



Report Identification Number: SV-16-010

Prepared by: Spring Valley Regional Office

Issue Date: 7/19/2016

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

Relationships		
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
Contacts		
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		
Allegations		
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	
Miscellaneous		
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: 3 month(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 04/18/2016
Initial Date OCFS Notified: 04/18/2016

Presenting Information

On 4/17/16, the 3-month-old subject child was in the care of her mother and father. The report alleged the subject child did not seem right and her temperature was running low. The mother was checking the subject child's temperature. On 4/18/16, the mother called the doctors office at 6:17 AM and waited for a call back. When the doctor did not respond, the mother called again at 6:50 AM. While on the phone with the doctor, the mother heard the subject child make gargling sounds and noticed the subject child was not breathing. The mother was directed to take the subject child to the hospital. The mother called the police and the subject child was transported to the hospital where she was worked on for an hour before being pronounced dead. The subject child was said to have been an otherwise healthy child with no plausible explanation for her death.

Executive Summary

The investigation revealed that on 4/17/2016, the subject child was not being her "usual self," and was fussy. The mother had consistently checked the subject child's temperature and found her temperature to have been lower than normal. However it is unclear exactly what the subject child's temperature was. On the morning of 4/18/2016, the subject child was still fussy and according to the mother, did not appear "right." At 6:17 AM, the mother placed a call to the subject child's Pediatrician and received the answering service and was informed she would be contacted back by the subject child's Pediatrician. A second call was made to the subject child's Pediatrician at 6:50 AM as no one returned the mother's first phone call. The Pediatrician did return the mother's second phone call and while on the phone with the pediatrician, the mother reported the subject child started to "gurgle," and would not stop. The subject child then stopped breathing. The pediatrician instructed the mother to contact 911 right away. At 7:09 AM, the mother placed the call to 911. The police and ambulance arrived minutes later, began resuscitative efforts, and transported the subject child to the hospital where she was pronounced dead.

An autopsy was performed on the subject child on 4/19/2016. It was found that the subject child had a Cardiomegaly, or enlarged heart, and right ventricular dilation and hypertrophy. As per the Medical Examiner, there was no indication of any trauma or other injury indicative of abuse and/or neglect. The official cause and manner of death were pending at the closure of the investigation, as the subject child's tissue samples and other lab results were pending. The Medical Examiner also noted the mother reported that there was a history of infant death in the family. However, the Medical Examiner was not sure what caused the deaths. The subject child's body was released on 4/20/2016 to the funeral home. Local law enforcement officials also had no suspicion of wrongdoing by the parents, however were waiting for the final autopsy report to be released before closing their investigation.

Medical records indicated the subject child was born prematurely at only 28 weeks gestation and weighed only 2lbs 1 oz. The subject child remained in the hospital for 7 weeks 6 days. Following her 3/1/2016 discharge from the hospital, the subject child attended all of her scheduled visits with the pediatrician, was doing well, and gaining weight appropriately. The subject child was seen by a Pediatric Cardiologist as well.

The CPS investigation was closed on 6/15/2016. All of the allegations listed on the report were determined unsubstantiated regarding the mother and father, on behalf of the subject child. Bereavement service referrals were



offered to the family however; they were not engaged in any services at the time the investigation was closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
o 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 decision to unsubstantiate the allegations, and close the case 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 investigation determination and decision to close the case were appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/18/2016

Time of Death:

Time of fatal incident, if different than time of death: 06:50 AM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 07:09 AM

Did EMS to respond to the scene? Yes

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



NYS Office of Children and Family Services - Child Fatality Report

Child's activity at time of incident:

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

Did child have supervision at time of incident leading to death? Yes**Is the caretaker listed in the Household Composition? Yes - Caregiver**

1

At time of incident supervisor was: Not 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	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)

LDSS Response

Suffolk County Department of Social Services, (SCDSS), conducted an investigation into the allegations listed on the report. SCDSS made many appropriate collateral contacts including the Medical Examiner, local law enforcement officials, hospital staff, relatives, and community resources. All subjects were interviewed and observed, and the allegations were discussed. Appropriate service referrals were offered to the family.

There were no surviving siblings or other minor children residing in the home at the time of the fatality, or during the investigation. SCDSS completed the risk assessment profile (RAP) accordingly. The case notes were well documented, detailed, and contemporaneous.

As per the Medical Examiner's office, an autopsy was performed on the subject child on 3/19/2016. The Medical Examiner noted no indication of any trauma or other injury indicative of abuse or neglect. It was found that the subject child had a Cardiomegaly, or enlarged heart, right ventricular dilation, and hypertrophy. The Medical Examiner noted that the subject child's death does not appear to have been due to any abuse/neglect. The Medical Examiner also surmised that there could have been some sort of "shock" to the baby that could have caused the low body temperature. The Medical Examiner explained that it was possible to suffer from an infection, such as Sepsis, and have a low body temperature. At the time of the case closure, the subject child's tissue samples and other lab results were pending and the final autopsy report was not complete. Local law enforcement officials also reported that there was nothing suspicious surrounding the subject child's death, and explained that there might have been underlying health issues.

There was documentation of supervisory conferences noted in which the circumstances of the case were discussed and



NYS Office of Children and Family Services - Child Fatality Report

directives were provided.

The CPS investigation was closed on 6/15/2016 and the allegations on the report were unsubstantiated regarding the mother and father, on behalf of the subject child for Inadequate Guardianship, and DOA/Fatality. There were no concerns noted by the subject child's Pediatrician or Pediatric Cardiologist and no trauma or other injury indicative of abuse and/or neglect revealed during the autopsy. No credible evidence was found to support that the mother and/or father's actions and/or inactions contributed to the death of the subject child. Appropriate service referrals were provided to the family for both bereavement counseling and burial assistance. SCDSS reminded the mother and father on numerous occasions of the bereavement counseling referral, however the mother and father declined the services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?Yes

Comments: The fatality investigation was conducted by an MDT.

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

Comments: Suffolk County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029521 - Deceased Child, Female, 3 Mons	029523 - Father, Male, 31 Year(s)	DOA / Fatality	Unsubstantiated
029521 - Deceased Child, Female, 3 Mons	029523 - Father, Male, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
029521 - Deceased Child, Female, 3 Mons	029522 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
029521 - Deceased Child, Female, 3 Mons	029522 - Mother, Female, 32 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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 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, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

All appropriate collateral contacts were made.

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Bereavement counseling referrals were provided to the family. The mother and father were not engaging in the services at the time of the case closure. The caseworker did remind the mother and father of the referral on several occasions. Burial assistance was also offered to the family, however declined.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:
 There were no other children residing in the home.

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

Explain:
 Bereavement counseling referrals were provided to the family in regard to the subject child's death. The family accepted the referrals. However, they were not open to going to counseling and as of the close of the case, had not engaged in the 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? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? N/A



Was the child acutely ill during the two weeks before death? 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

There is no known CPS history on file for the family.

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.

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

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