



Report Identification Number: SV-19-060

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

Issue Date: May 18, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Suffolk
Gender: Male

Date of Death: 12/18/2019
Initial Date OCFS Notified: 12/19/2019

Presenting Information

On 12/19/19, the Suffolk County Department of Social Services (SCDSS) notified OCFS through the required 7065 Agency Reporting Form that the two-month-old male infant passed away in the hospital on 12/18/19. The infant had been hospitalized since 12/14/19, when he sustained life-threatening injuries in a motor vehicle accident.

Executive Summary

On 12/18/19, SCDSS was notified by hospital staff that the two-month-old infant passed away at 5:00 AM that morning. SCDSS had an open CPS investigation at the time, which was received on 12/15/19, that alleged the mother drove erratically and got into a car accident with her four children in the car.

SCDSS learned that on the night of 12/14/19, the mother was driving in the right lane when she realized she missed her turn. When she attempted to do a U-turn, her car was struck on the driver side by another vehicle. The mother and infant sustained serious injuries. The family was transported to the hospital via ambulance and the mother and infant were admitted. The three siblings, ages 13, 9, and 4, were examined and released with no injuries. On 12/18/19, the infant was declared brain dead and he was removed from life support and he passed away.

Law enforcement investigated the accident and determined the mother and children were properly restrained in the vehicle and the mother was not under the influence of drugs or alcohol. Law enforcement determined the incident was an accident and they closed their case with no charges filed.

The family declined a full autopsy for the infant. The medical examiner reported the external examination findings showed edema and healing abrasions of the scalp. The cause of death was determined to be complications from blunt impact to the head related to the motor vehicle accident.

SCDSS spoke to the father of the two youngest children and the father of the two oldest children. Neither father had concerns for the children in the mother's care and the children were found to be safe in the care of their fathers while the mother was hospitalized.

SCDSS thoroughly investigated the incident and found the infant's death was not the result of abuse or maltreatment by a caretaker. The family received funeral assistance and bereavement services, and SCDSS appropriately closed the case.

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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The infant's death was not found to be caused by abuse or maltreatment and no SCR report was made.

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:

SCDSS thoroughly investigated the circumstances surrounding the incident that caused the infant's death.

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: 12/18/2019

Time of Death: 05:00 AM

Date of fatal incident, if different than date of death:

12/14/2019

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

07:04 PM

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

07:04 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

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

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

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	2 Month(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	37 Year(s)
Other Household 2	Other Adult - Father of 13yo and 9yo siblings	No Role	Male	35 Year(s)

LDSS Response

SCDSS began their investigation into the incident upon receipt of the SCR report on 12/15/19. They interviewed the mother, father, siblings' father, and the three siblings. They spoke to law enforcement, hospital staff, the medical examiner, the children's pediatrician and school staff. They conducted visits at the mother's home and the home of the siblings' father, and they assessed the siblings to be safe throughout the case.

SCDSS learned that the mother brought the four children to see Santa and they left to go to another location to see Christmas lights. The mother was driving, the 13-year-old sibling was in the front passenger seat, the infant was in the back on the driver's side, the 4-year-old sibling was in the back on the passenger side and the 9-year-old sibling was in the middle of the back seat. The mother and two oldest siblings were properly restrained with seat belts, the 4-year-old sibling was in the appropriate car seat and the infant was in a rear-facing car seat. The mother was driving south on a county road and realized she was heading in the wrong direction. At 7:04 PM, the mother attempted to make a U-turn from the right lane, and she was struck on the driver's side by a car that was traveling south in the left lane. Witnesses helped the siblings exit the car and they removed the infant from the car in his car seat. The 13-year-old sibling took the infant out of his car seat and she held him until first responders arrived. The mother needed to be extricated from the vehicle by the fire department, then the family was transported to the hospital via ambulance. The mother was given a breathalyzer test which showed she had not consumed alcohol and there were no signs she was impaired.

The siblings were examined and found to have no injuries so they were discharged to the care of their fathers. The mother suffered multiple broken bones that required surgery, an extended hospital stay and rehabilitation. The siblings returned to the mother's care when she was discharged home on 12/31/19.

Medical records showed the infant was admitted to the hospital on 12/14/19 with a severe traumatic brain injury (TBI), c-spine injury with significant diffuse subarachnoid hemorrhage with multifocal subdural hematoma, and signs of atlanto-occipital separation. He remained unresponsive with no brainstem reflexes until 12/18/19, when he was declared brain dead and removed from life support.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The infant's death was not reported to the SCR; therefore a 24-hour safety assessment was not required.

Fatality Risk Assessment / Risk Assessment Profile



Child Fatality Report

	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"/>

Explain:

Risk was adequately assessed and the family engaged in bereavement services.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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? Yes

Explain:

The family received bereavement services.

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

Explain:

The family received bereavement services and funeral assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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)
12/15/2019	Deceased Child, Male, 2 Months	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 33 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged the mother drove erratically by taking an illegal U-turn while the children were in the car. As a result, the family was involved in a car accident. The two-month-old infant sustained life-threatening injuries and was hospitalized in critical condition. The infant sustained internal injuries, bruises, lacerations, and went into cardiac arrest.

Report Determination: Unfounded

Date of Determination: 02/20/2020

Basis for Determination:

On 12/14/19, the mother was driving with the four children in the car. The infant was in a rear-facing car seat and all four children were properly restrained in the car. The mother missed her turn and when she attempted to make a U-turn, she was hit on the driver's side of her car. The mother and children were transported via ambulance to the hospital. The three siblings were treated and immediately released. However, the infant suffered life-threatening injuries and, on 12/18/19, he passed away. The mother did not see the car that hit them and it was determined the incident was a tragic accident.

OCFS Review Results:

SCDSS conducted multiple home visits, interviewed the family, and adequately assessed the siblings to be safe throughout the investigation. Safety assessments and the RAP were completed timely and accurately and the necessary collaterals were contacted. The family was referred for bereavement services and the case was appropriately closed.

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

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

SCDSS received a 1034 court-ordered investigation on 7/20/16, which alleged domestic violence between the mother and father in the presence of the four-year-old sibling. The report was unsubstantiated on 9/29/16 for the allegations of Inadequate Guardianship and Other.

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