



Report Identification Number: SY-16-009

Prepared by: Syracuse Regional Office

Issue Date: 8/9/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 24 day(s)

Jurisdiction: Jefferson
Gender: Male

Date of Death: 03/05/2016
Initial Date OCFS Notified: 03/06/2016

Presenting Information

On 3/6/16 JCDSS received a report alleging IG and DOA/Fatality against BM regarding the SC, a 24 day old infant. A subsequent report came in a few hours later that added the allegation of II. On 3/5/16, BM called 911 after she found the SC in her home in full cardiac arrest and lying in a pool of blood exiting from his mouth and nose for unknown reasons. BM left SC for an unknown amount of time to tend to the 2 year old sibling. BM reported finishing breastfeeding and left to check on the sibling. Specifics regarding where the child was in the home and duration were unknown. 911 call was made by BM, SC was brought to the hospital and pronounced dead at 11:55pm. SC was observed to have several fresh quarter inch superficial scratches from his nose to his upper lip, reason for scratches unknown. BM was noted with no affect, her account to what happened was not fluid, and injuries were suspicious in nature.

Executive Summary

This fatality report concerns the death of a 24 day old male infant that occurred on 3/5/16. On 3/6/16 at 3:17AM Jefferson County Department of Social Services (JCDSS) received an SCR report alleging DOA/Fatality and IG against the BM regarding BM having found the SC on her bed in full cardiac arrest and lying in a pool of blood exiting from his mouth and nose for unknown reasons. BM left the SC for an unknown amount of time to tend to the sibling. The report noted that BM's affect in the hospital was suspicious in nature due to showing no mood and/or affect, and her accounts as to what happened were not fluid.

A subsequent report came in on 3/6/16 at 7:30AM alleging DOA/Fatality, IG and II against the BM. The report included the same concerns from the initial report, as well as allegations that there were inconsistencies in the BM's explanation for the child's injuries, and that the injuries were suspicious in nature.

Shortly after a phonecall with her husband at 10:20PM, BM fell asleep in her bed while breastfeeding the SC. At approximately 10:55PM BM woke in response to the sibling calling to her from another bedroom, and BM went to check on her. Upon return BM found the SC unresponsive, with a pool of blood on the bed and on the SC's mouth and nose. After first calling her husband, BM called 911 and was instructed to begin CPR. The emergency rescue team arrived and began CPR. In response to the BF's call to them, the paternal grandparents also came to the home. The SC was transported to the hospital and pronounced dead at 11:55PM. The parents made plans for the PGP's to care for the SC's sibling while they dealt with the death.

The preliminary autopsy report showed no evidence of abuse or congenial defects. The family had no CPS history. JCDSS conducted a joint investigation with the NYS police. No criminal charges were filed.

Within 24 hours, JCDSS interviewed the parents, LE, and first responders, with no safety concerns found. First responders at the scene and hospital staff reported no suspicious marks or injuries. JCDSS observed pictures of the SC, that did not indicate any obvious concerns.

JCDSS conducted home visits and interviews with the PGP's caring for the SC's sibling to assess for ongoing safety and risk factors. The home was observed to be clean and free of visible safety concerns. JCDSS determined the sibling was safe, well cared for, stable, developmentally on target, wearing clean and weather appropriate clothes, free of visible marks or bruises, and with no concerns regarding either parent's care of the SC or sibling.

Throughout the INV JCDSS interviewed the parents, conducted home visits to assess for safety and risk factors, made significant collateral contacts, with no concerns found. JCDSS found no evidence that BM was impaired by drug or



alcohol use, sleep deprived, or that the sleeping area contributed to the SC's death. JCDSS gathered hospital, pediatric, medical, and local LE records on the family. The SC and sibling pediatric well child visits were current with no problems noted. The SC was born full term with no complications, previous health conditions, nor treated for any post partum health issues. JCDSS reviewed records and interviewed first responders, and noted there were "no obvious bruising or laceration/abrasion on head or face".

Throughout the INV JCDSS offered grief counseling to the parents and grandparents. Later in the INV the BM requested and was provided a referral for counseling. No other services were determined needed. The final autopsy report noted cause of death was "overlie" and manner of death was "accident". No external injuries or acute internal injuries or disease noted. Due to the lack of evidence to support the allegations JCDSS UNF and 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:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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

Explain:

JCDSS conducted ongoing risk and safety assessments through appropriate collateral contacts, obtained the family medical records, conducted unannounced home visits, observed the SC's sibling, and interviewed adults caring for the sibling.

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:

JCDSS casework activities were conducted adequately regarding review of the fatality and assessment of safety and risk factors in the household to support the determination.

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: 03/05/2016

Time of Death: 11:55 PM

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

County where fatality incident occurred:

JEFFERSON

Was 911 or local emergency number called?

Yes

Time of Call:

10:59 PM

Did EMS to 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: Breastfeeding

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

How long before incident was the child last seen by caretaker? 9 Minutes

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	Male	24 Day(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

LDSS Response



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On 3/6/16, at approximately 3:17am, JCDSS received an SCR report of DOA/Fatality and IG against the BM regarding the 24 month old SC. A subsequent report was received at 7:30am that included the same allegations as the initial report, with additional allegations of II regarding the child's injuries due to the mother's explanation for the injuries, and the injuries reported suspicious in nature. LE contacted JCDSS at the time the report was received and provided additional information gathered regarding the SC's death. LE indicated it was likely accidental, and that mom fell asleep while breastfeeding, with no suspicion of criminal intent. LE reported that the parents made a plan for the SC's sibling to be cared for by the paternal grandparents that live nearby, while they dealt with the death.

Within 24 hours, JCDSS joined with LE on the investigation and interviewed the parents and first responders, with no evidence of abuse, neglect, or safety concerns found or noted. JCDSS also conducted a home visit to the PGP's caring for the SC's sibling to assess for safety and risk. The home was found to be clean and free of visible safety concerns. The sibling appeared safe, well cared for, stable, developmentally on target, wearing clean and weather appropriate clothes, and free of visible marks or bruises. JCDSS offered grief counseling to the parents, but were refused at that time.

The preliminary autopsy report did not indicate evidence of abuse or congenital defects.

JCDSS conducted all appropriate interviews, home visits, and the significant collateral contacts to assess for ongoing safety and risk factors, with no concerns found. JCDSS gathered hospital, pediatric, mental health, and local LE records on the family, with no concerns found. The SC birthing and pediatric records were unremarkable, with no complications or concerns noted. JCDSS reviewed records from the first responders and it was noted that there were "no obvious bruising or laceration/abrasion on head or face". Throughout the INV JCDSS offered grief counseling to the parents and grandparents. Later in the INV the BM requested and was provided a referral for counseling. The final autopsy report indicated the cause of death was "Overlie" and the manner of death was "Accident". Due to the lack of evidence to support the allegations of DOA/IG and II, JCDSS unfounded the case with a grief counseling referral in place for BM.

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 investigation conducted by a Multidisciplinary Team (MDT)?No

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028846 - Deceased Child, Male, 24 Days	028848 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
028846 - Deceased Child, Male, 24 Days	028848 - Mother, Female, 27 Year(s)	Internal Injuries	Unsubstantiated
028846 - Deceased Child, Male, 24	028848 - Mother, Female, 27	DOA / Fatality	Unsubstantiated



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Days	Year(s)		
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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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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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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Fatality Risk Assessment / Risk Assessment Profile

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

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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>					



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Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<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? No

Explain:
The two year old sibling was determined to be well cared for, safe, stable and developmentally on target, with support by the paternal grandparents, and no need for services identified.

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

Explain:
Grief counseling referral made for the BM.

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

No CPS history for this family

Known CPS History Outside of NYS

No CPS history outside 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