



**Report Identification Number: SV-23-009**

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

**Issue Date: Aug 03, 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 had an open investigation or a CPS monitored services 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:** 8 month(s)

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

**Date of Death:** 02/15/2023  
**Initial Date OCFS Notified:** 02/15/2023

## Presenting Information

The SCR report alleged that on 2/15/23, the mother left the subject child in the care of the father while she went to work. At an unknown time, the father laid the subject child down in an unknown location in the bedroom of the home. The grandmother and mother returned home at approximately 4:30PM. The mother went over to the subject child and turned him over from his unknown sleeping position. The subject child was unresponsive and his lips were blue. It was unknown if the mother performed cardiopulmonary resuscitation on the subject child or if the mother called 911. The father and grandmother were present with the mother. The mother immediately took the subject child from the home and started driving to the hospital. The mother observed the subject child's condition worsening, pulled her vehicle over, and called 911. Emergency medical services responded to the vehicle and the subject child was taken to the hospital, and pronounced dead.

## Executive Summary

This fatality report concerns the death of the 8-month-old male subject child that occurred on 2/15/23. The SCR report contained allegations of Inadequate Guardianship against the mother and father, and DOA/Fatality against the father. At the time of his death, the subject child resided with his mother, maternal grandmother and her boyfriend, and the maternal great-grandfather. The father resided at a separate address but was at the mother's home on the date of the fatal incident. There were no surviving siblings or other children that resided in the home.

Suffolk County Department of Social Services (SCDSS) completed casework and collateral contacts and learned that on 2/15/23, the subject child was in the care of the father while the mother was at work. When the mother arrived home from work around 4:30PM, she and the father checked on the subject child and found him unresponsive and blue in his portable crib. The mother yelled to the grandmother's boyfriend and requested he bring the parents to the hospital with the subject child. The father began cardiopulmonary resuscitation efforts and continued doing so in the car. While on the way to the hospital, the mother called 911 and was advised to pull over to meet law enforcement and emergency medical services. The family met emergency medical services at a public location and gave the subject child to them. Life-saving measures were attempted while the subject child was transported to the hospital, but he was pronounced deceased at 5:15PM.

An autopsy was performed; however, the final cause and manner of death were pending at the time the CPS investigation closed. The medical examiner noted no signs of disease or injuries to the subject child's body and toxicology screens were pending. Emergency medical services stated the subject child's torso was still warm and when his back was tapped, fluid expelled, the SC's eyes opened, and then rolled back. The criminal investigation remained open pending receipt of the final autopsy results.

Bereavement services were offered to the family, but the father moved out of state after the subject child's death and it was unknown if the mother was engaged in any services, as she had minimal communication with SCDSS. The allegations of Inadequate Guardianship against the mother and father were substantiated due to the subject child regularly being placed in an unsafe sleeping environment. The allegation of DOA/Fatality against the father was unsubstantiated as the subject child's cause of death had not yet been determined. The case was indicated and closed on 4/14/23.

## 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:**

SCDSS made an appropriate decision based on evidence obtained throughout their investigation.

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:**

Casework 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: 02/15/2023

Time of Death: 05:15 PM

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs? Unknown

Child's activity at time of incident:

- Sleeping                       Working                       Driving / Vehicle occupant



Playing  
 Other

Eating

Unknown

**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	Male	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	18 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	72 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	32 Year(s)

**LDSS Response**

Upon receipt of the SCR report, SCDSS coordinated their investigation with LE, completed a CPS history check, contacted collateral sources, and attempted contact with subjects and household members.

SCDSS interviewed the SM and SF and learned that on 2/15/23 the SM awoke around 7:00AM to get ready for work. The SM observed the SC standing in his crib, was in a rush, and gave him a kiss goodbye around 8:00AM. The SM noted the SC was alert and happy at this time. The SF changed the SC after the SM left for work and the SC went back to sleep. Around 10:00AM, the SC awoke, and the SF gave him a bottle with infant cereal in it. The SF stated he propped the SC's bottle while the SC remained in his crib. The SC ate half of the bottle, the SF changed him again, and the SF rocked the SC back to sleep. The SF stated he remained in the same room as the SC playing video games all day except to use the bathroom on two occasions. The SF stated at 2:43PM, he observed the SC "pop" his head up and then went back to sleep. Around 4:30PM, the SM arrived home from work and the SF was lying on the adult bed in the room and the SC was in his crib. The SM noticed the SC was lying on his side on his arm. The SM and SF checked on the SC and when the SF picked the SC up, the parents realized the SC was blue and not moving or breathing. The SF began CPR while the SM got the MGM's boyfriend to give them a ride to the hospital with the SC. In the vehicle, the SF continued CPR while the SM called 911. Dispatch advised the family to pull over and wait for LE and EMS, and the family did so. The parents gave the SC to EMS upon their arrival and the SC was transported to the hospital. The SM and SF were brought to the hospital by LE, while the MGM's boyfriend remained where they had pulled over to allow LE to come observe the vehicle. Life-saving efforts were attempted, but unsuccessful, and the SC was pronounced deceased at the hospital.

The MGM's boyfriend was interviewed and reported that he was working until around 2:30-3:00PM on the afternoon of the fatal incident. The MGM's boyfriend denied having any contact with the SF or SC prior to the SM requesting a ride to the hospital. The MGM reported that she stopped at the home around 3:45PM after work but left shortly after and was not home at the time of the incident. The MGM stated she usually checks on the SC but was in a rush. The MGGF who was home at the time of the incident could not recall any events from 2/15/23 and had suffered a mini stroke in the weeks following the SC's death.

The SM, MGM, and MGGF all refused a home visit; however, LE observed and photographed the home. The photos were



provided to SCDSS for review. The SC's portable crib was observed to have multiple blankets, pillows, stuffed animals, a bottle of milk, and a tablet. Safe sleep guidelines were reviewed with the parents. Birth records confirmed safe sleep was reviewed following the SC's birth. The SM reported the SC was regularly put to sleep with blankets, pillows, stuffed animals, and his tablet to allow him to watch cartoons. The SM also reported the SC usually slept on his side and for long hours.

The SM reported the SC had a runny nose in the week leading up to his death but was better by mid-week. The SM noted the SC was healthy and the SC's pediatric records did not note concerns.

### 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

**Comments:** Suffolk County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064270 - Deceased Child, Male, 8 Mons	064271 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
064270 - Deceased Child, Male, 8 Mons	064272 - Father, Male, 18 Year(s)	Inadequate Guardianship	Substantiated
064270 - Deceased Child, Male, 8 Mons	064272 - Father, Male, 18 Year(s)	DOA / Fatality	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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
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:**

The SM and MGM did not agree to a home visit, though LE did observe and photograph the home. The MGM's boyfriend was interviewed via phone due to conflict with his work schedule. The MGGF was interviewed via phone and refused an in-person interview.

**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 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"/>



<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 referrals were made on behalf of the parents; however, the SF moved out of state and it was unknown if the SM was engaged in any services, as she stopped communicating with SCDSS.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes**

**Explain:**  
 Bereavement referrals were completed on behalf of the SM and SF; however, the SF moved out of state and it was unknown if the SM engaged in services as she stopped communicating with SCDSS.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No  
**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 none 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 was no CPS investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was 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