

NYS Office of Children and Family Services - Child Fatality Report

Report Identification Number: NY-14-078

Prepared by: New York City Regional Office

Issue Date: 1/2/2015

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.

Abbreviations

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<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

Report Type: Child Deceased
 NY-14-078

Jurisdiction: Queens

Date of Death: 07/06/2014

FINAL

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Age: 11 month(s)

Gender: Male

Initial Date OCFS Notified: 07/06/2014

Presenting Information

At approximately 1:00 P.M. on 7/6/14, the eleven-month-old male child stopped breathing and felt cold. The mother administered CPR to the child. The child opened his eyes and made facial expressions. The mother thought everything was okay and did not seek further emergency medical treatment. At approximately 2:45P.M., the mother noticed the child had his eyes open but was not moving. The mother again administered CPR to the child. The mother called the father several times; however, she did not call 911. At approximately 3:30 P.M., the parents left the home with the child for the hospital. The family did not arrive to the hospital until approximately 4:15 P.M. and the child was already deceased at the time. The child was an otherwise healthy child, with no prior medical conditions that could have contributed to his death.

Executive Summary

At about 1:00 P.M. on 7/6/14, the child was lying in bed when the mother noticed "something was wrong" with the child. The mother gave the child CPR and he was responsive but she did not seek medical treatment for the child. At about 2:45P.M., the child's eyes were opened but he was not breathing. The mother again gave the child CPR and then called the father. The father advised her to call 911, but the mother did not. The father later came to the home and at about 3:30 P.M., the parents took the child to Elmhurst Hospital in a private car. At 4:08 P.M., an unrelated home member called 911. And when EMS arrived to the home, no one was present. At approximately 4:15 P.M., the family arrived to the hospital and the child was already deceased. Medical staff attempted to resuscitate the child and officially pronounced him dead at 4:36 P.M. The mother had dressed the child in a white suit stating that she dressed the child in such way because she wanted to be "prepared for the worst."

Prior to the incident, the parents were no longer in a relationship; however, the father did not have any concerns of the mother harming their son. The father last saw his son on 7/5/14 and he was fine. He denied the child had any preexisting medical condition. The family did not have any other children.

On 7/6/14, the SCR registered a report alleging DOA/Fatality, IG and MN of the child by his parents.

On 7/6/14, the ACS' Queens Field Office Specialist made collateral contacts with the NYPD precinct, the ME, the parents, and the medical staff at Elmhurst Hospital to obtain pertinent information regarding the incident. The information obtained indicated there were no signs of trauma to the child.

On 7/7/14, the mother admitted to suffocating the child because she no longer wanted to care for the child. Consequently, she was arrested and charged with the child's murder. She remained incarcerated pending court disposition.

On 7/8/14, the ME stated that the official cause of the child's death was still pending.

On 8/29/14, ACS substantiated the allegations of the report against the mother. She had admitted to suffocating her son because she was overwhelmed caring for the child without any other support. She also failed to immediately seek medical treatment for the child.

ACS unsubstantiated the allegations against the father who was not present when his son died. During the

investigation, ACS made diligent efforts to interview the mother without success.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

- Safety assessment due at the time of determination? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

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: 07/06/2014

Time of Death: 04:36 PM

County where fatality incident occurred: QUEENS

Was 911 or local emergency number called? Yes

Time of Call: 04:08 PM

Did EMS to 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:

- | | | |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> 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: Not 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		11 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	24 Year(s)

LDSS Response

On 7/6/14, the ACS' Queens Field Office Specialist made contact with the NYPD precinct, the ME, the parents, and the medical staff from Elmhurst Hospital to obtain pertinent information regarding the incident. The information obtained indicated there were no signs of trauma to the child.

On 7/7/14, the detective disclosed that the mother gave an oral statement and stated that prior to going into the shower; she wrapped up the child like a mummy in a blanket from head to toe. She admitted she was tired of the child and did not receive any support from the child's father. The mother did not give the child CPR as she previously claimed. Consequently, she was arrested and charged with the murder of her son; she remained incarcerated pending court disposition.

On 7/8/14, the ME stated that the official cause of the child's death was still pending.

On 7/10/14, the Specialist and the IC visited the case address. During the visit, the unrelated home member reported the mother was the sole care giver to the child; however, she did not appear overwhelmed as a parent. She stated that on 6/30/14, the mother left the deceased child in a hot room for an entire day. The unrelated home member took care of the child until the mother returned home at approximately 4:00 P.M. The mother had reported she left the child home alone because "she had nowhere to take him."

Regarding the incident, the unrelated home member reported that on 7/6/14, she left the mother in the home and returned home at 4:00 P.M. Upon her return, she saw the mother outside of their building and she told the unrelated home member she was waiting for the child's father. The mother went inside the home and moments later she carried the child outside dressed in a white suit. The unrelated home member reported the mother did not have a crib for the child.

On 8/5/14, the father stated that he saw his son on 7/5/14 and the mother and the child seemed well. He received a call later on 7/6/14 from the mother stating that his son was not breathing. He advised the mother to call 911 but she never did. The father went to the mother's home and observed the child unresponsive and the mother had dressed him in a white suit. At this point the unrelated home member called 911.

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Prior to going to the home, the father had called the PGF who later drove to the address and then transported the parents and the child to the hospital.

On 8/29/14, ACS substantiated the allegations of the report against the mother. She had admitted to suffocating her son because she was overwhelmed caring for the child without any other support. She also failed to immediately seek medical treatment for the child.

ACS unsubstantiated the allegations against the father who was not present when his son died. The father accepted ACS' offer of bereavement counseling services. There were no surviving children in the home. During the investigation, ACS made diligent efforts to interview the mother without success.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Other physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No

Comments: New York City does not have OCFS approved CFRT.

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
Deceased Child 11 Month(s)	Father Male 22 Year(s)	DOA / Fatality	Unsubstantiated
Deceased Child 11 Month(s)	Father Male 22 Year(s)	Inadequate Guardianship	Unsubstantiated
Deceased Child 11 Month(s)	Father Male 22 Year(s)	Lack of Medical Care	Unsubstantiated
Deceased Child 11 Month(s)	Mother Female 22 Year(s)	DOA / Fatality	Substantiated
Deceased Child 11 Month(s)	Mother Female 22 Year(s)	Inadequate Guardianship	Substantiated
Deceased Child 11 Month(s)	Mother Female 22 Year(s)	Lack of Medical Care	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The SCR Report source contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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 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"/>

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?

- Family Court
 Criminal Court
 Order of Protection

Criminal Charge: Murder Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/07/2014	The mother	Unknown	The case remained active in QCC
Comments:	On 7/7/14, the mother was arrested and charged with the murder of her son; she remained incarcerated pending court disposition.		

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

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

Additional information, if necessary:

The father was referred for bereavement counseling; however, it was unknown if he used the referral.

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? Yes

Explain:

The father was referred for bereavement counseling.

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

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 type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" 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 did not have any prior history with the SCR or ACS; however, between 6/14/97 and 11/30/06, the father was listed as a maltreated child in eight reports against the PGPs. Four of the reports were indicated against the PGPs for the now adult father and his now adult siblings. The pattern of the allegations were; MN, IG, EDNG and IF/C/S. As a result, the father and his siblings were removed from his parents and placed in foster care under the auspices of the Edwin Gould Services for Children & Families.

The last report involving the father was an 11/30/06 report which alleged EDNG of the father by the PGF. On 1/29/07, ACS substantiated the allegation of the report. The family was in receipt of services at Edwin Gould Services for Children & Families at the time.

Known CPS History Outside of NYS

The family did not have any 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 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.

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 legal activity as a result of 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