

**Report Identification Number: NY-16-124**

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

**Issue Date: May 30, 2017**

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	

### Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

### Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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-Others	

### Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

## Case Information



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

**Jurisdiction:** Queens  
**Gender:** Male

**Date of Death:** 11/29/2016  
**Initial Date OCFS Notified:** 11/29/2016

## Presenting Information

The 11/29/16 report alleged the 4-month-old SC, an otherwise healthy child with no prior medical conditions, was found by the babysitter dead in the bed. The report also alleged the SC's airway was blocked by vomit and the SC died of aspiration on 11/29/16. The babysitter fed the SC in the morning at 9:00 AM, burped the SC, and then laid the SC on his back in the bed. The babysitter remained in the room with the SC and at 9:30 AM the babysitter saw the SC in the bed unresponsive, not breathing, and with blue lips. The babysitter was held responsible as the person who was caring for the SC at the time of death. The mother had an unknown role.

## Executive Summary

The 4-month-old male child (SC) died on 11/29/16. As of 5/1/17, NYCRO has not received a copy of the autopsy report.

The allegations of the 11/29/16 report were DOA/Fatality and IG of the SC by the babysitter.

ACS learned that on 11/29/16 the BM brought the SC to the babysitter's home at 8:00 AM. The SC seemed normal and the babysitter played with the SC for a while, and later he began to cry. The babysitter gave the SC a bottle of milk, but he only drank an ounce; normally the SC drank six ounces. She burped him and she folded a blanket to prop him up as she laid him on his back on the bed. The BM called at about 8:50 AM to ask how the SC was doing. The babysitter told the BM what occurred with the SC. She also told the BM that she would "Face Time" her so she could see the SC. The babysitter hung up from the BM. The light in the room was dim where the SC was asleep. The babysitter turned on the light to wake the SC, and when she touched him he was cold. His lips seemed to be purple and very cold. She immediately called the BM and she said call 911. The SC did not cry, and mucous and milk were coming out of his nose. While she was on the phone with the 911 operator, they told her how to perform CPR on the SC. The babysitter said the ambulance arrived in three to five minutes. She accompanied the SC to the hospital where she met the BM. The babysitter had no biological children and there were no children in her home. She did not charge the BM for childcare as she was helping her as a friend. The babysitter said she was not aware of safe sleep practices. The BM had no surviving children. According to the BM, the BF resided in a foreign country and she did not have any relationship with him. The BM said she believed he heard the SC passed away.

On 11/29/16, LE informed ACS that at 9:31 AM 911 was called by the babysitter. The BM was said to be at work while the SC was with the babysitter. There were no other children in the home. LE said there would not be any further criminal investigation into this case. Later, LE said the BM was on her way to work to drop off the SC with the babysitter who was the BM's close friend at 7:50 AM. At 8:30 AM, the babysitter fed and burped the SC and then put him on his back in the bed. The BM called at 9:30 AM to check on him. The babysitter walked to the SC's bed and saw that he was unresponsive, and the BM asked the babysitter to call 911. The ER attending Dr. examined the SC and found no visible signs of abuse and deemed the SC's death was not suspicious.

On 12/1/16, the MU's spouse said she saw the SC the night before his death and he seemed fine. The SC played and laughed. He had a "little cold." The babysitter loved the SC and took care of him until the BM returned from work.



On 12/14/16, the BM accepted ACS offer for bereavement counseling. ACS informed her that she would be forwarded a list of counseling agencies as soon as possible. Later, ACS sent the MU information regarding two agencies for bereavement counseling. ACS requested the MU provide the information to the BM and babysitter.

On 2/1/17, the ME said the only remaining result that was pending was the neuropathology which the ME believed would show no abnormalities. The ME said preliminary findings reflected evidence of a pre-existing medical condition and respiratory related symptoms that was usually the common cause of death in children. There was also evidence of infection. There was no trauma to the SC; he was well fed and clean.

The 30 Day Child Fatality Summary Report was not completed within 30 days of the receipt of the 11/29/16 report.

On 2/3/17, ACS unsubstantiated the allegations of DOA/Fatality and IG of the SC by the babysitter. ACS based the determination on the findings that the babysitter assisted in caring for the SC prior and at the time of his death. According to the ME, the SC's death was ruled natural. The babysitter also assisted the BM in ensuring the SC received consistent medical check-ups.

## 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.

### Explain:

NA

## Required Actions Related to the Fatality

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

<b>Issue:</b>	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
<b>Summary:</b>	The 30 Day Child Fatality Summary Report was not completed within 30 days of the receipt of the 11/29/16 report.



<b>Legal Reference:</b>	CPS Program Manual, VIII, B.2, page 4
<b>Action:</b>	ACS must submit a performance improvement plan within 45 days that identifies the action the agency has taken or will take to address the citations identified in the fatality report. ACS must meet with the staff involved with this fatality investigation and inform NYCRO of the date of the meeting, who attended and what was discussed.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 11/29/2016 **Time of Death:**

**Time of fatal incident, if different than time of death:** 09:30 AM

**County where fatality incident occurred:** QUEENS

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

**Time of Call:** 09:31 AM

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

Sleeping                       Working                       Driving / Vehicle occupant  
 Playing                               Eating                               Unknown  
 Other

**Did child have supervision at time of incident leading to death?** Yes

**Is the caretaker listed in the Household Composition?** Yes - Caregiver  
2

**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	Mother	No Role	Female	22 Year(s)
Other Household 1	Other	Alleged Perpetrator	Female	20 Year(s)



## LDSS Response

On 11/29/16, the Medical Examiner Investigator (MEI) informed ACS that there were no signs of trauma, nothing suspicious about the death and the SC had a pre-existing medical condition.

On 11/29/16, a visit occurred to the case address. The BM was traumatized and was not willing to speak with ACS. ACS interviewed the babysitter who said that on 11/29/16 the BM brought the SC to the babysitter at her home at 8:00 AM. The SC seemed normal and the babysitter played with the SC and later he began to cry. The babysitter gave the SC a bottle of milk, but he only drank an ounce; normally the SC drank six ounces. She burped him and laid him on his back to sleep. The BM called at about 8:50 AM to ask about the SC. The babysitter told the BM what occurred with the SC. She also told the BM that she would Face Time her so she could see the SC. The babysitter hung up from the BM. The light in the room was dim where the SC was asleep. The babysitter turned on the light to wake the SC, and when she touched him he was cold. His lips seemed to be purple and very cold. She immediately called the BM and she said call 911.

On 11/30/16, the BM said the SC woke at 6:00 AM on 11/29/16, and did not return to sleep. BM brought him to the babysitter and she left for work. The BM was emotional and could not continue with the interview.

During a follow up interview with ACS, the babysitter said she began to take care of the SC about 3 ½ months prior to 11/29/16. The babysitter said the BM brought the SC to her at about 7:50 AM on 11/29/16. He was crying so she held him for a while. Later, as she was about to let the BM have “Face Time” with the SC, she observed his lips turned blue. She tried to wake him, but he was unresponsive. The babysitter said 8 to 10 days prior to 11/29/16, the SC was ill and had difficulty breathing. The BM took him to the ER. The BM was advised to follow up with the SC’s Dr. and the BM contacted the Dr. The SC Dr. examined the SC and found he was fine. There was no medication that was prescribed. The SC was given another appointment for 11/28/16 at 1:30 PM, but the BM called for the time to be changed to 2:00 PM. The change was denied and given another appointment for 12/1/16. The babysitter said that the morning of 11/29/16, she was aware the SC had a cold. Later, the babysitter demonstrated how she laid the SC to sleep and used a folded blanket it to prop up the SC’s head. The babysitter said she did not leave the room or apartment during the time the SC was in her care.

On 12/1/16, the MU said he was aware the SC was ill about two weeks prior to 11/29/16. The BM took the SC to the ER for the illness but the SC was not given medications, and the BM followed up with the Dr. with no treatment provided. The MU said the BM slept in the apartment at night, but took the SC to his spouse's family member's home in the daytime as these family members had a larger apartment.

The BM rented a room from the MU who lived with his spouse and their two children. The BM said the SC woke at 6:30 AM. She fed him and changed his clothes. She took the SC to the babysitter at about 8:00 AM and left for work. She called the babysitter to ask about the SC as she normally did to find out how he was doing. The BM said the SC had a cold and she had taken him to the ER he had a cold and fever about two weeks prior to 11/29/16. He was treated to help him breathe and sent home with no medication. A week later, she took him for a follow-up to the Dr. but was told the SC did not have a fever to only bring him if he had a fever. The BM said the SC had a “little cold” but no fever so she did not take him to the clinic. BM received a call from the clinic that the SC had an appointment on 11/28/16 at 1:30 PM and she told them she was at work and would not be able to make it, but would be there at 2:00 PM if they changed the time. She said she was told it could not be changed so the clinic staff gave her a 12/1/16 at 2:00 PM appointment.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner



### Multidisciplinary Investigation/Review

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

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036741 - Deceased Child, Male, 4 Mons	036744 - Other - Babysitter, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
036741 - Deceased Child, Male, 4 Mons	036744 - Other - Babysitter, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**



The documentation did not reflect that the pediatrician was contacted.

### 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	Needed but 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Additional information, if necessary:</b> N/A							

**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 children in the households.

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

**Explain:**  
On 12/14/16, the BM was offered bereavement counseling and she accepted the offer. ACS informed her that she would be forwarded a list of counseling agencies as soon as possible. Later, ACS sent the MU information regarding two agencies for bereavement counseling. ACS requested the MU provide the information to the BM and babysitter.

## 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

## 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

The babysitter was not known as a subject more than three years prior to the fatality. The SC was not known to the SCR or ACS.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

### Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### 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