

Report Identification Number: SV-14-023

Prepared by: Spring Valley Regional Office

Issue Date: 6/30/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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
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	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	
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		

Case Information

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 22 day(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 08/16/2014
Initial Date OCFS Notified: 08/18/2014

Presenting Information

On 08/18/2014, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) regarding the 22-day-old subject child (SC). It stated that on 08/01/2014, mother (SM) put six-day-old SC in bed with her to breast feed. When father (BF), who had been out of the home returned, he found SM on top of SC. SC went into cardiac arrest due to asphyxiation. EMS was contacted and SC was transported to the hospital. SC was placed on a ventilator. On 08/16/2014, at 5:30p.m., this hospital withdrew care from the SC and the SC was pronounced dead at 6:16p.m. SM has a history of abusing oxycodone. On 08/01/2014 SM was drowsy and nodding off while caring for SC. SM appeared to be under the influence of a substance and there is concern that SM abused pain medication. The role of BF is unknown.

Executive Summary

On 08/18/14, an SCR report was made, with allegations of DOA/Fatality, Parent's Drug/Alcohol Misuse and Inadequate Guardianship against the Subject Mother (SM) . There were no surviving siblings.

On 08/18/2014, the CW received a voice mail message from 08/16/2014 informing him that the Subject Child (SC) had passed away. He followed up with the hospital's Social Worker and was informed that the family had removed care for the SC between 5:15pm and 5:30pm on 08/16/2014. The SC then passed away at 6:16pm.

On 08/18/2014, Suffolk County DSS (SCDSS) received a letter from the SM's attorney requesting that CPS not communicate with the SM directly. Collateral contacts were made with the following: the father, the maternal grandparents, the SM's attorney, Nassau County Child Protective Services, Nassau County CPS , the funeral home where services were held for the SC, SCDSS in-house Nurse, the Suffolk County District Attorney's Office, the Suffolk County Homicide Detectives, the hospital where the child expired and the Nassau County Medical Examiner's Office . The autopsy report from the Medical Examiner's Office listed the SC's cause of death as: Anoxic-ischemic encephalopathy and pneumonia Due to: Asphyxiation while being breast-fed (overlying by sleeping adult).

SCDSS documented their case determination conference which was held on 09/22/2015. The decision was made to unfound and close the case. There were no surviving siblings. Although there was suspicion that the SM was abusing her prescription medication, there was no evidence to prove she was impaired when she fell asleep while feeding the SC. Despite the inability to contact and interview the mother, SCDSS conducted a thorough investigation and appropriately determined the allegations based on the information that they were able to obtain. OCFS is in agreement with the determination of the allegations.

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

Explain:

Although the mother's attorney requested that SCDSS not communicate with the mother, SCDSS conducted an appropriate investigation and utilized multiple other sources to gain the information necessary to investigate the fatality and determine the allegations.

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.

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: 08/16/2014

Time of Death: 06:16 PM

Date of fatal incident, if different than date of death: 08/02/2014

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: 12:05 AM

Did EMS to 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other: breastfeeding | | |

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

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

NYS Office of Children and Family Services - Child Fatality Report

At time of incident supervisor was: Unknown if they were 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	Female	22 Day(s)
Deceased Child's Household	Father	No Role	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)

LDSS Response

On 08/18/2014, the caseworker (CW) received a voice mail message from 08/16/2014 informing him that the subject child (SC) had passed away. He followed up with the hospital's Social Worker and was informed that the family had removed care for the SC between 5:15pm and 5:30pm on 08/16/2014. The SC then passed away at 6:16pm.

On 08/18/2014, SCDSS received a letter from the SM's attorney requesting that CPS not communicate with the SM directly. SCDSS was unable to fully conduct an investigation which would have included exploring the SM's substance abuse history and verifying if she had ever enrolled in or completed any substance abuse programs. SCDSS was unable to ascertain if the SM was misusing a relative's prescription medication at the time of the SC's injury that led to the fatality, nor was SCDSS able to determine if the SM was under the influence of a substance at the time of the infant's injury. On 09/08/2014, SCDSS received another letter from the SM's attorney stating that the SM was not available for any further interviews. Before SM retained an attorney, she admitted to seeking treatment for substance abuse in the past. SCDSS was unable to prove or disprove if SM sought treatment as she would not sign a release of information for the treatment facility. Although SCDSS was unable to contact SM throughout the life of the investigation, they gained a substantial amount of information from collateral contacts. SCDSS received the autopsy report from the Nassau County Medical Examiner's Office which listed the SC's cause of death as anoxic-ischemic encephalopathy and pneumonia due to asphyxiation while being breast-fed (overlaying by sleeping adult). The CW contacted the funeral home and verified that services were held for the SC. The CW Supervisor conferenced with the in-house nurse who reviewed the medical records related to the fatality and the SM's pre-natal care. A letter was sent to the SM's attorney requesting contact and the CW also included referrals for bereavement counseling. A letter, including bereavement referrals, was sent to the BF as well. The CW documented that the BF failed to maintain contact with SCDSS throughout the life of the fatality investigation. Communication with the assigned Homicide Detective revealed that they did not anticipate any criminal charges would come from their investigation.

On 09/22/2014, SCDSS documented their case determination conference. The decision was made to close and unfound the case. There were no surviving siblings. SCDSS stated that although there was suspicion that the SM was abusing prescription medication there was no evidence to prove she was impaired when she fell asleep while breast feeding the SC.

Official Manner and Cause of Death

Official Manner: Accident

NYS Office of Children and Family Services - Child Fatality Report

Primary Cause of Death: From an injury - external 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

Comments: There is no CFRT in Suffolk County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
014261 - Deceased Child, Female, 22 Days	014262 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
014261 - Deceased Child, Female, 22 Days	014262 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
014261 - Deceased Child, Female, 22 Days	014262 - Mother, Female, 25 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:

SCDSS unable to offer services in response to the fatality due to the SM's attorney's request that SCDSS not

communicate with the SM.

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

Explain:
On 08/18/2014, SCDSS documented that they received a letter from the attorney from the SM . The letter requested that CPS not communicate with the mother directly.

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

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)
08/01/2014	1861-Deceased Child,Female, 7 Days	1862-Mother,Female, 25 Years	Inadequate Guardianship	Unfounded	No
	1861-Deceased Child,Female, 7 Days	1862-Mother,Female, 25 Years	Internal Injuries	Unfounded	
	1861-Deceased Child,Female, 7 Days	1862-Mother,Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

NYS Office of Children and Family Services - Child Fatality Report

Mother has a history of abusing Oxycodone. There is concern that today 8/1/14 she was abusing pain medication to the point that she was high and could not adequately care for her newborn. Mother was very sleepy and kept nodding off then waking up. She was out of it. She was the primary caretaker for the child. Boyfriend and grandparents names unknown have unknown roles.

Determination: Unfounded **Date of Determination:** 09/30/2014

Basis for Determination:
 Although SCDSS did have some suspicion that the mother had a history of abusing Oxycodone, there was no evidence to support that she was under the influence of any drug or alcohol at the time of the report. The mother denied any substance misuse and offered normal post-partum fatigue as her explanation for falling asleep. After initially cooperating, the mother then became uncooperative and retained an attorney who advised SCDSS to cease contact with the mother. SCDSS was unable to fully conduct an investigation which would have allowed them to delve into the mother's drug history and verify whether or not she had attended and successfully completed any drug treatment programs.

OCFS Review Results:
 OCFS concurs with the determination. Before the mother retained an attorney, SCDSS was only able to gather some preliminary information.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/02/2014	1868-Deceased Child, Female, 8 Days	1866-Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	No
	1868-Deceased Child, Female, 8 Days	1866-Mother, Female, 25 Years	Internal Injuries	Unfounded	
	1868-Deceased Child, Female, 8 Days	1866-Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:
 In the evening on 8/1/14 mother put subject child (6 days old) in bed with her to breast feed the child. Father was out of the home at the time. When father returned home, he found mother on top of the child in the bed, smothering the child. The child went into cardiac arrest due to asphyxiation. Father called EMS who responded and performed CPR on child. Child was revived, but after being "blue" for approximately 35 minutes. Due to mother's negligence, child will most likely suffer brain damage, the severity to be determined. Child is currently intubated. Both parents appear sleepy and lethargic, and it is suspected that they are high.

Determination: Undetermined

OCFS Review Results:
 This was a subsequent report to the initial report received on 08/01/2015. The determination was suspended and the case was closed as a duplicate.

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

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

There is no CPS history.

Known CPS History Outside of NYS

There is no known 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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