



**Report Identification Number: NY-17-100**

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

**Issue Date: Mar 23, 2018**

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:** 2 year(s)

**Jurisdiction:** Kings  
**Gender:** Male

**Date of Death:** 10/05/2017  
**Initial Date OCFS Notified:** 10/05/2017

## Presenting Information

On 10/5/17 the SCR registered two reports alleging that the SC was in the care of the mother and was last observed alive at 1:30 A.M. The report alleged the SC had a fever; the mother gave him Tylenol and placed him back to sleep in the crib at 2:00 A.M. The report noted the mother checked the SC about 3:00 A.M, and found him unresponsive. The report noted 911 was called and EMS transported the SC to the hospital where he was pronounced dead. The child had no visible injuries was an otherwise healthy.

## Executive Summary

The SC was 2 years old at the time of his death. The ME has not provided the cause and manner of death.

The parents had no history with the SCR or ACS. The SC was the parents' only child. At the time of the SC's death, he was in the care of the mother. The father was at work.

On 10/5/17, the SCR registered two reports concerning the death of the SC. The allegations of the reports were DOA and IG of the SC by the mother.

ACS initiated the investigation timely and confirmed through law enforcement the parents had no other children. The home assessment revealed the parents had appropriate sleeping arrangements and provisions for the SC.

According to the mother, on 10/4/17 the SC had a fever of 101 degree Fahrenheit. The mother gave the child Tylenol and put him to sleep in his crib. When the mother checked the SC at 3:00 A.M., she found him unresponsive. The mother was unable to find her cell phone, so she began CPR and then ran to a neighbor's home to call 911. EMS arrived and transported the SC to Woodhull Hospital where he was pronounced dead at 4:16 A.M. The SC had no visible injuries.

ACS contacted the NYPD, medical staff, and ME; there were no concerns of child abuse or maltreatment. The NYPD found no criminality surrounding the SC's death.

ACS interviewed neighbors and family members, and none had concerns about the care the SC received from the parents.

As of 3/23/17, ACS had not made a determination on this case.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Safety assessment due at the time of determination?** N/A

### Determination:



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

Was the decision to close the case appropriate? N/A  
 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 investigation has not been determined.

### 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: 10/05/2017

Time of Death: 04:16 AM

County where fatality incident occurred: Kings  
 Was 911 or local emergency number called? Yes  
 Time of Call: 03:15 AM  
 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:

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

Did child have supervision at time of incident leading to death? Yes  
 How long before incident was the child last seen by caretaker? 2 Hours  
 Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

<input type="checkbox"/> Drug Impaired	<input type="checkbox"/> Absent
<input type="checkbox"/> Alcohol Impaired	<input checked="" type="checkbox"/> Asleep
<input type="checkbox"/> Distracted	<input type="checkbox"/> Impaired by illness
<input type="checkbox"/> Impaired by disability	<input type="checkbox"/> 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	Male	2 Year(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)

**LDSS Response**

ACS initiated the investigation timely and made relevant collateral contacts. Based on the information gathered, there were no concerns about the care the SC received from the parents. The mother was the primary caretaker and had support from extended family members.

ACS conducted a home visit and confirmed the parents had adequate provisions for the SC prior to his death.

ACS contacted SC's pediatrician and confirmed the SC had been in good health and his immunizations were up-to date.

ACS interviewed paternal and maternal relatives and none had concerns about the care the parents provided to the SC. The family was very close and there was regular contact with the SC.

According to the mother, on 10/4/17, the SC seemed fine throughout the day. However, later the SC had a fever and she gave him Tylenol mixed in his bottle with apple juice. The mother said she and the father laid the SC on his back and tucked the SC to sleep in his crib at about 10:30 P.M. as accustomed. The father worked overnight shifts and left the home at 11:30 P.M. The mother said she fell asleep sometime between 1:30 A.M. to 2:00 A.M. At about 3:00 A.M., she checked the SC and found him face down and slanted by the edge of the crib. The mother said when she attempted to pick up the SC she noticed he was unresponsive. The mother was unable to remember the amount of Tylenol she gave the SC. The mother said the NYPD visited the case address and confiscated the Tylenol.

The mother said she tried to administer CPR, but she had no training so she ran out of her home with the SC to get help from a neighbor. The neighbors called 911 and they were instructed by the operator to administer CPR. The neighbors indicated the SC was warm and blood was coming out of his mouth. They said they overheard the paramedics say the SC had a "seizure." This was not confirmed by medical staff or the ME.

The neighbors confirmed the father was not home at the time of the incident. The neighbors said they didn't know the mother too well, but they would always see her with the SC and never saw him with any marks or bruises.

The NYPD indicated the 911 call was received at 3:15 A.M., and EMS was at the scene by 3:20 A.M. When the NYPD arrived at the scene, the SC was lying on his back on the living room floor and a neighbor was performing CPR with the guidance of the 911 operator. The NYPD said the neighbor reported the mother came knocking on her door for help because she was unable to find her phone. The NYPD indicated the apartment did not appear to be unsafe. However, the apartment was extremely hot and there were two blankets in the SC's crib.

ACS received information from a family friend alleging the mother was addicted to Percocet and was two months



pregnant. The mother denied the allegations. The mother said that on the day of the incident, she had headache and took Tylenol. The mother said days after her son passed a relative gave her a pill to “calm her nerves”. ACS requested that the parents submit to a drug screening, but they refused.

ACS provided the family with resources for bereavement counseling; however, it is not certain whether they engaged in services.

As of 3/23/18, ACS has not made a determination.

### 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 investigation.

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041381 - Deceased Child, Male, 2 Yrs	041382 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
041381 - Deceased Child, Male, 2 Yrs	041382 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

**Fatality Safety Assessment Activities**

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>				
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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 siblings.

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

**Explain:**  
The parents had no immediate service needs following the fatality.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- Was the child acutely ill during the two weeks before death? No

### 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

The family had no history with CPS.

#### Known CPS History Outside of NYS

The family had no known history outside 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