



Report Identification Number: SV-20-029

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

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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: 10 day(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 06/29/2020
Initial Date OCFS Notified: 07/02/2020

Presenting Information

Suffolk County Department of Social Services (SCDSS) received a report from the SCR on 6/22/20, that alleged that on 6/19/20, the mother gave birth to the subject child. The mother and the subject child tested positive for illicit substances at the time of the child’s birth. The child was born with known heart defects and would require surgery. The child was transferred to another hospital after her birth to undergo heart surgery. On 6/29/20, the child passed away due to complications from her congenital heart defects. SCDSS learned of the child’s passing on 7/2/20, and informed OCFS through an OCFS Agency Reporting Form. The child resided in the hospital for the entirety of her life. There were no other children in the home.

Executive Summary

This report concerns the death of a 10-day-old child that occurred due to complications following surgery for a known congenital heart defect. Suffolk County Department of Social Services (SCDSS) received an SCR report on 6/22/20 which identified that the subject child and the mother each had a positive toxicology for illicit substances. The child was transferred to another hospital for heart surgery and passed away at that hospital following the surgical procedure.

SCDSS initiated their investigation upon receipt of the SCR report. During their investigation, they were informed by hospital staff that the child had a known congenital heart defect discovered in utero. The child was to have heart surgery within the first year of life; however, it was determined that the child would need the surgery immediately following her birth. The child was transferred to another hospital for the heart surgery. Two days after the heart surgery, the child died due to complications from the heart defect.

SCDSS spoke with medical providers to the child from both hospitals the child was admitted to. The SCDSS was informed that there could be no correlation made between the mother’s substance use and the child’s medical condition.

SCDSS offered the family appropriate services related to the child’s death, and the parents' substance abuse issues. SCDSS made the appropriate decision to unfound the allegations against the mother and close their investigation as no correlation could be made between her substance abuse and the child’s medical condition.

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

Explain:
The death of the child was not reported to the SCR and was reported through an OCFS 7065 Agency Reporting Form after SCDSS learned of the child's death from the family.

- 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 made the appropriate decision to close their case with no additional concerns identified by the death of the child. There were no surviving siblings in the home.

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: 06/29/2020 **Time of Death:** 02:55 PM

County where fatality incident occurred: New York
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? N/A

Child's activity at time of incident:

<input 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 checked="" type="checkbox"/> Other: Hospitalized		

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
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Deceased Child's Household	Deceased Child	No Role	Female	10 Day(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	60 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)

LDSS Response

SCDSS received an initial report from the SCR on 6/22/20 which alleged that the mother gave birth to the child on 6/19/20 with a positive toxicology for illicit substances. SCDSS contacted the source of the report and were informed that the child had a known congenital heart defect prior to birth, and it was determined by medical staff that the child would require heart surgery imminently following her birth. The child was then transferred to another hospital for the procedure.

SCDSS was able to speak with the mother by phone on 6/25/20 and briefly reviewed the concerns for her substance use with her. The mother disclosed that she was in a treatment program and compliant with treatment. The mother disclosed she planned to stay with the child and went with the child to the second hospital for her surgery. SCDSS stated that they would follow up with the mother following the child's surgery to address the allegations in the report with her then.

SCDSS was informed on 7/2/20 by the maternal grandfather that the child had passed away on 6/29/20 following surgery. Upon learning of the child's passing, SCDSS informed OCFS of the child's passing through a 7065 OCFS Agency Reporting Form. On 7/15/20, SCDSS was able to meet with the mother and father at their home. The mother confirmed occasional illicit substance use throughout her pregnancy and confirmed being in substance abuse treatment. The father also disclosed being in substance abuse treatment and stated he was unaware of the mother's substance use. The father also disclosed having an older child that he no longer had contact with and provided locating information for that child's mother. The mother and father declined to sign releases for providers as the subject child had passed away and felt that the outcome of the investigation by SCDSS would not be changed by speaking with their treatment providers.

The maternal grandparents were present and interviewed during the home visit on 7/15/20. They identified that both the mother and the father had a history of substance abuse and were in treatment. The grandparents denied having knowledge of the mother's drug use during her pregnancy.

SCDSS spoke with the mother of the father's elder biological child. SCDSS was informed that the father had not had contact with the child in several years due to his drug abuse. SCDSS determined that the child was safe in the care of her mother.

SCDSS spoke with the hospital staff where the child passed away. SCDSS was informed that the child passed away after complications arose following the surgical procedure attempting to correct the congenital heart defect. SCDSS was informed that the heart defect was discovered in utero, and that there was a plan in place for the child to have surgery within the first year of life. Following her birth, it was determined that the child would require that surgery imminently and the child was transferred to their facility for the procedure. SCDSS was also informed that there could be no direct correlation made between the mother's illicit substance use while pregnant and the child's medical condition.

SCDSS made the determination to unfound the allegations against the mother in relation to both her and the child's positive toxicology for illicit substances at the time of birth as there was no direct correlation made between the mother's substance use and the child's medical condition. SCDSS made the appropriate decision to not report the child's death to the SCR as the child's death was determined to not be a result of abuse or maltreatment by a caretaker.

Official Manner and Cause of Death



Child Fatality Report

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?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 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"/>
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 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"/>

Additional information:

SCDSS contacted all appropriate collaterals in relation to the child's condition.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The family was offered services and decided to utilize existing providers.

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? N/A
- 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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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)
06/22/2020	Deceased Child, Female, 3 Days	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 3 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

SCDSS received a report from the SCR alleging that the mother gave birth to the child on 6/19/20. At the time of birth, the mother and the child both tested positive for illicit substances. The child was born with a congenital heart defect which was identified during prenatal care with a plan for heart surgery within the first year of life. Upon birth, it was determined by medical providers the child would require surgery imminently.

Report Determination: Unfounded

Date of Determination: 08/05/2020

Basis for Determination:

The child was transferred to a hospital for heart surgery following her birth. The mother remained with the child until her passing on 6/29/20. SCDSS interviewed all parties in the home following the passing of the child. The mother confirmed occasional substance use throughout her pregnancy and was in a substance abuse treatment program. Medical providers for the child could not make a direct correlation between the mother's substance abuse and the child's medical condition. SCDSS made the decision to unfound the allegations against the mother due to a lack of credible evidence the child was placed at any physical, mental, or emotional risk as a result of her substance use during pregnancy.

OCFS Review Results:

SCDSS conducted a thorough and complete investigation into the allegations of substance use by the mother. The child passed away due to complications of their congenital heart defect following surgery that attempted to correct the condition. No correlation could be made between the mother's substance use and the child's medical condition.

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

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

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

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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