



**Report Identification Number: NY-15-049**

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

**Issue Date: 12/18/2015**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	MN-Medical Neglect	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	
<b>Miscellaneous</b>		
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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 5 month(s)

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

**Date of Death:** 06/13/2015  
**Initial Date OCFS Notified:** 06/16/2015

## Presenting Information

The 6/16/15 SCR report alleged that on 6/10/15, the mother put the five-month-old infant to sleep on her bed. The father was also aware the infant was left on the bed. Two hours later when the father went to check the infant, the infant had rolled over and his head was stuck between the mattress and the wall. The infant went into cardiac arrest and suffered a severe neurological injury. The infant was on a ventilator from 6/10/15 to 6/13/15, when the parents decided to remove him from the breathing machine. The sibling had an unknown role.

## Executive Summary

The five-month-old male infant died on 6/13/15 at 6:12 AM after the parents decided to disconnect the ventilator due to the irreversible brain damage the infant suffered on 6/9/15. As of 12/7/15, NYCRO has not received the final autopsy report; however, according to the ACS record, the ME stated the cause of death was positional asphyxia and the manner was accident.

On 6/16/15 the SCR registered a report which included the allegations of DOA/Fatality, IG and LS of the five-month-old infant by the parents.

ACS initiated the investigation within the required timeframe. During the investigation, ACS gathered pertinent information about the circumstances surrounding the infant's death by observing the family's home and by gathering statements from the parents, family members, LE, hospital SW, ER and EMS staff. According to the ACS record, the infant was born full term at a hospital in Queens. Prior to death, the infant had no known pre-existing medical conditions and was meeting his developmental milestones. The infant was last seen alive by the parents during the infant's feeding at approximately 5:30 PM on 6/9/15.

The mother recalled that on 6/9/15, she placed the infant on his back on the queen sized bed for a nap and surrounded the infant with pillows, blankets, and a comforter to prevent the infant from falling to the floor. The father recalled checking on the infant at approximately 7:00 PM. The father said he observed the infant's feet in the air; his head and upper torso wedged between the wall and the mattress. The father picked up and observed the infant was blue in color and not responding. The father called 911 at 7:27 PM and received CPR coaching until the ambulance arrived at 7:30 PM. The parents, sibling, and the PGM arrived at the hospital with the infant around 7:40 PM. The parents admitted to receiving safe sleep education; however, the mother said she had difficulty understanding the information provided by hospital staff, as the information was unavailable in her primary language and the father provided her a brief summary of the safe sleep training. The mother explained that, had she clearly understood the consequences, she would not have habitually allowed the infant to sleep on the bed. There were no inconsistencies in the parents' description of the incident events.

During the investigation, there was no evidence that the parents had a history of domestic violence, mental illness or substance abuse. On 6/16/15, ACS opened the Family Services Stage of the case and offered PPRS services to the family. The parents agreed to accept preventive services and the family received bereavement counseling and case management services.



On 7/22/15, ACS substantiated the allegations of DOA/Fatality, IG and LS of the infant by parents on the basis that although accidental, the parents left the infant unsupervised for a long period of time on the queen size bed with only a barrier of pillows and comforters to prevent the child from rolling off the bed. Given the infant's developmental stage, closer supervision was required.

As of 12/7/15, the case remains open for preventive services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? 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

Explain:

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:

N/A

Required Actions Related to the Fatality

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

Table with 2 columns: Issue, Summary, Legal Reference, Action. Row 1: Issue: Provision of Notice of Indication; Summary: At the time of investigation closing on 7/17/15, there was no documentation that the parents were provided the notice of indication; Legal Reference: 18 NYCRR 432.2(f)(3)(xi); Action: ACS must submit a corrective action plan within 45 days that identifies the action the agency has



# NYS Office of Children and Family Services - Child Fatality Report

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:** 06/13/2015

**Time of Death:** 06:12 AM

**Date of fatal incident, if different than date of death:** 06/09/2015

**Time of fatal incident, if different than time of death:** Unknown

**County where fatality incident occurred:**

QUEENS

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

Yes

**Time of Call:**

07:27 PM

**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

**How long before incident was the child last seen by caretaker?** 2 Hours

**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

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)



## LDSS Response

ACS began the investigation on 6/16/15. The Specialist visited the hospital and observed the infant attached to a ventilator and unresponsive. The parents, sibling and PGM were near the infant's room. During the investigation, ACS staff utilized interpreter services to effectively communicate with the mother.

The Specialist interviewed the EMT who stated that FDNY was the first to respond to the scene. The EMT observed FDNY's attempts to resuscitate the unresponsive infant on the living room floor. The EMT observed the infant had a few drops of dry blood in the nose. The EMT placed the infant into the ambulance. A paramedic assisted by providing emergency medication and CPR to the infant, while in route to the hospital. According to the paramedic, the infant remained unresponsive during the seven minute drive to the hospital. Upon the infant's arrival at the hospital, the emergency staff immediately responded and got a pulse.

The hospital SW informed the Specialist, due to the infant's severe condition, he was transferred from Flushing Hospital to LIJ Hospital. According to the SW, the attending physician said the infant had suffered severe brain injury due to lack of oxygen to the brain. ACS' record did not reflect that the parents were made aware of the infant's irreversible condition. Following the infant's death, the parents were referred to bereavement services at Hope for Change at LIJ Hospital.

The children's Dr. informed ACS, the infant and sibling had their last medical appointment on 4/20/15. The infant and sibling were both healthy and their immunizations were up to date. ACS learned that the sibling had a pre-existing medical condition. The sibling's medical specialist verified that the sibling's health condition was managed well by the parents. The sibling required further close monitoring. The Dr. stated there was no activity restriction for the sibling. Both Drs. reported having no concerns regarding the care the parents provided to the infant and the sibling.

The information ACS gathered from LE confirmed FDNY arrived first and performed CPR on the infant. The officer escorted the EMT into the home and the parents were instructed to follow the ambulance to the hospital. LE informed ACS, a neighbor who witnessed the father outside holding the infant was interviewed.

According to the ME, the preliminary autopsy findings showed there were no visible injuries on the infant.

The ACS staff held a Child Safety Conference on 6/17/15. During the conference, the parents provided separate accounts of their activities regarding the infant's care. There were no inconsistencies in the parents' statements regarding the circumstances surrounding the infant's death. The Specialist discussed with the parents; their concerns and the family strengths. ACS assessed that the family would benefit from preventive services to monitor the sibling's health condition and support the family. The family agreed to accept preventive services.

ACS opened the Family Services Stage of the case. The ACS and PPRS staff conducted a joint home visit and assessed the family's needs and the home environment for safety. The staff involved the family in the development of the service plan. On 7/13/15, both parents agreed to receive bereavement counseling services. Subsequently, the family received bi-weekly home visits and was last observed by PPRS on 11/24/15.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

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



# NYS Office of Children and Family Services - Child Fatality Report

## Multidisciplinary Investigation/Review

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

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**Yes

**Comments:** There is no OCFS approved Child Fatality Review Team in the New York City region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017984 - Deceased Child, Male, 5 Mons	017986 - Father, Male, 29 Year(s)	Inadequate Guardianship	Substantiated
017984 - Deceased Child, Male, 5 Mons	017985 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
017984 - Deceased Child, Male, 5 Mons	017985 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated
017984 - Deceased Child, Male, 5 Mons	017986 - Father, Male, 29 Year(s)	Lack of Supervision	Substantiated
017984 - Deceased Child, Male, 5 Mons	017985 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
017984 - Deceased Child, Male, 5 Mons	017986 - Father, Male, 29 Year(s)	DOA / Fatality	Substantiated

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

observation and comments in case notes)?				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

A progress note with event date 6/17/15 was entered on 8/3/15.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# NYS Office of Children and Family Services - Child Fatality Report

Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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 checked="" type="checkbox"/>	<input 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"/>



Table with 8 columns and 5 rows. Rows include: Alcohol/Substance abuse, Child Care, Intensive case management, Family or others as safety resources, Other. Columns contain checkboxes, some of which are checked.

Additional information, if necessary: The parents informed ACS staff of the family's intention to cremate the infant. The family received preventive services.

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? Yes

Explain: ACS consulted a treatment team on 6/17/15. However, due to the sibling's age, there were no immediate needs services provided to the sibling. During the conference regarding the sibling's safety, the installation of window guards throughout the entire home was not discussed.

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

Explain: The Cohen Children's Medical Center SW referred the parents for bereavement counseling at Hope for Change at LIJ. The family accepted the referral for services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
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? 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



# NYS Office of Children and Family Services - Child Fatality Report

**Infant was born:** Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/10/2015	4101 - Deceased Child, Male, 5 Months	4103 - Father, Male, 29 Years	Inadequate Guardianship	Indicated	No
	4101 - Deceased Child, Male, 5 Months	4103 - Father, Male, 29 Years	Lack of Supervision	Indicated	
	4101 - Deceased Child, Male, 5 Months	4104 - Mother, Female, 29 Years	Inadequate Guardianship	Indicated	
	4101 - Deceased Child, Male, 5 Months	4104 - Mother, Female, 29 Years	Lack of Supervision	Indicated	

**Report Summary:**

The 6/10/15 SCR report alleged that on 6/9/15, the parents left the infant unsupervised on their bed for about two hours. During that time, the infant got to the edge of the bed and his upper body fell into the gap between the bed and the wall. As a result, the infant went into cardiac arrest and had severe neurologic injury. The infant was unable to breathe on his own.

**Determination:** Indicated**Date of Determination:** 07/17/2015**Basis for Determination:**

ACS substantiated the allegation of LS of the infant by the parents on the basis that the parents left the infant unattended sleeping on the bed for nearly two hours, having only checked on him once during that time; when infant was found in the compromising position.

ACS substantiated the allegation of IG of the infant by the mother. The mother was aware of the infant's capability of rolling and moving around on his own yet she continued to allow the infant to sleep on the bed unattended.

ACS substantiated the allegation of IG of the infant by the father as he was aware of safe sleep practices but allowed the infant to sleep on the bed with pillows and a comforter unattended.

**OCFS Review Results:**

ACS initiated the investigation within 24 hours of receipt of the 6/10/15 report. ACS' staff observed the household members and conducted safety assessments. ACS' findings showed the parents left the infant on the bed unattended for approximately two hours. The infant sustained serious injuries and subsequently died. The sibling had a preexisting medical condition and ACS assessed the family would benefit from preventive services. The staff maintained adequate contact with the family, and obtained pertinent information from collateral contacts. ACS made adequate face-to-face casework contacts.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**



# NYS Office of Children and Family Services - Child Fatality Report

There was no known CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no 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 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.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 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