



**Report Identification Number: NY-22-089**

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

**Issue Date: Jan 26, 2023**

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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:** 4 day(s)

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** 10/13/2022  
**Initial Date OCFS Notified:** 10/14/2022

## Presenting Information

A completed OCFS-7065 Agency Reporting Form was received regarding the death of the 4-day-old subject child who was involved in an open CPS investigation. The form reflected that the subject child was born prematurely on 10/9/22, at approximately 23 to 24 weeks gestation, and weighed around one pound at birth. The child was born with a positive toxicology for cocaine and methadone. The mother used drugs the day she gave birth. The child never left the hospital due to her prematurity and medical needs. The child was pronounced dead on 10/13/22 at 7:09PM.

## Executive Summary

This fatality report concerns the death of the 4-day-old female subject child that occurred on 10/13/22. ACS was made aware that the child died while in the neonatal intensive care unit, where she had been since her birth. The fatality occurred during an open CPS investigation, which was received on 10/10/22, following the subject child's birth.

On 10/9/22, the mother gave birth to the subject child in a bathroom. The mother was unaware she was pregnant, and just prior to giving birth used cocaine and heroin. The mother and child were transported to the hospital by emergency medical services and admitted to the hospital around 5:00AM. The child was estimated to be about 23 to 24 weeks gestation. The mother left the hospital around noon that same day and the child remained in the neonatal intensive care unit. The hospital predicted a lengthy stay for the child. The mother had not signed necessary medical consents prior to leaving and had not returned to the hospital. On 10/13/22, the child's breathing tubes had been removed due to progress; however, the child's health began declining shortly after. The child went into cardiac arrest and resuscitative efforts went on for an hour and a half but were unsuccessful. The child passed away at 7:09PM.

An autopsy was not performed. The hospital reported the precise cause of death was unknown but overall, the child's birth weight and prematurity were factors.

ACS made several attempts to speak with the mother; however, she declined to be interviewed or speak about the child and would not engage with ACS. ACS made collateral contact with family members and shelter staff who confirmed the mother's substance misuse, as well as statements the mother made that she did not want anything to do with the child.

The mother was provided information on community-based supportive services; however, it was unknown if she utilized any services following the fatality. Due to there being no surviving siblings and the mother's lack of cooperation, the CPS investigation open at the time of death was closed.

## 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

**Determination:**

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

**Explain:**

This was not an SCR reported fatality, and there were no surviving siblings in the household, therefore the safety assessments and determination were not required.

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:**

ACS gathered information around the fatal incident and offered community-based services to the mother; however, it was unknown if she utilized services. There were no surviving siblings in the household. No additional service needs were identified as the mother was uncooperative with ACS and the case was closed.

**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: 10/13/2022

Time of Death: 07:09 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

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

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

**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	No Role	Female	4 Day(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)

## LDSS Response

At the time of the fatality, the family was involved in an active CPS investigation, initiated on 10/10/22. The investigation was regarding the mother giving birth to the subject child, and both the mother and child testing positive for substances. ACS learned from hospital staff that the mother gave birth to the child in the bathroom of her supportive housing shelter. The mother and child were transported to the hospital by emergency medical services and admitted around 5:00AM. The mother did not have prenatal care and it was estimated the child was born at 23- or 24-weeks' gestation and weighed 1 pound .6 ounces. The mother left the hospital before noon that same day and had not returned at the time the CPS investigation was initiated. At the time of the fatality, the child was hospitalized in the neonatal intensive care unit.

ACS was informed by hospital staff on 10/14/22 of the child's death, which occurred on the evening of 10/13/22. Due to making medical progress, the child's breathing tubes had been removed; however, shortly after, the child had a sudden, adverse change in health and attempts to reinsert breathing tubes were unsuccessful. The child went into cardiac arrest and medical staff attempted resuscitative efforts for one and half hours to no avail. The hospital was unable to contact the mother to inform her of the child's death.

ACS informed the mother about the death of the child and that the hospital required her decision on the remains of the child. The mother would not provide consent to the hospital and informed ACS she, "already told the hospital that I want nothing to do with the baby". This statement was consistent with previous interactions ACS had with the mother during the open CPS investigation. The mother told ACS she wanted nothing to do with ACS or the child and did not participate in an interview with ACS.

ACS learned from shelter staff that the mother had significant substance misuse and was not in any treatment, although a mental health, substance use, or medical diagnosis were required to reside in the shelter. ACS observed the mother's living unit to be extremely cluttered with writing all over the walls and floor. No provisions for a newborn child were observed. The mother gave birth in another resident's apartment and that resident informed shelter security and emergency medical services were called. Shelter staff confirmed the mother stated she did not want anything to do with the child. ACS interviewed the resident whose room the mother delivered in. The resident stated the mother was staying in his room and very early in the morning delivered the child. The resident denied knowing who the child's father was and confirmed the mother told him she wanted nothing to do with the child. Collateral contact with family confirmed the mother struggled with substance misuse.

An autopsy was not performed as the mother did not sign any medical consents for the child. ACS obtained the child's hospital records, which noted the child was born at an unknown gestational age with pregnancy complicated by polysubstance abuse and insufficient prenatal care. The child had multiple medical problems including respiratory distress syndrome, hypotension, patent ductus arteriosus, acute kidney injury, hyperbilirubinemia, and intrauterine drug exposure. The hospital reported the precise cause of death was unknown; however, was likely due to the child's low birth weight and prematurity.

The mother did not engage with ACS throughout the open CPS investigation. ACS provided the mother with information on community-based support services, and as there were no other children in the household, the CPS investigation was closed.



# Child Fatality Report

## Official Manner and Cause of Death

**Official Manner:** Unknown

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

## Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

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

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Offered, but	Offered, Unknown	Not Offered	Needed but	N/A	CDR Lead to
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# Child Fatality Report

	Death	Refused	if Used		Unavailable		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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The mother refused to participate in service planning with ACS; however, she was provided with community-based support services. It was unknown if she utilized any 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?** N/A

**Explain:**

There were no other children in the household.

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

**Explain:**

The mother was not cooperative with service referrals.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** 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?** 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

#### Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)	Allegation Outcome	Compliance Issue(s)
10/10/2022	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	

#### Report Summary:

ACS received an SCR report on 10/10/22, which alleged that the mother gave birth to the subject child on 10/9/22. The mother and subject child tested positive for cocaine and methadone. Additionally, the mother tested positive for opiates and amphetamines. The mother did not know she was pregnant and gave birth outside of the hospital. The subject child was very premature and weighed one pound. The mother and subject child were taken to the hospital. At the time of the SCR report, the child remained in the hospital and the mother had left.

**Report Determination:** Indicated

**Date of Determination:** 12/07/2022

#### Basis for Determination:

ACS substantiated the allegations of Inadequate Guardianship and Parent's Drug Alcohol Misuse against the mother regarding the subject child. ACS determined the mother failed to provide the basic needs for the subject child in that the mother abandoned the child at the hospital and failed to plan with hospital staff for the child's remains. Additionally, the mother tested positive for heroin, methadone, amphetamines, cocaine, and opiates. The mother admitted to using illegal substances approximately three hours before giving birth to the subject child. Subsequently, the child tested positive for cocaine, methadone, and amphetamines.

#### OCFS Review Results:

ACS initiated their investigation within 24 hours by contacting the source of the report, contacting collaterals to receive an update on the subject child's condition, and located the mother. ACS attempted to interview the mother; however, she was uncooperative. ACS utilized collateral contacts to gain information about the mother and the subject child. ACS learned the subject child passed away at the hospital on 10/13/22 and completed the required OCFS-7065 Agency Reporting Form. As the mother was uncooperative and there were no surviving children, the case was appropriately indicated and closed.

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





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

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

## Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

## 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