

# NYS Office of Children and Family Services - Child Fatality Report

**Report Identification Number: SV-14-008**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 6/9/2015**

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.

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## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information

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**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 04/11/2014  
**Initial Date OCFS Notified:** 04/11/2014

## Presenting Information

Today, 4/11/14, mother left her 4 month old child unattended on a mattress with pillows surrounding the child. The child was left alone over an undetermined amount of time. Mother checked on the child later in the morning and found her unresponsive with her head smothered into the pillow that was positioned against the wall. Tentative cause of death is positional asphyxiation due to the pillow. The child did not have any special needs and was otherwise a healthy child. The mother did not call police when she found her child not breathing. She called a friend who contacted Suffolk County Police.

## Executive Summary

On 04/11/2014, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) stating that the mother (MO) left the subject child (SC) unattended on a mattress surrounded by pillows for an undetermined amount of time. MO found the SC unresponsive with her head smothered into the pillow that was positioned against the wall. Tentative cause of death is positional asphyxiation due to the pillow. The child did not have any needs and was otherwise a healthy child. The MO did not call police when she found her child not breathing. She called a friend who contacted Suffolk County Police. The allegations were listed as Parent's Drug/Alcohol Misuse, Lack of Supervision, Inadequate Guardianship and DOA/Fatality against the MO. There were no surviving siblings.

On 04/11/2014, an Emergency Services Senior Caseworker (SCW) conducted a visit to the SC's home. The SCDSS investigation consisted of face to face interviews with the MO and father (FA). Collateral contacts were made with the following: the maternal grandparents, the SC's pediatrician, the Suffolk County Medical Examiner's Office, the Suffolk County District Attorney's Office, the local Police Department, the local Fire Department and SCR and WMS clearance.

SCDSS determined that the MO leaving the SC on the bed surrounded by pillows instead of in a crib and then leaving the SC unattended for approximately 10-11 hours, along with the fact that she smoked marijuana the night before which may have caused her to sleep longer than usual were all contributing factors in the SC's death. SCDSS noted that although the MO did not intentionally harm the SC or cause her death, there was culpable carelessness on her part and she failed to exercise a minimum degree of care.

SCDSS held and thoroughly documented a 24-hour fatality conference, a 7-day safety conference, a 30-day fatality review conference and a determination conference. The case documentation throughout the life of the case was comprehensive, accurate and contemporaneous. SCDSS completed a thorough investigation of the allegations and, based on the facts obtained, properly determined each allegation. On 06/09/2014, SCDSS determined that there was credible evidence to substantiate the allegations of Inadequate Guardianship, Lack of Supervision, Parent's Drug/Alcohol Misuse and DOA/Fatality against the MO. The report was indicated and closed, citing no surviving children. OCFS concurs with the determination of the allegations.

## 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? 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

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.

**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: 04/11/2014

Time of Death: 11:25 AM

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 12:08 PM

Did EMS to 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:

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

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

How long before incident was the child last seen by caretaker? 10 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

- Drug Impaired
- Absent

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- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol Impaired       | <input 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**

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)

### LDSS Response

Upon receipt of the SCR report on 04/11/2014, an Emergency Services Senior Caseworker responded to the report of the fatality and conducted a visit to the subject child's home. The SCDSS investigation consisted of face to face interviews with the mother and father. Collateral contacts were attempted and/or made with the following: Soundex reviews, the maternal grandparents, several of the mother's friends, the local Emergency Medical Services/Fire Department, the reporting party/source, the Suffolk County Police Department, the Suffolk County Medical Examiner's Office, the Suffolk County District Attorney's Office, the local Hospital, the subject child's pediatrician and the mother's neighbor.

Interviews with the mother revealed that on 04/10/2014, the mother had been smoking marijuana with a friend while the subject child was in the bedroom. The mother reported that the friend left at midnight and she fed and then held the subject child until 1:00 am. The mother then laid the subject child on the bed with pillows surrounding her and went to sleep on the couch. When the mother woke up the following morning at 11:25 am she observed the subject child not breathing, with her head wedged between the mattress and the pillow. The mother reports panicking and calling several friends, eventually reaching one who came to the home and called 911 at 12:08 pm. The subject child was declared dead at 12:12 pm and was transported to the Suffolk County Medical Examiner's Office. A discussion was held regarding the sleeping habits of both the mother and the subject child and the mother confirmed that she had been advised of safe sleep procedures but that the subject child did not like to sleep in the crib. The mother reported that she used marijuana several times a week but that the baby was never in the same room. SCDSS determined that the mother leaving the subject child on the bed surrounded by pillows instead of in a crib and then leaving the subject child unattended for approximately 10-11 hours, along with the fact that she smoked marijuana the night before which may have caused her to sleep longer than usual were all contributing factors in the subject child's death. SCDSS noted that although the mother did not intentionally harm the subject child or cause her death, there was culpable carelessness on the mother's part and she failed to exercise a minimum degree of care.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

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## 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:** There is no Child Fatality Review Team in Suffolk County.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
007921 - Deceased Child, Female, 4 Mons	007922 - Mother, Female, 18 Yrs	Lack of Supervision	Substantiated
007921 - Deceased Child, Female, 4 Mons	007922 - Mother, Female, 18 Yrs	Parents Drug / Alcohol Misuse	Substantiated
007921 - Deceased Child, Female, 4 Mons	007922 - Mother, Female, 18 Yrs	DOA / Fatality	Substantiated
007921 - Deceased Child, Female, 4 Mons	007922 - Mother, Female, 18 Yrs	Inadequate Guardianship	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

SCDSS appropriately assessed the needs of the mother and provided the necessary referrals for services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

The mother declined all services offered by SCDSS.

## 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? 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

There is no CPS investigative history within three years prior to the fatality.

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

On 01/13/2004 an SCR report was received by Nassau County Department of Social Services (NCDSS) with allegations of Inadequate Guardianship and Emotional Neglect on behalf of the mother who was age 8 at the time of the report. The subject child had not yet been born. The report alleged that the mother was often late or absent from school because she was responsible for getting herself up and ready for school in the morning. It was alleged that the maternal grandfather (MGF) slept until noon and the mother was responsible for preparing her own meals. On 04/06/2004 NCDSS unfounded the case and it was closed, citing no credible evidence.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## 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