



Report Identification Number: SV-18-037

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

Issue Date: Nov 15, 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: 7 month(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 06/17/2018
Initial Date OCFS Notified: 06/17/2018

Presenting Information

An SCR report was received that alleged on 6/17/18, the subject child was found unresponsive and in cardiac arrest while in his crib. The report stated the mother had fed the child at 3:00AM and then placed him to sleep on his back. The mother checked on the child at 7:00AM and there were no concerns. At 9:50AM, the child was unresponsive and the mother called 911. The child had no preexisting medical conditions and was an otherwise healthy child. The mother and the maternal aunt were listed as alleged subjects and the father had an unknown role.

Executive Summary

This report concerns the death of the 7-month-old male subject child. Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death on 6/17/18. The child had no known preexisting medical conditions and was an otherwise healthy child and his sudden death was considered suspicious. The mother and maternal aunt were in the home at the time of his death, and were considered subjects. The child was the only child of both the mother and father, and no other children resided in his home.

On the morning of 6/17/18, the mother woke with the child and tending to him twice. After both occurrences the mother and the child both went back to sleep, in the mother's queen sized bed. At about 9:45AM the mother woke and the child was laying next to her not breathing. The mother ran through the home and asked another family member for assistance. Emergency services were called by the family member and CPR attempted. The child was unable to be revived at the home or the hospital.

The ME was notified and performed an autopsy. The official cause and manner of death were pending the final autopsy report. The ME told SCDSS the mother had shared the same version of events with him, as reported to SCDSS. The ME told SCDSS he did not find any signs of abuse or neglect on the baby during his exam. The ME denied the child had any congenital conditions or contusions. The ME expressed that it is not possible that the child choked on his own vomit, or that the mother rolled onto the child, given the child's age and size. The ME told SCDSS that the death appeared to be a case of SIDS, but he was awaiting test results to make a final determination.

LE investigated the fatality and concluded their investigation, finding no criminality involved in the death of the baby.

SCDSS reviewed the hospital records, pediatrician records and spoke with all adults living in the home of the child and the father. SCDSS also spoke to all first responders that were present. None of these contacts yielded concerns about the care the baby received. SCDSS found no evidence to substantiate the allegations of DOA/Fatality or IG against the mother or aunt. SCDSS concluded that they found no indication the mother or aunt's act of omission or commission contributed to the death of the child.

SCDSS offered the father, mother, and all family members in the home bereavement service referrals and burial assistance. Additionally, SCDSS provided the mother with information on emergency housing services because, the mother was struggling with returning to the home after the child died there. The mother and father were receptive to the referrals but it was unknown if they had moved forward with any services. The parents had much support within their own family units.

PIP Requirement



For issues identified in historical cases, SCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address ongoing concerns.

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

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:

It was appropriate to conclude the investigation. There was no safety assessment necessary at the conclusion on the investigation because there were no surviving children.

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: 06/17/2018

Time of Death: 10:28 AM

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 alcohol or drugs?

No

Child's activity at time of incident:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

At time of incident supervisor was:

- | | |
|---|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Alcohol Impaired | <input checked="" type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	Aunt/Uncle	No Role	Male	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	19 Year(s)
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Other Household 1	Father	No Role	Male	21 Year(s)

LDSS Response

On 6/17/18, SCDSS received an SCR report regarding the death of the subject child and initiated their investigation within 24 hours. They contacted the source, ME and DA and began coordinating their investigation with LE. SCDSS performed a CPS history search for the family and learned the SC had no siblings and there were no other children residing in his home. The baby resided in the maternal grandmother's home with his mother, aunt, grandmother and two uncles. The mother, maternal aunt, and the aunt's boyfriend were the only adults in the home at the time of the incident.

SCDSS spoke with the mother and father. The father and mother did not live together and the father had not seen the child for more than a week before he died. The father was notified of the death by the mother and he went to the hospital. When the father arrived at the ER the child had already passed. The mother told SCDSS she had given the baby a bottle at 3:00AM on 6/17/18, burped him and then took him downstairs with her to lay in her bed. The mother placed him on his back, between 2 overlapping pillows that were in a "V" formation. The mother placed a blanket under his legs and explained that each of the pillows were under his arms. The mother fell asleep at 4:10AM and awoke to the baby fussing at 6:40AM. At that point she gave him his pacifier and they both fell back asleep. At 9:45AM the mother woke up and found the baby still lying on his back, his eyes closed and not breathing. She picked him up and ran upstairs for help. She was



banging on her sister's door, and the aunt came out to help her. The aunt stated she called 911 immediately and they gave instructions on administering CPR. The mother and aunt took turns trying to resuscitate the baby and vomit began to come from his mouth and nose. LE arrived and took over CPR until EMS arrived. EMS then arrived and transported the baby to the hospital. The mother and aunt followed in a police car. The mother denied any alcohol or drug use in the time leading up to the child's death and acknowledged she had received safe sleep education in the past. The baby did have a crib in the home, it was unclear if the child regularly slept in the bed with his mother.

The two uncles were interviewed and reported they were not home when the child was found unresponsive. The grandmother was also interviewed and reported she was not home when the baby was found. The grandmother explained the incidents as explained to her by her daughters and it was the same events reported to SCDSS by the mother and aunt. The aunt's boyfriend was also interviewed and he reported the same details the aunt had provided.

SCDSS went to the child's home and observed the room where the mother and child were sleeping when the child was found unresponsive. LE took the bedding and pillows and provided SCDSS with photos of the home before they had removed items.

EMS told ECDSS the baby was cold and blue in color when they responded to the home. They also observed vomit on his nose and they suctioned his mouth as vomit continued to secrete. EMS suspected the child was already dead when they arrived, but they continued life saving efforts.

SCDSS spoke to the ER staff that treated the baby. They reported that he arrived at the ER with no pulse and they administered medication and CPR, but could not resuscitate him. They also reported he had secretions around his nose and mouth that appeared to be vomit. It was their impression that the child had been deceased before arriving at the hospital. They reported the mother was acting appropriately and the child had no signs of abuse or maltreatment.

The baby's pediatrician reported no concerns for the mother's care of the child and provided records that the child had been seen for interval well exams since his birth.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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

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
048285 - Deceased Child, Male, 7 Mons	048286 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
048285 - Deceased Child, Male, 7 Mons	048286 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

048285 - Deceased Child, Male, 7 Mons	048287 - Aunt/Uncle, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
048285 - Deceased Child, Male, 7 Mons	048287 - Aunt/Uncle, Female, 21 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 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 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"/>

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 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 checked="" 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 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 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:
 The mother left the home for a period of time after the death of the child. SCDSS gave her information on temporary housing in the event the need for it arose. All adults in the home were given information for local bereavement resources. It is unknown if they engaged in these services.

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 surviving siblings or other children in the home.

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

Explain:
 All adults living in the subject's child's home, in addition to the father were provided referrals for bereavement counseling. The mother, father and maternal grandmother were offered burial assistance and declined.

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?** 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?** 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
- 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)
11/22/2017	Deceased Child, Male, 6 Days	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 6 Days	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report was received alleging that on 11/16/17, the subject mother gave birth to the subject child and was positive for marijuana. The child's father and grandmother had unknown roles.

Report Determination: Unfounded

Date of Determination: 02/08/2018

Basis for Determination:

SCDSS found that although the mother was positive for marijuana and the child's meconium also tested positive for marijuana, the child had no health complications related to the mother's drug use, and he was an otherwise healthy child. The mother admitted to drug use early in her pregnancy, before she had knowledge of her pregnancy. The mother denied subsequent drug use.

OCFS Review Results:

The source was contacted and all subjects and others named were interviewed. The safety and risk assessments were completed timely and accurately. SCDSS discussed safe sleep with the family and observed the child to have a safe sleep environment. Although notification of existence letters were discussed with all adults on the report, they were only provided to the mother and father.

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

Issue:

Failure to provide notice of report

Summary:

The maternal grandmother was on the SCR report when it was received and she was not provided a written notification of the SCR report. The two maternal Uncles were added to the investigation and they were not provided written notification of the SCR report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:



SCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

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

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

Known CPS History Outside of NYS

There is no known CPS 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