



**Report Identification Number: NY-19-130**

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

**Issue Date: Apr 02, 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:** 4 month(s)

**Jurisdiction:** Bronx  
**Gender:** Male

**Date of Death:** 12/20/2019  
**Initial Date OCFS Notified:** 12/20/2019

## Presenting Information

The SCR report alleged on 12/20/2019, at approximately 4:00 PM, while at a friend's home, the mother put the four-month-old child down for a nap. Approximately two hours later, the mother checked the child, and found him not breathing. A friend of the mother called 911 at 6:07 PM. Cardiopulmonary resuscitation (CPR) was initiated by the friend and was continued by the medical team from the FDNY. The child was transported to Bronx Lebanon Hospital, where he was pronounced dead. The report further alleged there was no known cause of death at this time, and the mother did not provide any explanation. Further, the mother provided conflicting information regarding whether the child had any preexisting medical conditions. The child did not have visible injury. The father's role was unknown.

## Executive Summary

This four-month-old male child died on 12/20/19. As of the issuance of this report, the Medical Examiner had not yet provided the cause or manner of death.

On the same date, the SCR registered a report with allegations on DOA/Fatality and Inadequate Guardianship of the four-month-old child by the mother who was named as the subject of the report. The father was not at home at the time of the incident; therefore, he was not added to the report as an alleged subject.

According to the information received, the incident occurred a friend's home where the mother was spending the day. At about 12:30 PM, the father left the mother and child at the friend's home while he went to work. Between 12:30 PM and 4:00 PM the mother fed the child twice and at about 4:00 PM she placed the child face down on the king-sized bed in the friend's bedroom. There were no objects or other individuals on the bed with the child. The mother frequently checked the child during the time the child was sleeping. At about 6:00 PM when the mother returned to the bedroom to check the child, she found him unresponsive and cold. The mother returned to the living room, alerted the friend to the situation, and the friend called 911 at about 6:07 PM. The friend also started CPR which was continued by the FDNY medical team upon their arrival at the home. The child was transported by ambulance to the hospital where he was pronounced dead at 6:20 PM.

ACS initiated the investigation in a timely manner. The Specialist contacted the parents, medical and law enforcement personnel, neighbors, and the family the mother had been visiting at the time of the child's death. The case was appropriate for a Heightened Oversight Process (HOP) review and a HOP conference was convened; a follow up conference was held a month later. Additionally, the case notes reflected a multidisciplinary team (MDT) response. As a result of the HOP conference, the Investigative Consultant (IC) accompanied the Specialist on visits to the home.

Home visits to the family's home reflected that the family resided in a two-bedroom apartment which was clean. There were adequate supplies for the child and the family; the child had a crib, and the parents slept in a full-size bed. There was no clutter in the crib. CPS observed the home was equipped with smoke and carbon monoxide detectors and there was adequate food in the refrigerator and cupboards. There were no safety or health hazards in the home, no evidence of alcohol or drug use, and no drug paraphernalia in the home. The Specialist also confirmed there was one surviving child; however, this child resided in another country with the maternal grandparents and had never been in the United States. Supervisory notes reflected very detailed directives and it was evident that the supervisory team followed up to ensure directives were being followed.



The IC and Specialist also visited the home where the child died. The home had no health hazards and there were no concerns for the one-year-old child in the home.

ACS met with some resistance from the hospital staff as they attempted to obtain information regarding the child's death and medical record. The Specialist and IC made several attempts before obtaining the information.

No safety or risk assessment forms were necessary as the only child living in the parents' home had died and the parents' other child resided in another country.

The parents were offered bereavement counseling services; however, they declined the offer.

As of the issuance of this report, ACS had not yet made a determination on this case. The autopsy report is pending.

## 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:

As of the writing of this report, the CPS investigation is ongoing.

## 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:** 12/20/2019

**Time of Death:** 06:44 PM

**County where fatality incident occurred:**

Bronx

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

06:07 PM

**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

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:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	39 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other - Child of BM's Friend	No Role	Female	1 Year(s)
Other Household 1	Other - BM's Friend	No Role	Female	26 Year(s)
Other Household 2	Sibling	No Role	Male	3 Year(s)

### LDSS Response

On 12/20/19 upon receipt of the report from the SCR, ACS convened a HOP conference and an MDT meeting. Circumstances of the case were discussed. It was established the family had no prior CPS history.

On 12/21/19, the Specialist contacted law enforcement and learned no arrests would be made pending the information from the ME. Law enforcement personnel reported that the mother said she placed the child face down on the king-size bed at 4:00PM, checked the child periodically, and at about 6:00PM when she returned the child was unresponsive. The mother's friend called 911 and the child was taken via ambulance to the hospital where he was pronounced dead at 6:20 PM on 12/20/19.

On 12/21/19, the Specialist made a visit to the hospital to obtain information regarding the child. Hospital personnel refused to speak with the ACS team. Later that day the Specialist returned and was informed the child arrived at the hospital at 6:23 PM and was pronounced dead at 6:44 PM on 12/20/19. The physician provided information from the mother's statements to hospital staff and it was consistent with the information the mother and friend had provided to law enforcement.



On the same date, the Specialist visited the home and attempted to interview the father. The father asked the Specialist for time to grieve but informed the Specialist he had another child who was residing outside of the United States. ACS contacted the family in Guinea (via the US Embassy) and learned the surviving child was well. Later that same date, the Specialist returned to the home. The father explained that he took the mother and child to the friend’s home and went on to work. The father said at about 6:10 PM he received a call telling him to go to the hospital. When he arrived, he was told the child had died.

On 12/23/19, the Specialist interviewed the mother who stated when she arrived in the United States she was already eight months pregnant. She stated that she did not have regular prenatal care while in Guinea as it is not customary to do so. However, once she arrived she began frequent prenatal care. She stated that there were no disclosed medical problems with the child prior to birth. She stated the child was delivered by C-section and was held in the NICU for 3 days; there were no medical concerns with the child after discharge. The mother said the child was prescribed medication to treat thrush, but was otherwise healthy.

The mother said on 12/20/19, she went over to her friend’s home at about 12:30 PM, and while there she breastfed the child as he did not want formula. She stated the child was crying a lot that day, but nothing seemed out of the ordinary. She stated when the child went to sleep, she lay him on his stomach on her friend’s king-sized bed. She reported that there were no objects or people on the bed. She stated she checked the child a few times and noticed he had not changed positions for a few minutes. The mother said she picked up the child and brought him to the friend who called 911 and began to perform CPR until the FDNY personnel arrived. She stated that there was no history of respiratory problems in her family. She also stated that she was never taught about safe sleep and she often switched between back and stomach when putting the child to sleep. The mother declined grief counseling and indicated she will use her family and friends as resources and support.

On 12/21/19, the Specialist spoke with neighbors who said they had no concerns about the family. They described the family as “quiet”.

On 12/22/19, the Specialist visited the friend’s home. The Specialist assessed the home and documented there were no concerns identified. The home was clean and organized. The mother’s friend stated the mother often visited the home “to hang out” The friend said she was also a resource for the family because she was a bit older and had a child as well. She confirmed the mother’s statements to police and to ACS and added she initiated CPR using the instructions provided by the 911 operator. The friend said she did not have any concerns regarding the level of care the mother provided. The Specialist assessed the friend’s child and documented there were no safety concerns in the home.

On 12/23/19, ACS staff contacted law enforcement again and learned the cause of death might be SIDS. Law enforcement informed the Specialist there was no suspicion of foul play.

The case documentation between 12/23/19 and present reflected clearance notes, contacts with consultants and the ME. No new information was received.

ACS has not yet made a determination on this case as of the writing of this report. ACS

**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)? Yes

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052521 - Deceased Child, Male, 4 Mons	052522 - Mother, Female, 24 Year(s)	DOA / Fatality	Pending
052521 - Deceased Child, Male, 4 Mons	052522 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.



## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input 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"/>

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:**  
There were no surviving siblings or children in the home. The parents have a child who resides out of the country. This child has never been to the United States. No services were offered to the 1-year-old child who resides in the friends home, where the fatality occurred.

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

**Explain:**  
Parents were offered referrals for bereavement counseling; however, they declined the offer.

## 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 were no CPS investigation that occurred more than three years before the fatality that involved the deceased child, the deceased child's sibling, and/or the other children residing in the deceased child's household at the time of the fatality.

### Known CPS History Outside of NYS

The family did not have any known CPS history outside of New York State.

### 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