



Report Identification Number: RO-18-020

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

Issue Date: Nov 08, 2018

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 5 day(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 05/21/2018
Initial Date OCFS Notified: 06/11/2018

Presenting Information

On 5/16/18, the mother gave birth to the male subject child. The child had a positive toxicology for opiates. The child went into the NICU because of respiratory distress and was treated for withdrawal. The mother used heroin on 5/16/18, prior to delivery. The mother's 1-year-old child was in the process of being adopted and her 9-year-old child was in the custody of the father. The male subject child died on 5/21/18 while still in the hospital.

Executive Summary

This fatality report concerns the death a 5-day-old male child that occurred on 5/21/18. A report was made to the SCR on 5/17/18, with concerns regarding the child being born with a positive toxicology for opiates. The child had a 1-year-old surviving sister who was in foster care and a 9-year-old sister who was in the custody of her father.

Monroe County Department of Human Services (MCDHS) contacted the source, reviewed the family CPS history, and made a visit to the hospital the day the child was born. MCDHS made the parents aware of the report; mother admitted to using drugs and father denied knowing mother had used.

The 1-year-old sibling had been in foster care since birth. MCDHS assessed the child to be safe in the care of her foster parents. MCDHS confirmed with the adoption agency that the child was in the process of being adopted. The 9-year-old sibling was in the care of her father due to mother's drug use and had no contact with the newborn child, nor did she visit the mother's home.

On 5/21/18, MCDHS received notification from the hospital that the child had died that day due to a medical complication. Hospital staff said the mother's drug use did not cause the medical issue which lead to the child's death. MCDHS obtained all medical records for the child and the death certificate.

Home visits were completed and grief counseling services were offered. The father declined services and the mother was taking steps to engage in mental health and drug treatment services through a local agency. There was no reason to suspect the parents' actions or inactions contributed to the death of the child. MCDHS made notable efforts to work with the family and adequately assessed the safety of the surviving siblings.

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? N/A

Was the decision to close the case appropriate? N/A

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 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: 05/21/2018

Time of Death: 05:15 PM

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

County where fatality incident occurred: Monroe

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: child was in surgery

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

How long before incident was the child last seen by caretaker? 2 Hours

At time of incident supervisor was: Not 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	5 Day(s)
Deceased Child's Household	Father	No Role	Male	53 Year(s)



Child Fatality Report

Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Other Household 1	Sibling	No Role	Female	1 Year(s)

LDSS Response

MCDHS received an SCR report on 5/17/18 regarding the child being born on 5/16/18 with a positive toxicology for opiates. The child remained in the NICU and later died on 5/21/18. On 5/22/18, MCDHS notified OCFS (by phone) of the child's death and completed the required notification form on the same day.

On 5/17/18, MCDHS spoke with the source who confirmed the child was born 4 weeks prematurely, was suffering from respiratory distress and was intubated. The source said the child was suffering withdrawal symptoms and was placed on morphine. The CW visited the hospital and went over the allegations of the report with the mother and father. The father was upset with the mother for using heroin the day she delivered the child. The father said he works and runs a business and was unaware the mother had been using drugs. The mother claimed it was one time using drugs; however, hospital staff reported mother suffered withdrawal symptoms as well. The father said they had a 1yo daughter who was in the process of being adopted. The 1yo daughter was also born with a positive toxicology for opiates, and as a result, had been in foster care since her birth. The 9yo was assessed and safe with her father.

On 5/21/18, the hospital reported to MCDHS the newborn child was not doing well and would need surgery. The doctors discovered the child had a perforated bowel that could not be repaired. The child was extubated and expired at 5:15PM. Hospital staff said the child's medical complications which lead to his death were not the result of the mother's drug use. Hospital staff said the condition could not have been identified any sooner, even if the mother did have consistent prenatal care, as it is very difficult to detect.

MCDHS contacted the agency working with the family on the adoption of their other child. The contact from the agency said they could provide grief counseling to the parents if they were interested.

MCDHS obtained hospital records, the death certificate, and pediatric records for the 1yo child. Home visits were made to visit the 1yo surviving sibling and no concerns were noted. The 1yo's pediatrician said her caregivers provided meticulous care.

MCDHS offered to set up grief counseling services for the parents; the father declined but the mother was interested in receiving services. The mother expressed interest in receiving mental health services jointly with substance abuse treatment. The mother acknowledged her need to address her mental health issues to be successful in remaining sober.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

CPS Fatality Casework/Investigative Activities



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

Fatality Risk Assessment / Risk Assessment Profile

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

Have any Orders of Protection been issued? No

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 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 checked="" 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"/>

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

Explain:
Grief counseling services were offered to the parents and the mother said she was interested in them through a local agency she had been working with. The father was not interested in services.

History Prior to the Fatality

Child Information

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/17/2016	Sibling, Female, 1 Days	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 1 Days	Father, Male, 52 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the mother gave birth to a daughter on 10/16/16 and the daughter tested positive for opiates and benzodiazepines that were not prescribed to the mother. The mother used heroin and cocaine as recently as the day before delivery. The daughter was experiencing withdrawal symptoms and was hospitalized for several more days. The father had an unknown role.

Report Determination: Indicated**Date of Determination:** 11/13/2016**Basis for Determination:**

The mother admitted to using illegal drugs such as heroin and cocaine for 4 years prior to the report. The mother admitted to using while caring for her 8yo daughter but said the daughter never witnessed her using drugs. The mother said she used illegal drugs during her pregnancy and on the day she delivered her daughter.

OCFS Review Results:

MCDHS interviewed all adults and the 8yo daughter and made extensive contact with collaterals. MCDHS completed accurate and timely safety assessments, and the RAP was extremely thorough.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/09/2015	Sibling, Female, 7 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 7 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the mother engaged in heroin use to the point of impairment while caring for her 7yo daughter. As a result of being impaired, the mother would become violent towards the child. In the week prior to the report, the child



Child Fatality Report

sustained multiple bruises to the body as a result of the mother inflicting the injuries. Further details of the incident were unknown. The child soiled her linens as a result of the mother physically assaulting her. The father had an unknown role.

Report Determination: Unfounded

Date of Determination: 12/07/2015

Basis for Determination:

Unannounced home visits were completed. The CW did not find the mother to be under the influence of heroin and there was no evidence of drugs in the home. The mother denied assaulting her daughter and using drugs. The child denied her mother hit her or used physical discipline on her.

OCFS Review Results:

The parents and child were interviewed, relevant collaterals were contacted, safety assessments were completed accurately and on time. MCDHS completed a thorough investigation and made the appropriate determination.

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

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

From 2009-2014, the mother had three CPS cases against her regarding her oldest daughter, with allegations of IF/C/S, LS, IG, LMC, and OTH/COI. Two of the cases were indicated.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 11/04/2016

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine



Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Foster Care Placement History

The mother gave birth to a baby girl on 10/16/16. The mother and child tested positive for opiates and non-prescribed benzodiazepines. The child remained in the hospital until she was discharged and directly entered foster care on 11/2/16. MCDHS filed a neglect petition against both parents on 11/9/16. The foster care case was still open at the time of the fatality as the child was in the process of being adopted.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/09/2016	Adjudicated Neglected	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	048012 Mother Female 27 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/09/2016	Adjudicated Neglected	Foster Care Placement to Continue
Respondent:	048013 Father Male 53 Year(s)	
Comments:	Child remained in foster care on a trial discharge with the father, through the mother's neglect order.	

Have any Orders of Protection been issued? Yes

From: 02/23/2017 **To:** 02/23/2018

Explain:
The Judge authorized that upon the child's discharge from the hospital, she be placed with the father with an OP against the mother to have no contact with the home or anywhere else the child may be once discharged to the father's care.

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