



## Report Identification Number: SV-19-021

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

Issue Date: Sep 03, 2019

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 day(s)

**Jurisdiction:** Suffolk  
**Gender:** Male

**Date of Death:** 05/10/2019  
**Initial Date OCFS Notified:** 05/20/2019

## Presenting Information

The prematurely born subject child was hospitalized throughout his short life, and died during an open child protective investigation. An SCR report had been made the day after his birth, alleging concerns against the mother. The infant was transferred to Mount Sinai Hospital's Neonatal Intensive Care Unit (NICU) for a higher level of care, after exhibiting concerning medical symptoms. On 5/13/19, The Suffolk County Department of Social Services (SCDSS) investigative caseworker contacted Mount Sinai Hospital and learned the infant passed away on 5/10/19. SCDSS promptly informed the Spring Valley Regional Office in the form and manner prescribed by OCFS and continued gathering information.

## Executive Summary

This report concerns the death of an infant who passed away during an open Child Protective Services investigation. Beginning in May of 2019, SCDSS investigated concerns that, at the time of birth, the mother tested positive for an illicit drug. Additionally, the mother had three other children, the rest of whom were adopted. After learning of the infant's death during a routine phone call with Mount Sinai Hospital, SCDSS gathered supplemental information from hospital staff to inquire of the circumstances of the fatality.

SCDSS received a written medical summary concerning the child's death. The summary included information about the child's treatment, from birth to death as the child never went home from the hospital. Hospital staff informed SCDSS the child died as a result of multiple medical conditions. Medical records indicated the parents did not wish to have an autopsy.

The infant was born on 5/04/19 and was immediately transferred to the NICU of a hospital in a neighboring county to better meet his medical needs. There, he underwent surgery and was provided with several medical interventions. The child was listed as critically ill. On 5/10/2019, life-supporting devices were removed and the child was given end-of-life care in the presence of his parents. The child expired on 5/10/19.

Based on information at their disposal, SCDSS did not find reason to suspect the infant's death was a result of abuse or maltreatment by a caretaker. There were no apparent safety concerns for the child throughout their involvement. There was no need for police involvement or notification; the death did not prompt an SCR report, and the cause was medical in nature.

As part of their investigation, SCDSS gathered facts about the historical parenting concerns for the mother in relation to the allegations in the open investigation and her other three children. SCDSS verified her other children were adopted and resided with their adoptive parents; this placement followed the mother's wishes to give the children up for private adoption at the time of their births. These placements did not involve CPS intervention. The subject child's father indicated he had no children aside from the decedent.

SCDSS provided the parents with information on bereavement and mental health crisis services. The parents shared such services were potentially beneficial, but it was unknown if any were utilized. Additionally, SCDSS presented the parents with referrals regarding family planning due to the mother's history of giving children up for adoption. The mother shared that she utilized these services and was engaged at the time of the investigation being closed.



After sufficient information was gathered and documented with respect to the fatality and the open investigation, SCDSS ended their involvement and closed the case.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

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

### Explain:

The fatality was not reported to the SCR; however, all other casework activities and decisions were appropriate and documented in a timely manner.

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 was appropriate, and there was documentation of supervisory consultation throughout the case record.

## 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: 05/10/2019

Time of Death: Unknown

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? No

Did EMS respond to the scene? No



**At time of incident leading to death, had child used alcohol or drugs?** No

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

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

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

**At time of incident supervisor was:** Unknown if they were impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	6 Day(s)
Deceased Child's Household	Father	No Role	Male	22 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)

**LDSS Response**

On 5/13/2019, SCDSS learned the infant who was reported as an alleged maltreated child several days prior passed away at the hospital on 5/10/19. The infant had been hospitalized the duration of his short life.

Prior to the fatality, SCDSS was investigating the appropriateness of her parents' care, given the mother's positive toxicology for an illicit substance at the time of birth. SCDSS had already completed several required investigative tasks, such as interviews with the parents, contact with the hospital providing medical care to the child, contact with relevant collateral contacts, and a home assessment. SCDSS found no safety concerns for the infant, had she been discharged home from the hospital as was initially expected. SCDSS learned from hospital staff that the parents were visiting the child throughout her hospitalization and presented no concerning behaviors. Additionally, SCDSS learned that parents were planning to give the infant up for adoption through a private agency. SCDSS was in process of addressing identified areas of risk by offering community based services and recommending a substance abuse evaluation for the mother. The parents had agreed to such services, but it was unknown if those services were initiated following the fatality or prior to the case closing; there were no other children in their care.

SCDSS contacted the hospital as part of routine follow-up on the aforementioned date. The hospital informed the child died 5/10/2019. SCDSS contacted the mother and father and offered condolences and extended availability in the event the family had any needs, then contacted hospital staff to gather more information. The parents shared they had no needs at the time, though upon subsequent contacts, SCDSS discussed and provided information on services related to grief and mental health.

SCDSS learned from conversations with hospital staff and the accompanying medical records that the child had serious complications during his stay at the NICU, and his condition rapidly declined on 5/10/19. It was noted the child had multiple cardiovascular and abdominal issues. The infant was treated with medications, underwent a procedure, and remained sustained with an intubation device. The parents took the opportunity given to them to hold the child as his vitals declined. The child was given medication to keep him comfortable while he passed away.



In response to learning of the fatality, SCDSS notified the Spring Valley Regional Office of the death that occurred during their open investigation. The information gathered was sufficient to conclude there was no reasonable cause to suspect parental abuse or maltreatment. After the infant passed away, neither parent had any children in their care. SCDSS completed a thorough investigation into the care and wellbeing of the infant prior to her death. They concluded their involvement at an appropriate time when all necessary information was gathered and services were offered. In speaking with medical professionals, SCDSS determined the mother's positive toxicology at the time of birth did not have a negative effect on the infant.

### 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?**No

**Comments:** SCDSS does not have an OCFS approved Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

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

### 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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

SCDSS provided the parents with a multitude of community based bereavement referrals. Additionally, SCDSS spoke with the family about family planning services due to the mother placing multiple children up for adoption at birth. The mother was receptive to the referrals and began working with outside providers.

**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 siblings or 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? Yes**

**Explain:**

The parents were provided with information on funeral assistance, bereavement referrals, and family planning referrals.

## History Prior to the Fatality



### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections  Had heavy alcohol use
- Misused over-the-counter or prescription drugs  Smoked tobacco
- Experienced domestic violence  Used illicit drugs
- Was not noted in the case record to have any of the issues listed

**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 in NYS within three years prior to the fatality.

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

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

### Known CPS History Outside of NYS

There is no known history outside of New York State.

### 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