



**Report Identification Number: SV-15-015**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 10/22/2015**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



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

**Report Type:** Child Deceased  
**Age:** 25 day(s)

**Jurisdiction:** Nassau  
**Gender:** Female

**Date of Death:** 02/28/2015  
**Initial Date OCFS Notified:** 03/05/2015

## Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 02/28/2015, which alleged Inadequate Guardianship and DOA/Fatality against the mother on behalf of the 25-day-old female subject child. This report alleged the mother left the subject child in the care of the neighbor and picked up the child at 2:30 AM, and went home. It was noted the mother and subject child fell asleep, and the mother woke up at approximately 1:30 PM, and found the subject child to be unresponsive and have blood on her face. The report stated an ambulance was called and upon arrival at the hospital the subject child had no heart rate and the child was found to have blood in her throat, mouth and on her face, and her body temperature was 80 degrees. It was noted the mother typically co-sleeps with the subject child, and mother reported the subject child had a cold however no medical attention was sought. The cause of death was unknown at the time of the report.

## Executive Summary

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. The caseworker did not, however, follow-up with the neighbor who was watching the subject child while the mother was out in regard to the mother picking up the subject child and being intoxicated. It is unclear if the mother was intoxicated, or the amount of alcohol she drank. NCDSS contacted medical professionals, first responders, and offered bereavement services, and support group through community resources for the mother, as well as aid with funeral expenses, however they were declined.

All Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case.

On 4/22/2015, NCDSS made the determination to substantiate the allegation of Inadequate Guardianship listed on the report. As per the current system of record, the basis for the determination was the mother picked up the subject child around 5:00 AM from the neighbor's and put the subject child to sleep with her, in the same bed. The mother woke up at approximately 1:45 PM and found the subject child unresponsive. There was an approximate 8 ½ hour lapse in time between the mother putting the subject child in the bed and her observing that the subject child was unresponsive. The record did not reflect the positioning of the subject child when found. The mother admitted to police to having a glass of Hennessy that night as well. The alcohol was an aggravating factor, and impaired the mother's ability to appropriately care for the subject child. It is, however, unclear exactly how much alcohol the mother consumed, what time she consumed it, and if she was intoxicated when she picked the subject child up. The caseworker did not follow-up with the neighbor, nor the Local Law Enforcement agency investigating the case, regarding these concerns. The mother was unavailable for follow-up in regard to this concern. Additionally, the mother disclosed she did have post-partum safe sleep education. The allegation of DOA/Fatality was unsubstantiated. At the time of case closure, the Medical Examiner had not yet determined the cause of death and the final autopsy report was not issued.

Prior history listing the mother as the subject child indicated a family history of alcohol abuse, including the mother



abusing alcohol as a minor. At the time of case closure, local Law Enforcement were not pursuing any criminal charges against the mother. A final autopsy report was issued on 5/26/2015 and noted the cause of death as Sudden Unexpected Death in a Newborn (while sleeping in bed with an adult). The manner of death was listed as Undetermined. No visible signs of trauma were noted.

## 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? No, sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? Unable to Determine

**Explain:**  
See above.

**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 caseworker never followed up with the neighbor who was watching the subject child to obtain information in regard to the mothers condition upon picking the subject child up. It is unclear if the mother was intoxicated when she and the subject child went to sleep.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Overall Completeness and Adequacy of Investigations
<b>Summary:</b>	The mother disclosed to Local Law Enforcement that she had a glass of Hennessy prior to picking the subject child up from the neighbors. No follow-up was made with the neighbor in regard to the mothers condition when she obtained the subject child.
<b>Legal Reference:</b>	SSL 424.6 and 18 NYCRR 432.2(b)(3)
<b>Action:</b>	Nassau County Department of Social Services will submit a corrective action plan to the Office of Children and Family Services to address the citation in regard to Overall Completeness and Adequacy of Investigations in this fatality report within thirty days of the report being issued.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/28/2015

Time of Death: 02:48 PM

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

County where fatality incident occurred: NASSAU

Was 911 or local emergency number called? Yes

Time of Call: 02:00 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, ☐ Playing, ☐ Eating, ☐ Unknown, ☐ Other

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

How long before incident was the child last seen by caretaker? 8 Hours

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

1

At time of incident supervisor was:

- ☐ Drug Impaired, ☐ Absent, ☐ Asleep, ☑ Alcohol Impaired, ☐ Distracted, ☐ Impaired by illness, ☐ Impaired by disability, ☐ Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household (Deceased Child, Alleged Victim, Female, 25 Day(s)) and Deceased Child's Household (Mother, Alleged Perpetrator, Female, 20 Year(s)).

LDSS Response

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations, and coordinated



their investigation with law enforcement. Most of the appropriate collateral contacts were made, and pertinent information was obtained. The caseworker did not, however, follow-up with the neighbor who was watching the subject child while the mother was out in regard to the mother picking up the subject child and being intoxicated. It is unclear if the mother was intoxicated, or the amount of alcohol she drank. NCDSS contacted medical professionals, first responders, and offered bereavement services, and support group through community resources for the mother, as well as aid with funeral expenses, however they were declined.

All Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case.

On 4/22/2015, NCDSS made the determination to substantiate the allegation of Inadequate Guardianship listed on the report. As per the current system of record, the basis for the determination was the mother picked up the subject child around 5:00 AM from the neighbor's and put the subject child to sleep with her, in the same bed. The mother woke up at approximately 1:45 PM and found the subject child unresponsive. There was an approximate 8 ½ hour lapse in time between the mother putting the subject child in the bed and her observing that the subject child was unresponsive. The record did not reflect the positioning of the subject child when found. The mother admitted to police to having a glass of Hennessy that night as well. The alcohol was an aggravating factor, and impaired the mother's ability to appropriately care for the subject child. It is, however, unclear exactly how much alcohol the mother consumed, what time she consumed it, and if she was intoxicated when she picked the subject child up. The caseworker did not follow-up with the neighbor, nor the Local Law Enforcement agency investigating the case, regarding these concerns. The mother was unavailable for follow-up in regard to this concern. Additionally, the mother disclosed she did have post-partum safe sleep education. The allegation of DOA/Fatality was un-substantiated. At the time of case closure, the Medical Examiner had not yet determined the cause of death and the final autopsy report was not issued.

Prior history listing the mother as the subject child indicated a family history of alcohol abuse, including the mother abusing alcohol as a minor. At the time of case closure, local Law Enforcement were not pursuing any criminal charges against the mother. A final autopsy report was issued on 5/26/2015 and noted the cause of death as Sudden Unexpected Death in a Newborn (while sleeping in bed with an adult). The manner of death was listed as Undetermined. No visible signs of trauma were noted.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From a 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)?**No

**Comments:** NCDSS worked in conjunction with Local Law Enforcement.

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

**Comments:** The Child Fatality Review Team Meeting will be held on 7/14/2015. This case is listed on the calendar for discussion. NCDSS had the Assistant Director attend as a representative.



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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017461 - Deceased Child, Female, 25 Days	017462 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
017461 - Deceased Child, Female, 25 Days	017462 - Mother, Female, 20 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional information:

Although diligent efforts were made, NCDSS never had the opportunity to observe the scene as the police did not make it available.

## 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"/>



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

## 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 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 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 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 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:

Bereavement Services, support groups and aid with finances regarding the funeral were offered to the mother, however were declined.

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 residing in the home.



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

Explain: Bereavement services and support groups as well as aid in regard to funeral expenses were offered, however declined by the mother.

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? No
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 fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

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 were 36 reports received by the SCR between 9/27/1994 and 7/6/2010 compiling 10 different cases listing substantiated allegations of Inadequate Guardianship, Parent's Drug/Alcohol Misuse, Lack of Supervision, Child's Drug/Alcohol Misuse, Lacerations/Bruises/Welts, Excessive Corporal Punishment, Lack of Medical Care, and Inadequate Food/Clothing/Shelter.



to comply with the order and the mother and her sibling were removed from the care of the maternal grandmother in 1999. The mother signed herself out of foster care when she was 18 years old. The mother was noted to have had a history of mental health concerns. She was hospitalized in 2/2008 for her mental health concerns, and continued with outpatient services upon her discharge.

### Known CPS History Outside of NYS

There is no known history outside of New York State.

### 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.

### 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