 12:00AM, the great grandmother fed the subject child, then placed her on her side in a soft crib located in the bed next to the mother in the mother's room. The great grandmother then went to her own room to sleep. The mother woke at 6:23 AM and found the subject child unresponsive. The mother alerted the grandmother and the great grandmother. The great grandmother of the subject child called 911 and administered CPR. EMS transported the subject child to the hospital where the subject child was pronounced deceased at 6:54 AM.

The medical examiner was notified, and an autopsy was completed; the final autopsy report was pending at the time of this writing. The cause and manner of death are pending the final autopsy report. Law enforcement had not made any arrests and their investigation remained open, pending the final autopsy report.

WCDSS completed required reports accurately and on time. WCDSS obtained law enforcement and EMS records. WCDSS made efforts to interview the mother and father and were unsuccessful; however, they did speak with the grandmother and great grandmother. The mother refused to discuss the events leading up to the subject child's death and although many appointments were scheduled with the mother, she either canceled or failed to attend. The mother had not signed releases for WCDSS to obtain any information from medical professionals. WCDSS made contact with the father who refused to meet with or discuss the death of the subject child with WCDSS. WCDSS obtained a picture of the portable crib that was placed on the top of the mattress next to the mother. They discovered the product was advertised as a safe way to co sleep with your infant.

WCDSS appropriately unsubstantiated the allegations of DOA/fatality and inadequate guardianship against the mother, the great grandmother and the grandmother for the subject child. There was no credible evidence that the actions or inactions of the mother, the grandmother or the great grandmother contributed to the child's death. WCDSS offered referrals for bereavement services for family members and assistance with burial costs. The case was unfounded and closed.

## 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

WCDSS made the appropriate determination based on the information they were able to gather during the investigation.

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:

WCDSS gathered sufficient information to close their case.

### 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: 10/07/2019

Time of Death: 06:54 AM

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

County where fatality incident occurred: Westchester

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? 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**

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

**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	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other - great grandmother	Alleged Perpetrator	Female	60 Year(s)
Other Household 1	Father	No Role	Male	21 Year(s)

### LDSS Response

On 10/7/19, WCDSS received the fatality report from the SCR. WCDSS coordinated with law enforcement, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death. There were no surviving siblings.

After exhaustive efforts to meet with and interview family members, WCDSS was able to meet with the great grandmother. The great grandmother allowed WCDSS into the home and showed WCDSS the room the mother and the subject child had been sleeping in. The great grandmother provided limited information to WCDSS about the events leading up to the subject child's death. The great grandmother said that she arrived home from work at 12:00 AM and the subject child's father handed the subject child to her and left the home. The great grandmother said she fed the subject child and then brought the subject to the mother in her bedroom. The mother had a portable cosleeping crib on the surface of the bed next to her. The great grandmother said she placed the subject child swaddled in a blanket on her side in the portable soft crib to sleep. The great grandmother tapped the mother on the leg to alert her the subject child was there. The great grandmother admitted to WCDSS she did not know if the mother woke or heard her. She then left the room and went to her room to sleep. At 6:23 AM she woke to the mother screaming that the subject child was unresponsive.

The grandmother spoke with WCDSS on the phone but provided minimal information. She said she was the one who called 911 but had no other information to provide WCDSS. The mother refused to discuss the events leading up to the death of the subject child and although many appointments were scheduled with the mother, she either canceled or failed to attend. The mother had not signed releases for WCDSS to obtain any information from medical professionals. The father spoke with WCDSS on the phone but refused to meet with or discuss anything with WCDSS.

Law enforcement provided WCDSS with their incident report. Their report was consistent with the information provided by the great grandmother. Law enforcement had taken the portable crib from the home but provided WCDSS with a



picture of the soft cosleeping crib. The only item in the crib was a receiving blanket in which the subject child had been swaddled in. EMS reported the subject child's airway was clear and only noted some dried mucus around the subject child's right nostril. There were no further details provided.

**Official Manner and Cause of Death**

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

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

**Multidisciplinary Investigation/Review**

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

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

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053127 - Deceased Child, Female, 1 Mons	053128 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
053127 - Deceased Child, Female, 1 Mons	053128 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
053127 - Deceased Child, Female, 1 Mons	053129 - Grandparent, Female, 37 Year(s)	DOA / Fatality	Unsubstantiated
053127 - Deceased Child, Female, 1 Mons	053129 - Grandparent, Female, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
053127 - Deceased Child, Female, 1 Mons	053130 - Other - great grandmother, Female, 60 Year(s)	DOA / Fatality	Unsubstantiated
053127 - Deceased Child, Female, 1 Mons	053130 - Other - great grandmother, Female, 60 Year(s)	Inadequate Guardianship	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

WCDSS made efforts to interview the mother, grandmother, great grandmother, and the father of the subject child. The father refused to talk to WCDSS. The mother did not meet with or sign releases for WCDSS. The great grandmother met with WCDSS.

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



<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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 children and no other children listed in the household.

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

**Explain:**

WCDSS offered appropriate referrals for bereavement services and funeral assistance; however, it was unknown if they were utilized.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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?** No
- Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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

There is no CPS investigative history in NYS within three years prior to the fatality.

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



There was no history three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known 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