



**Report Identification Number: SV-16-006**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 8/11/2016**

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	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-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:** 12 day(s)

**Jurisdiction:** Nassau  
**Gender:** Male

**Date of Death:** 02/24/2016  
**Initial Date OCFS Notified:** 02/25/2016

## Presenting Information

An OCFS-7065 Agency Reporting Form was received stating that the subject child was born premature on 2/12/2016, and indicated that the mother had delivered the subject child at her home. It was noted that the father called for an ambulance and the mother and the newborn subject child were taken to Nassau University Medical Center. The subject child was then transferred to Cohens Children's Hospital where they could provide greater care. It was noted that the subject child was suffering from seizures and brain bleeds and underdeveloped intestines. The family and hospital staff decided to turn off the life support, and the subject child passed away on 2/24/2016.

## Executive Summary

An initial SCR report was received on 2/13/2016, which was under investigation by NCDSS when the subject child passed away. During the course of the investigation, NCDSS learned that the mother delivered the subject child in the bathroom in her home. She and the father wrapped the subject child in a towel and the father called 911. The police arrived at the home moments later and both the mother and subject child were taken to the local hospital. NCDSS learned that the mother was taking prescription medications during her pregnancy and the prescribing doctor was aware of the mother's pregnancy, as was her Obstetrician. At the time of the mother's delivery, she tested positive for Opiates, Benzodiazapines and Methadone. The subject child tested positive for Barbituates, Methadone and Oxycodone.

Following his birth, the subject child remained hospitalized and was treated for a brain bleed and was determined to be in need of surgery on his intestines. On 2/24/2016, due to his poor prognosis, the family and the hospital staff made the decision to take the subject child off of the life support. The subject child tested negative for all substances at the time of his death. The subject child was pronounced dead at 1:51 PM surrounded by his family. There were no new allegations added to the SCR report dated 2/13/16. There was no reasonable cause to suspect the mother neglected or maltreated the subject child.

Collateral contact was made with the mother's Obstetrician who informed the caseworker that the mother delivered the now one-year-old surviving sibling while on pain medications and that child was fine and did not go through withdrawals. The mother also suffered from other medical conditions, and the Obstetrician explained that the "mother would never carry to term."

There was no autopsy completed on the subject child and there was also no involvement from local law enforcement officials. No criminal charges were filed.

Home visits to assess the safety and well-being of the 2-year-old, and 1-year-old surviving siblings were made and contact was maintained throughout the course of the investigation. No concerns were noted for the safety or well-being of these children.

The CPS investigation was closed on 03/15/2016. The allegation on the report was determined to have been unsubstantiated for the mother, on behalf of the subject child for Parent's Drug/Alcohol Misuse. The NCDSS stated that



the mother was offered different referrals for counseling services.

## 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:

The investigation determination was appropriate.

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 decision to close the case based on the information obtained was appropriate.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	The seven ay safety assessment was due on 2/20/2016, but it was not completed until 2/24/16 and approved not approved unti 2/25/16.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	Nassau County must remind caseworkers and supervisors of required timeframes. According to the 7/31/16 OCI Report, NCDSS' compliance is at 90% for timely Safety Assessments. No further action is required at this time.

## Fatality-Related Information and Investigative Activities

### Incident Information



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**Date of Death:** 02/24/2016

**Time of Death:** 01:51 PM

**County where fatality incident occurred:** NASSAU

**Was 911 or local emergency number called?** Yes

**Time of Call:** Unknown

**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: Subject child was in the hospital

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

**Is the caretaker listed in the Household Composition?** No

**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	No Role	Male	12 Day(s)
Deceased Child's Household	Father	No Role	Male	50 Year(s)
Deceased Child's Household	Mother	No Role	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Sibling	No Role	Female	10 Year(s)
Other Household 2	Grandparent	No Role	Female	68 Year(s)

## LDSS Response

At the time the fatality occurred Nassau County Department of Social Services, (NCDSS) had an open CPS investigation. The investigation was initiated on 2/13/16. During the investigation, NCDSS made the appropriate collateral contacts; including hospital staff and medical professionals that have worked with the mother and the two surviving siblings. The mother, two surviving siblings and other pertinent individuals were interviewed and observed, and the allegations were discussed. On 2/24/16 the hospital Social Worker notified NCDSS of the subject child's death. As there was no reasonable cause to suspect the subject child was neglected or maltreated, NCDSS appropriately informed the SVRO of the subject child's demise within the prescribed timeframe. The required documentation was completed.



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The safety of the 2-year-old, and 1-year-old surviving siblings that reside with the mother were assessed and contact with them was maintained. No contact was made with the surviving 10-year-old sibling who was in the custody of the maternal grandmother since 2008, nor with other relatives. NCDSS completed all safety assessments. The seven day safety assessment was submitted on 2/24/16 and approved on 2/25/2016, and listed no safety factors. Overall, the case notes were well documented, detailed and all were contemporaneous. There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and directives were provided.

An autopsy was not completed on the subject child. There was no involvement by local law enforcement officials, and no criminal charges were filed.

The investigation was closed on 03/15/2016 and the allegation on the report was un-substantiated regarding the mother. The mother's Obstetrician was aware that the mother used prescription pain medications while pregnant with the subject child.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** On 3/15/2016, Nassau County held a CFRT meeting.

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>



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## Additional information:

The department may have gathered additional information if contact was made with additional family members, including the maternal grandmother who has custody of the 10-year-old surviving sibling.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> There was no removal required for the surviving children during this CPS investigation.				

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

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

**Explain:**

Counseling services were referred to the family.

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

**Explain:**

The family was given a referral for different counseling services.

## 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? Yes
- 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
- 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

On 5/28/2008, a case was called in to the New York Statewide Central Register of Child Abuse and Maltreatment with allegations of Parent's Drug/Alcohol Misuse, Inadequate Guardianship and Other, referring to a Court Ordered Investigation, against the mother on behalf of the then 2-year-old surviving sibling. The court ordered investigation had a return date in court of 6/12/2008 and alleged the mother had a history of substance abuse including marijuana, cocaine and many prescription drugs. It also alleged the mother had left the sibling with the grandmother and aunt without providing financial resources or a plan for medical care. The sibling was also said to have a skin condition that required medical treatment.

Suffolk County DSS conducted the investigation and learned the mother was hospitalized on 4/22/08 at a local hospital to detox, and signed herself out on 4/23/08. The mother also had prior hospitalization in 1/08 for overmedicating herself with prescription drugs. The maternal grandmother filed for temporary custody in 2008 of the then 2-year-old surviving sibling and explained that she wanted her daughter to engage in treatment. Temporary custody of the sibling was granted to the maternal grandmother on or about 6/16/2008, and the judge recommended the mother enter an outpatient program regarding her substance abuse.

Suffolk County DSS gathered credible evidence to substantiate the allegations on 8/17/08. The case was closed.

## Known CPS History Outside of NYS

There is no known CPS 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.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement</b>	<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

**Additional Local District Comments**

There are no additional local district comments.

**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