



Report Identification Number: SV-15-014

Prepared by: Spring Valley Regional Office

Issue Date: 12/4/2015

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

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: 7 month(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 03/02/2015
Initial Date OCFS Notified: 03/02/2015

Presenting Information

The Statewide Central Register of Child Abuse and Maltreatment received a report that stated the following: "On Friday (02/27/2015) 7 month old subject child was in the care of the parent substitute. When mother arrived home around 3pm, she found subject child hypothermic and unresponsive in her crib. Subject child was transported to the hospital and she was found to have subdural hematomas, a brain injury and retinal hemorrhages. Subject child died this morning (03/02/2015). The mother and father have unknown roles."

Executive Summary

On 03/02/2015, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) with allegations of Inadequate Guardianship, Internal Injuries and DOA/Fatality against both the Subject Mother (SM) and the SM's paramour. There were no surviving siblings. The preliminary autopsy found evidence of Shaken Baby Syndrome and blunt force trauma. The cause of death was determined to be a Closed Head Injury and the death was ruled a homicide.

The CPS investigation established that, on 02/27/2015, the SM attended to the subject child at 12:30 AM and laid her back to sleep in her crib at 1:30 AM. The paramour cared for the subject child while the SM worked during that day. The paramour fed the subject child and laid her to sleep in her crib at 1:30 PM. The SM returned home from work at 2:45 PM and found the subject child cold, sweating, with dilated eyes. Emergency Medical Services was contacted and the subject child was transported to the hospital. On 3/2/15, the subject child died while at the hospital. A medical exam revealed the subject child sustained head injuries, some indicative of Shaken Baby Syndrome. The SM and paramour did not offer an explanation for the subject child's injuries.

SCDSS' investigation included fatality conferences at key points in the case. The case documentation throughout the life of the case was detailed and contemporaneous. On 04/27/2015, SCDSS determined that there was credible evidence to substantiate the allegations of Inadequate Guardianship, Internal Injuries and DOA/Fatality against both the SM and the SM's paramour. The two initial SCR reports dated 02/27/2015 were both indicated as well on 04/27/2015 for Inadequate Guardianship and Inadequate Food/Clothing/Shelter against the SM and her paramour. The Medical Examiner determined that the bruise on the subject child's head could have been the result of a previous fall but would not have caused the neurological damage. Neither SM nor her paramour confessed to inflicting the injuries and did not provide an explanation as to how the subject child suffered the severe injuries that subsequently led to her death. The Medical Examiner provided a timeline of the incident, which established that period when the injuries were sustained. The SM and her paramour were the only caretakers for the subject child during that period. SCDSS was able to conclude that the SM and her paramour failed to exercise a minimum degree of care and contributed to the infliction of serious injuries to the child which led to her death. The report was indicated and closed, as there were no surviving children. SCDSS completed a thorough investigation of the allegations and, based on the facts obtained, properly determined each allegation. 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:

n/a

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:

n/a

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: 03/02/2015

Time of Death: 07:24 AM

Date of fatal incident, if different than date of death: 02/27/2015

Time of fatal incident, if different than time of death: 03:00 PM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 03:00 PM

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:

- Sleeping
- Working
- Driving / Vehicle occupant



NYS Office of Children and Family Services - Child Fatality Report

Playing
 Other

Eating

Unknown

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: 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	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	25 Year(s)
Other Household 2	Father	No Role	Male	25 Year(s)

LDSS Response

There were two reports received by the SCR on 02/27/2015. The subsequent report was closed as a duplicate. Both stated that the family's home was without heat and that the SC had been brought to the hospital in critical condition. The SC was blue in color, had dilated eyes and had stopped breathing. On 04/27/2015, the report was indicated for Inadequate Guardianship and Inadequate Food/Clothing/Shelter against the SM and her paramour.

Upon receipt of the SCR report on 03/02/2015, the Caseworker (CW) was advised by the assigned Homicide Detective to not contact the family as there was a pending criminal investigation. On 03/09/2015, SCDSS was granted permission to meet with the subjects of the report. The CW immediately attempted an unsuccessful visit to the SC's home. The SCDSS investigation consisted of face to face interviews with the SM, father and SM's paramour. Collateral contacts were attempted and/or made with the following: the Suffolk County District Attorney's Office, the Suffolk County Medical Examiner's Office, the Suffolk County Police Department, the local Emergency Medical Services/Fire Department, the local Hospital, the SC's pediatrician and maintenance staff at the mother and SC's apartment complex.

Interviews with the SM and her paramour revealed that on 02/27/2015 at approximately 12:30AM she fed, changed, and wrapped the SC in a blanket and laid her back down at 1:30AM. She did not check on the SC before leaving for work at 9:45 AM. SM reports returning home from work at 2:45PM and again she did not check on the SC. SM's paramour informed her that the SC woke up around 11:30AM, at which time he washed her up, put her in a diaper only, fed her a bottle and laid her back down in her crib at 1:30PM. SM reported checking on SC around 3:30PM and finding her uncovered, cold and sweating. SM then began dressing the SC and noticed that one of her eyes was dilated. SM mother called the pediatrician and waited for a call back. A nurse called back and directed her to call 911. The EMTs arrived and



SM rode with the SC in the ambulance. SM reported she felt the SC's condition was caused by the cold bedroom but when questioned further by the doctor stated that SC had fallen off of a bed several days earlier and hit her head.

On 03/02/2015, the SC passed away. The doctor reported that a retinal exam showed retinal hemorrhaging and a subdural hematoma, both indicative of Shaken Baby Syndrome. The neurosurgeon observed a bruise on the right side of the SC's head. An initial examination to determine brain activity was conducted on 03/01/2015 and the second exam, conducted at 7:30AM on 03/02/2015, declared the SC brain dead. The Medical Examiner determined the cause of death as a Closed Head Injury and ruled it a homicide. Both SM and her paramour were interviewed but neither confessed to inflicting the injuries. Both submitted to polygraphs as well but the Homicide Detective could not share any further information.

Both SM and her paramour reported that the SC's room was excessively cold but the Medical Examiner determined this was not a contributing factor in the SC's death. SM was unable to offer an explanation as to why she did not move the SC's crib to a warmer area of the home. Neither SM nor the paramour were able to explain the SC's severe injuries which subsequently led to her death. The Medical Examiner's timeline established the injuries were sustained during the same period the SM and paramour were caring for the SC. SCDSS was able to conclude that either or both SM and her paramour failed to exercise a minimum degree of care and inflicted serious injuries to the SC which led to her death. The report was indicated and closed, as there were no surviving children. The criminal investigation remained ongoing at the time of case closing.

Official Manner and Cause of Death

Official Manner: Homicide

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 Child Fatality Review Team in Suffolk County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016161 - Deceased Child, Female, 7 Mons	016163 - Mother's Partner, Male, 25 Year(s)	DOA / Fatality	Substantiated
016161 - Deceased Child, Female, 7 Mons	016163 - Mother's Partner, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
016161 - Deceased Child, Female, 7 Mons	016163 - Mother's Partner, Male, 25 Year(s)	Internal Injuries	Substantiated
016161 - Deceased Child, Female, 7	016162 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated



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Mons			
016161 - Deceased Child, Female, 7 Mons	016162 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
016161 - Deceased Child, Female, 7 Mons	016162 - Mother, Female, 21 Year(s)	Internal Injuries	Substantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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



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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 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 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"/>

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? 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

There is no CPS investigative history within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

There is 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



location made with the required frequency?				
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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