



Report Identification Number: SV-17-048

Prepared by: New York State Office of Children & Family Services

Issue Date: Mar 30, 2018

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: 15 day(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 10/28/2017
Initial Date OCFS Notified: 10/30/2017

Presenting Information

It was alleged that on 10/28/17, mother fed her 2 week old daughter and fell asleep with the baby in her bed. Mother woke up later at night and found the baby face down and unresponsive. Mother called 911. Police and EMS responded at 12:56AM and tried to resuscitate the child. The baby was transported to the hospital where she was pronounced dead on 10/28/17 at 1:28AM with an unknown cause of death.

Executive Summary

This fatality report concerns the death of a 2-week-old female child (SC) that occurred on 10/28/17. A report was made to the SCR on 10/13/17, the day the SC was born, with concerns regarding the mother's ability to care for the child. Mother had a history of drug abuse and her two other children (the surviving siblings) had been removed from her care in 2013.

Suffolk County Department of Social Services (SCDSS) coordinated efforts with LE upon receipt of the fatality report. CW received copies of photos from the doll reenactment that was done, as well as arrest records for the mother and father; both had criminal history regarding drugs. An autopsy was performed; however, the ME's report was pending at the time of this writing.

Mother reported she was alone with SC on the night of 10/28/17. Mother fed SC at approximately 9:30PM and again at approximately 11:30PM. Mother said she typically placed SC in either the bassinet or the separate infant bed that goes on mother's bed. After the last feeding, mother placed SC on her side, on a pillow, facing mother who was also on her side facing SC. Mother said she awoke about 1 hour later and found SC face down on the pillow next to her not breathing; she then called 911. First responders arrived at the home and began resuscitation efforts and transported the child to the hospital where she was pronounced dead at 1:28AM.

SCDSS gathered information about SC's death from the mother, the hospital, ME, EMS, FD, and LE. CW also contacted several collaterals such as SC's physician's office, maternal grandmother, maternal great grandmother, maternal uncle, and mother's methadone clinic and counselors.

The father and surviving siblings had lived in Indiana since 2014. SCDSS contacted CPS in Indiana and requested they assess the safety of the surviving siblings. As part of Indiana CPS protocol, on 10/20/17, the father was drug tested and was positive for methamphetamines. The surviving siblings were removed and placed with the paternal grandparents. During this investigation, the mother moved back to Indiana to be with the father of the SC and the surviving siblings. The parents had supervised visits with their children. The family was provided information on bereavement counseling from SCDSS and CPS in Indiana and they declined to engage in counseling. Both parents were enrolled in substance abuse treatment programs.

The allegations of DOA/Fatality and Inadequate Guardianship against the mother of SC were unsubstantiated. There was no explanation for the child's death by medical professionals and the ME had not yet completed the report. The case was unfounded and closed on 12/21/17. The family remained under supervision of Indiana CPS.

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:

The casework activity was commensurate with case circumstances.

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: 10/28/2017

Time of Death: 01:28 AM

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	17 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Other Household 1	Father	No Role	Male	29 Year(s)
Other Household 1	Sibling	No Role	Male	8 Year(s)
Other Household 1	Sibling	No Role	Female	5 Year(s)

LDSS Response

On 10/13/17, SCDSS received the initial report concerning SM giving birth, and her history of heroin use during her pregnancy. There were further concerns regarding SC being released to SM, since SM had two other children removed from her care and never returned. SCDSS contacted CPS in Indiana to have them assess the safety of the SS. Upon a home visit to BF on 10/17/17, the CW asked BF to take a drug test. The results returned on 10/20/17 and revealed he tested positive for methamphetamine and marijuana. A protective removal was done and the SS were placed with the paternal grandparents.

SCDSS met with SM and SC in the hospital on the night of 10/13/17. CW observed SC in an incubator sleeping. SM admitted she had been a heroin user, but had been clean for the past few months. SM used in the beginning of the pregnancy but once she found out she was pregnant, she enrolled in a methadone program.

On 10/30/17, SCDSS received the report of the SC's death. SCDSS initiated their investigation within 24 hours and coordinated efforts with LE. SCDSS contacted the source of the report, completed a CPS history check, and notified the ME and DA of SC's death. CW reviewed LE records and discovered SM had several drug related charges in the past.

CW made a home visit to interview SM after SC's death. SM reported on the night of 10/28/17, she fed SC and laid her down next to her, on her side, facing her, in SM's bed. SM said she placed SC up on the pillow so she would not be breathing in her face. SM said she fell asleep and woke up around 12:55AM to find SC face down on the pillow and not breathing. SM called 911 and followed directions from the operator, but said she knew SC was dead and did not think she would be able to be revived. SM denied taking illegal substances and said she only takes her prescribed methadone. SM's last urine screen was on 10/25/17 and it negative for illicit substances.

CW spoke with homicide detective, EMS, and FD workers who responded to the home the night of the incident. These collaterals did not note any concerns of hazards in the home or mother to be impaired when they responded. First responders tried to resuscitate SC and she was transported to the hospital where she was pronounced dead at 1:28AM on 10/28/17.

CW interviewed the MGM that SM lived with and MGM denied knowing SM was on drugs other than methadone during



her pregnancy. CW left bereavement information at the home for SM and MGM.

CW spoke with a social worker from the hospital where SC was delivered and the SW said mothers are required to watch a video in maternity on safe sleep practices, which reviews placing the child on their back to sleep. SM confirmed she was educated on safe sleep guidelines.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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)?Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044644 - Deceased Child, Female, 17 Day(s)	044642 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
044644 - Deceased Child, Female, 17 Day(s)	044642 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated

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, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
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"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
SS lived out of state at the time of the fatality and family was being monitored by local CPS. Bereavement services and counseling were offered and declined by the family.

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

Explain:
Bereavement services and counseling were offered and declined by the family.

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?** Yes
- Was the child acutely ill during the two weeks before death?** No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/13/2017	Deceased Child, Female, 1 Hours	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Female, 1 Hours	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

It was alleged that on 10/13/17, mother gave birth to SC. Mother had a history of heroin use during her pregnancy. SC's meconium test results were pending. The mother had two other children that were removed from her care and never returned. SC was at risk by being in her mother's care. The grandmother had an unknown role.

Determination: Unfounded**Date of Determination:** 12/08/2017**Basis for Determination:**

Mother was in a methadone program while pregnant with SC and SC's meconium was positive for methadone and marijuana. SC was observed to have withdrawal symptoms from the methadone which did not require treatment. Mother had all appropriate supplies for the child, was educated on safe sleep, and had family supports who lived in the same building. Collaterals had no knowledge of mother using drugs at the time SC was born. Mother was drug tested in September 2017 and the results were negative.

OCFS Review Results:

SCDSS reviewed prior history and made notable efforts to locate the father and surviving siblings who lived in Indiana. CPS in Indiana made a visit to the family. CWs spoke with several collaterals and obtained pertinent documentation from the hospital, mother's substance abuse treatment program, and prenatal care center. SCDSS' investigation was complete and thorough.

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

CPS - Investigative History More Than Three Years Prior to the Fatality

4/1/09-6/11/09 UNF- allegation of IG against SM of her nephew.

4/5/10-6/3/10 UNF- allegation of IG & L/B/W against SM of the 8yo SS.

6/18/13-7/17/13 IND- allegations of II, L/B/W, PD/AM, S/D/S & IG against SM for both SS. Allegations of PD/AM & IG against BF for both SS.

Known CPS History Outside of NYS

On 10/20/17, the father tested positive for methamphetamine and marijuana. The surviving siblings were removed from their father's care and placed with the paternal grandparents. The mother moved back to Indiana and her and the father have supervised visits with the children. The family remains under supervision of CPS in Indiana.

Casework Contacts

	Yes	No	N/A	Unable to Determine
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Were face-to-face contacts with the child in the child's placement location made with the required frequency?

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