

Report Identification Number: NY-14-139

Prepared by: New York City Regional Office

Issue Date: 6/8/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Queens
Gender: Male

Date of Death: 12/21/2014
Initial Date OCFS Notified: 12/21/2014

Presenting Information

On 12/21/14, the mother was co-sleeping with the four-month-old infant. At 8:15 AM, the mother found the infant unresponsive and attempted cardiopulmonary resuscitation. There was no medical history with the infant who was an otherwise healthy child. The mother had no explanation regarding the infant's condition. The infant died on 12/21/14.

Executive Summary

This four-month-old male infant died on 12/21/14. As of 6/4/15, NYCRO has not yet received the Medical Examiner's (ME) report.

The allegations of the 12/21/14 report were DOA/Fatality and Inadequate Guardianship (IG) of the infant by the mother.

ACS' findings revealed, on 12/21/14 at about 1:00 AM, the mother wrapped the infant in two or three blankets and she went to sleep alongside the infant in the bed. At about 8:15 AM, the mother woke and observed the infant was not breathing. The mother alerted shelter staff who contacted 911 for medical assistance. Then the mother attempted to resuscitate the infant but her efforts were unsuccessful as the infant remained unresponsive. Emergency Medical Services (EMS) responded and transported the infant to Jamaica Hospital where the infant was pronounced dead.

The mother said she placed the infant in the bed to sleep as there was no heat in the room. However, the shelter staff said on 12/21/14, the maintenance staff checked the room temperature and noted it was 76 degrees Fahrenheit. The documentation did not include the time the staff last checked the room temperature. The staff said on 6/27/14 the infant's parents began to reside in the shelter. In September 2014, the father was arrested and he remained incarcerated. The mother was not compliant with shelter requirements. On 12/18/14, the staff last conducted routine room checks and observed that the mother and infant were fine.

According to the Jamaica Hospital Emergency Room staff, at about 8:35 AM, the infant arrived in the hospital. The infant's temperature was 95 degrees Fahrenheit, the body was cold and discolored with depending lividity. There was no sign of deformities or bruising. The mother did not appear to be under the influence of drugs/alcohol.

ACS obtained medical records which showed on 11/11/14, the infant last had an examination for immunization. The infant met developmental milestones as expected and was healthy. The infant's physician expressed concern that the mother had a history of drug misuse and she missed scheduled appointments.

The law enforcement staff noted the mother said on 12/21/14, at the time she woke; she observed the blanket partially covered the infant's face. The police investigation was pending the results of the ME's report. Also, ACS learned the mother had extensive criminal history and she remained on probation until February 2017.

The ME's preliminary findings showed the infant's body did not show signs of trauma. The mother had informed the ME that she drank Methadone, went to sleep alongside the infant in the bed, and on 12/21/14 when she woke she observed the infant was not breathing. The ME said extensive testing was required.

The Specialist contacted Riker’s Island and requested an interview with the father. However, the ACS case record showed this interview did not occur. Also, the mother accepted ACS’ referrals for drug screening ; however, the mother did not complete the drug tests, she relocated and discontinued contact with ACS.

On 3/20/15, ACS substantiated the allegation of DOA/Fatality and IG of the infant on the basis that the infant expired while sleeping alongside the mother. The mother was aware that sleeping with the infant "was not the right thing to do, and she did it anyway." The infant died in the mother's care sometime between midnight and 8:00 AM. Regarding the allegation of IG, ACS added that the mother admitted she slept alongside the infant in the bed as there was no heat in the shelter where they resided.

ACS added to the report and substantiated the allegation of Parent's Drug/Alcohol Misuse on the basis that the mother had a different excuse each time she was asked to submit a substance screening and did not complete one. The mother said she took Methadone prior to sleeping alongside the infant. The mother had a very long history with various drugs.

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?** No,sufficient information was gathered to determine some allegations only.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

The ACS case record did not reflect the agency received adequate information to determine whether the mother's drug use contributed to the infant's death. However, ACS substantiated the allegation of Parent's Drug/Alcohol Use of the infant by the mother.

- Was the decision to close the case appropriate?** Yes
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No
- Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 12/21/2014

Time of Death: 08:42 AM

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

County where fatality incident occurred:

QUEENS

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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? Yes - Caregiver

1

At time of incident supervisor was: Unknown if they were 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	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	31 Year(s)

LDSS Response

The Specialist interviewed shelter staff who said on 12/21/14 at about 8:15 AM, the mother took the infant to the front desk and informed the staff that the infant was unresponsive. The staff contacted 911, the mother attempted to resuscitate the infant but the infant remained unresponsive. The staff said on 6/27/14, the parents began residing in the shelter and the parents were not compliant with biweekly visits. In September 2014, the father was removed from the shelter case. On 12/16/14, the caseworker last observed the infant. The staff did not know whether the mother misused substances. The caseworker observed the mother stored clothing in the crib and the mother said the infant slept in the bassinet.

On 12/22/14, the Specialist interviewed the mother who said on 12/20/14, the PGM supervised the infant in the PGM's home. The mother said she returned to the shelter, at about 10:30 PM, she wrapped the infant in two receiving blankets and a fleece blanket and placed him on his back in the bed to sleep. On 12/21/14, at about 12:00 AM, she went to sleep

alongside the infant. At about 8:15 AM, she observed the infant was on his back but slanted towards the left of the bed. She observed he was not breathing and she took the infant to the front desk. The mother told the Specialist that at the age of twelve years she began using marijuana and later she used heroin and other drugs. She said she used prescribed Methadone through her treatment program and she agreed to drug screening. The Specialist interviewed the PGM who said on 12/21/14, she last observed the infant. The PGM was aware the parents had history of drug misuse.

The Specialist observed the mother's bed was twin beds which were pushed together. The room included a crib and bassinet, food and other supplies for the infant. The police had removed bedding and other items as part of their investigation.

The Jamaica Hospital Emergency Room staff noted upon arrival in the hospital, the infant's body temperature was 95 degrees Fahrenheit. The infant's body was cold and discolored with depending lividity but there was no sign of deformities or bruising. The mother did not appear to be under the influence of drug/alcohol.

The medical records showed on 8/29/14, the infant's physician first examined the infant. The physician noted the mother had a history of drug misuse and she missed four appointments. The infant was healthy but the mother said the infant cried frequently and had gas; the physician changed the infant's formula and asked the mother to bring him for follow up examination. On 11/11/14, the infant last had a medical examination for immunization. An appointment was scheduled for 1/13/15; however, the infant died on 11/21/14.

The assigned detective stated on 12/21/14, there was no heat in the shelter and this issue was being resolved. The police investigation was pending the ME's report. The mother told the ME that when she woke she observed the blanket was partially on the infant's face.

The ME found the infant's body did not show signs of trauma. The ME was aware the mother drank Methadone and slept in the bed alongside the infant. The ME's final report was pending results of additional tests.

Regarding information received from the collateral contacts, the Family Court records showed the half sibling's father had full custody and the mother had supervised visits at this father's discretion. Also, a drug treatment staff informed ACS that in June 2013, the mother enrolled in the program and she was prescribed Methadone. The ACS case record reflected as of 3/20/15, the drug treatment programs had not yet responded to ACS' request for updated records. In addition, the mother used prescribed medication for a mental health condition but ACS had not yet obtained information from the mother's physician. Further, the Specialist requested an interview with the infant's father through Ricker's Island staff but the staff did not comply with ACS' request.

Official Manner and Cause of Death

Official Manner: Pending

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)?No

Comments: The investigation adhered to previously approved protocols for joint investigations.

NYS Office of Children and Family Services - Child Fatality Report

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

Comments: There is no OCFS approved Child Fatality Review Team in this local district.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017101 - Deceased Child, Male, 4 Mons	017102 - Mother, Female, 31 Year(s)	DOA / Fatality	Substantiated
017101 - Deceased Child, Male, 4 Mons	017102 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Substantiated
017101 - Deceased Child, Male, 4 Mons	017102 - Mother, Female, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There was no surviving child in the mother's household and no other child in the mother's care.

There was no "other persons named" in the 12/21/14 fatality report.

ACS' case record did not reflect ACS contacted EMS to discuss their observations.

Fatality Safety Assessment Activities

NYS Office of Children and Family Services - Child Fatality Report

	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"/>				
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<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 mother did not comply with ACS' request for drug screening.

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 additional children in the mother's care. Also, the mother did not make herself available for services.

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

Explain:
The mother did not comply with ACS' referrals for drug/alcohol screening.

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> 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 mother was known to the SCR in ten reports dated 1/13/06, 10/2/06, 9/17/07, 4/2/08, 10/5/08, 2/2/09, 4/10/09, 4/17/09, 4/27/09 and 6/3/09. The allegations included: Inadequate Guardianship; Sexual Abuse; Inadequate Food, Clothing, Shelter; Parent's Drug/Alcohol Misuse; and Lack of Medical Care. In reports dated 1/13/06, 4/27/09, and 6/3/09 the mother was listed as having "No Role." The ten reports were regarding the care of the half sibling. At the time the

reports were registered, the family resided out of New York City jurisdiction. The CPS staff from the Orange and Sullivan counties conducted the investigations. The case records reflected there was ongoing custody related conflict between the mother and the half sibling's father. However, the caseworkers assessed there was no safety factor that placed the half sibling in immediate or impending danger. The allegations were unsubstantiated and the ten reports were unfounded. The cases were closed; no services required.

Known CPS History Outside of NYS

There was 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