



Report Identification Number: NY-18-104

Prepared by: New York City Regional Office

Issue Date: Apr 22, 2019

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: 1 year(s)

Jurisdiction: New York
Gender: Male

Date of Death: 10/20/2018
Initial Date OCFS Notified: 10/20/2018

Presenting Information

The one-year-old child (SC) resided with his mother (SM). On 10/19/18, the SC had a fever of 101.3 degrees and the SM gave him Motrin and put him to bed. On 10/20/18, at 2:00 AM, the SM attempted to wake the SC and found him having difficulty breathing. She summoned 911. EMS responded and found the SC unresponsive. The SC was transported to Harlem Hospital (HH) where he was pronounced dead at 3:00 AM. The death of the SC is unknown.

Executive Summary

The SCR registered a report regarding the death of a one-year-old male that occurred on 10/20/18. The report narrative alleged that the providers were unable to tell if the SC death was a result of Sickle Cell Anemia. The allegations of the report were DOA/fatality and IG of the SC by the SM.

ACS Manhattan Field Office (MFO) initiated the investigation by visiting HH and obtaining information regarding the incident. ACS learned from the Dr. the SC received a blood transfusion on 10/18/19 and returned to the daycare center the following day. He presented with a fever and the SM treated with Motrin. Approximately six hours later, the SM observed the SC having difficulty breathing. She summoned EMS and the SC was transported to the ER. He was pronounced dead at 3:02 AM, on 10/20/18. There were no marks or bruises found on the SC to indicate abuse or neglect.

ACS learned there were no siblings or other children in the home. After the incident, the SM did not return to the case address and she declined an interview. The neighbors and family members were uncooperative with the investigation.

LE reported the home appeared clean and there were no safety concerns. LE found no criminality in the investigation and closed the case. The ME confirmed the SC was found with no sign of neglect or trauma and the final report was pending.

The SM was interviewed at the MFO on 12/6/18. She confirmed the reported information and added that the SC had been suffering with the condition since birth. She stated that on the day of the incident, the SC had a fever that had gone down with Motrin, but later he began to experience difficulty breathing. The SM did not disclose any events of the SC's medical history.

On 12/21/18, ACS received the SC's medical information from HH; however, ACS did not receive medical information from CPH. The office of the ME reported the final report was 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



Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 1 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 27 Year(s) |

LDSS Response

The SCR registered a report regarding the death of a one-year-old male that occurred on 10/20/18. The SC resided with the SM only and there were no siblings. The allegations of the report were DOA/fatality and IG of the SC by the SM. The report alleged that the SC had a condition since birth.

Following the receipt of the report, MFO initiated contact with HH and obtained information regarding the incident. ACS learned that the SC had received his monthly blood transfusion two days prior, at Columbia Presbyterian Hospital(CPH). The next day, he returned to daycare and the SM picked him up at 6:00 PM, he was lethargic with no fever. At approximately 8:00 PM, the SC presented with fever and was given a dose of Motrin. At 2:00 AM, she woke him to administer the second dose and found him having difficulty breathing. She summoned 911 for emergency medical assistance. The Dr. reported the SC was in "full" cardiac arrest upon arrival to the ER at 2:38 AM. The SC was pronounced dead at 3:02 AM, on 10/20/18. There were no marks or bruises found on the SC to indicate abuse or neglect.

On 10/20/18, the ACS Specialist spoke to the SM on the telephone after several unsuccessful home visits were made. The SM sounded distraught and stated she needed time to grieve. She refused to reveal her whereabouts and stated she will be available at a later date.

On 11/23/18, LE reported the home appeared clean with no safety concerns. LE found no criminality and closed the case. The ME confirmed the SC was found with no signs of neglect or trauma and the final report was pending.

ACS made diligent efforts to speak to the SM's family to no avail. ACS also made multiple attempts to interview the SM's neighbors but ACS received no information. The whereabouts of the BF was unknown.

On 12/6/18, with persistence, ACS obtained an interview with the SM which was held at the MFO. The SM confirmed the reported information and added that the SC was born prematurely and was diagnosed with a condition. The SM explained that she picked him up at 6:00 PM and he did not have a fever. She checked again at 8:00 PM and his temperature was 103 degrees. She administered Motrin and his temperature went down and he fell asleep. She explained that she was instructed by his Dr. at CPH to take the SC to the ER if the fever persist and goes beyond 103 degrees. The SM woke the SC at 2:00 and found him having difficulty breathing. She called 911, and started to get dress and noticed the SC stopped breathing. She called 911 again and was instructed to lay the SC on the floor and open the door for the first responders. The SM reported the BF was not involved with the SC. The SM reported no DV, drug or alcohol use or mental health conditions.

On 12/21/18, ACS received the SC's medical information from HH that reflected the SC was not known to HH prior to this incident. ACS did not receive medical information from CPH. The office of the ME reported the final report was pending.

ACS did not complete a thirty-day fatality report and the investigation determination had not been made to the time this report had been issued.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: From a medical cause

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 New York City region does not currently have a Multidisciplinary Team.

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

Comments: The New York City region does not currently have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--------------------------------------|-------------------------------------|-------------------------|--------------------|
| 049627 - Deceased Child, Male, 1 Yrs | 049628 - Mother, Female, 27 Year(s) | DOA / Fatality | Pending |
| 049627 - Deceased Child, Male, 1 Yrs | 049628 - Mother, Female, 27 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Members | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pediatrician | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed? | <input 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 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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:

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 siblings.

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

Explain:

The parent declined an interview.

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? Yes

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 is no CPS investigative history in New York State within three years prior to the fatality.

Known CPS History Outside of NYS

There was no CPS history more than three years prior to 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