



**Report Identification Number: SV-22-033**

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

**Issue Date: Jan 23, 2023**

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	DA-District Attorney	
<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	SXTF-Sex Trafficking
<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:** 2 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 08/19/2022  
**Initial Date OCFS Notified:** 08/19/2022

## Presenting Information

An SCR report alleged that on 8/19/2022, at approximately 7:00AM, the mother and the father checked on the 2-month-old female subject child and discovered that she was not breathing. At that time, the child was laying on her stomach in the crib. It was unknown if the parents placed the child on her stomach when they put her into the crib or if the child rolled over on her own. The mother and the father immediately drove the child to the hospital and arrived at 7:39AM. The child was deceased upon arrival, however it was unknown for how long the child was deceased. The parents had no explanation for the death.

## Executive Summary

On 8/19/22, Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the 2-month-old female child that occurred on the same day. The report alleged DOA/Fatality and Inadequate Guardianship against the mother and father. The subject child resided with her mother and father in a homeless shelter. The parents had no other children.

On 8/18/22, the subject child was placed to sleep in a Pack N Play at 10:30PM. The child typically slept through the night, but the mother heard the child whimpering at 3:00AM, and stated it sounded as if the child was having difficulty breathing. The mother felt the child's back to confirm she was breathing. Soon after, the child stopped whimpering and went to sleep. At 7:00AM, the father got up to get ready for work and the mother got up to feed and change the child. The mother discovered the child not breathing. The parents got into their car and drove the child to the hospital. The child was determined to be deceased upon arrival to the hospital.

SCDSS spoke to the medical examiner's office in regard to the preliminary findings of the autopsy. There were no injuries found and the child had no congenital anomalies. There was mucopurulent found in the child's lungs and pleural fusions. Law enforcement determined there was no criminality regarding the child's death, and their investigation was closed. Additionally, SCDSS spoke to law enforcement regarding the autopsy, and they stated that the Medical Examiner explained to them that the cause of death was possibly related to pneumonia or a virus; however further tests were pending, and the results would take several months.

SCDSS determined there was not a fair preponderance of evidence to substantiate the allegations of DOA/Fatality and Inadequate Guardianship against the mother and father. SCDSS supported their determination by stating that throughout the investigation there was no evidence received from the parents, medical professionals or law enforcement to show that the child's death was the result of abuse or neglect. SCDSS provided the parents with referrals for mental health counseling, bereavement and substance use treatment services. The investigation was unfounded and closed on 10/18/22.

## 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

There were no surviving siblings or children in the home; therefore, the completion of the safety assessment tools was not required.

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:**

All casework activity was commensurate with case circumstances.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 08/19/2022

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? N/A

Child's activity at time of incident:

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

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	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

### LDSS Response

Upon receipt of the SCR report on 8/19/22, SCDSS initiated their investigation, coordinated efforts with law enforcement, sent notification to the Medical Examiner and District Attorney, interviewed the parents, gathered information from medical collaterals and provided referrals for services.

SCDSS completed interviews with the mother and father. The father reported that the child went to sleep at 10:30PM after she was fed and changed. The father also went to sleep at that time and the mother stayed up. Around 3:00AM, the mother heard the child making noises from her Pack N Play, and thought it sounded as if the child was having trouble breathing. The mother checked the child's breathing by placing her hand on the child's back. The child was breathing and fell back to sleep shortly after. The father woke up at 7:00AM to go to work. The mother woke as well and went to feed and change the child. The mother discovered the child was not breathing. The mother alerted the father and they put the child in the car seat and immediately drove to the hospital. The father reported he thought driving the child to the hospital would be faster than waiting for first responders. Once they arrived to the hospital, the parents were informed that the child was deceased.

The parents reported that they typically gave the child a bottle and changed her around 10:30PM. They would then swaddle the child and put her to sleep on her stomach in a Pack N Play. The parents would cover the child's bottom half of her body with a plush blanket due to the air conditioner in their room at the shelter. The child normally slept on her side with her back against the mesh of the Pack N Play. The parents reported they used marijuana but denied any other drug use. The mother denied smoking while caring for the child and the father denied smoking near the child.

SCDSS gathered information from the child's pediatrician. The child's last attended appointment occurred on 6/20/22. There were no concerns for the child's health at that time. SCDSS reviewed records from the prior CPS investigation. The records indicated that a Public Health Nurse saw the child on 6/30/22, 7/5/22, 7/15/22, and 7/20/22. Each time the child had steadily gained weight, and no concerns were noted in regard to the overall health and safety of the child.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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 referred to an OCFS approved Child Fatality Review Team?** No



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062327 - Deceased Child, Female, 2 Mons	062328 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
062327 - Deceased Child, Female, 2 Mons	062328 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
062327 - Deceased Child, Female, 2 Mons	062329 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
062327 - Deceased Child, Female, 2 Mons	062329 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### Additional information:

SCDSS sent a fax requesting records from the hospital in which the child was brought and medical records were not received. In addition SCDSS attempted to speak to the attending physician and was unsuccessful.

## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

## 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? 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
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- 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**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/11/2022	Deceased Child, Female, 22 Days	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Female, 22 Days	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 22 Days	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 22 Days	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report was received that alleged the child was born weighing 3790 grams and on 6/10/22 weighed 3580 grams. The report stated the child should have been back at birth weight two weeks following her birth. The parents refused to make a follow up appointment. The mother suffered from depression and was extremely depressed after giving birth. The mother was alone with the child during the day and had no support. Three subsequent reports were received, which alleged concerns for the mother's mental health and ability to care for the child, and the parents throwing items at each other in front of the child during a dispute.

**Report Determination:** Unfounded**Date of Determination:** 08/16/2022**Basis for Determination:**

SCDSS unsubstantiated the allegations. Due to her pregnancy, the mother had to discontinue her medication for depression. During the investigation, the mother resumed counseling and medication management. The parents were counseled regarding the importance of refraining from arguing in the presence of the child and they agreed to work on positive communication techniques. The parents resided in a shelter, and staff there would continue providing support services and monitoring the family. The child was being monitored by a Public Health nurse. The father was supportive of the mother's mental health needs. The parents declined preventive services.

**OCFS Review Results:**

SCDSS conducted a thorough investigation, completed all required casework activity, and referred the family to necessary services. All sources of the SCR reports were contacted. There were several face to face contacts made with the family throughout the investigation. SCDSS spoke to pertinent collaterals and followed up with contacts as needed to discuss the mother's mental health concerns and safety of the child. Safe sleep guidance was provided and water safety was discussed with the parents. SCDSS provided supplies for the child as needed. SCDSS arranged for a Public Health nurse, who visited with the child several times and determined the child had great weight gain and was healthy.





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

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

Between 2017 and 2019, the father had two unfounded CPS investigations regarding unrelated children. Unsubstantiated allegations included Sexual Abuse, Inadequate Guardianship, and Parent's Drug/Alcohol Misuse.

### Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

### 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