

**Report Identification Number: AL-15-006**

**Prepared by: Albany Regional Office**

**Issue Date: 7/15/2015**

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.

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

## 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

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

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

**Jurisdiction:** Delaware  
**Gender:** Female

**Date of Death:** 02/28/2015  
**Initial Date OCFS Notified:** 03/01/2015

## Presenting Information

On 2/27/15 the subject child was found unresponsive at approximately 11:00 PM by the subject child's father. At approximately 9:00 PM the father placed the subject child on her back in a pack and play located in the living room. The father also put the four and five year old sisters to bed and cleaned the home. At approximately 11:00 PM the father checked on the subject child to find her unresponsive. The subject child had no visible injuries and was an otherwise healthy child, therefore making the death suspicious. The mother and two sisters have unknown roles.

## Executive Summary

The fatality report concerns the death of a two month old female that occurred on 2/28/15. The subject child was reported to have been found lying face up in the pack and play unresponsive. At the time of the death the subject child was residing with her mother, father, and two sisters ages five and four. The autopsy report concluded that the subject child's death was Sudden Unexpected Infant Death and the cause and manner were undetermined. The case was opened on 3/1/15 as a result of a report made to the New York Statewide Central Register alleging DOA and Inadequate Guardianship of the subject child by the father. The evening of 2/27/15 the father fed the subject child a bottle around 8:00 PM. The subject child finished the bottle around 8:30 PM and the father swaddled the subject child in a blanket and placed the subject child on her back, slightly propped on a U-shaped pillow, in a pack and play. The father prepared the surviving siblings for bed and after putting them to bed, he washed the dishes and cleaned the home. Around 11:30 PM the father checked on the subject child and found her unresponsive. The father called the maternal grandmother who came to the home, called 911, and started performing CPR. Emergency Medical Services arrived and transported the subject child to the hospital where she was pronounced dead at 12:46 AM on 2/28/15. Delaware County Department of Social Services (DCDSS) gathered information pertaining to the subject child's death through interviews with household members, extended family members, law enforcement, the pediatrician, school personnel, emergency medical personnel, first responders, and obtained law enforcement and medical records. Throughout the investigation, DCDSS made regular home visits and offered the family grief support services. Additionally, DCDSS and law enforcement conducted a doll re-enactment with the father, consulted with the pediatrician regarding advice surrounding safe sleep and swaddling practices, and consulted with the medical examiner regarding the autopsy findings. DCDSS unfounded the allegation of DOA fatality against the father regarding the subject child. However, DCDSS did substantiate the allegation of Inadequate Guardianship against the mother and the father regarding the subject child as the parents failed to exercised a minimum degree of care by swaddling the subject child and placing the subject child to sleep on the U-shaped pillow. DCDSS closed their investigation on 6/1/15 with the family receiving community based services. The Albany Regional Office gathered information for this report from CONNECTIONS, DCDSS records, hospital records, law enforcement records, the pathology report, and interviews with DCDSS staff.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

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

- 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? No

**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? No

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

<b>Issue:</b>	Determination of Nature, Extent and Cause of Conditions (Report)
<b>Summary:</b>	DCDSS appropriately unfounded the allegation of DOA. However, DCDSS indicated the allegation of Inadequate Guardianship without sufficient credible evidence as they used the basis of the child's death for the determination.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(d)
<b>Action:</b>	DCDSS will ensure that case determination regarding sleep related fatalities are made in accordance with the guidance provided in 13-OCFS-LCM-01.

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 02/28/2015

**Time of Death:** 12:46 AM

**County where fatality incident occurred:** DELAWARE

**Was 911 or local emergency number called?** Yes

**Time of Call:** 11:43 PM

**Did EMS to respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** No

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

**Child's activity at time of incident:**

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

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

**How long before incident was the child last seen by caretaker?** 2 Hours

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

1

**At time of incident supervisor was:** Not impaired.

**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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

**LDSS Response**

On 3/1/15 DCDSS immediately coordinated the investigation with law enforcement to schedule interviews with the surviving siblings and parents for the following day. All parents and surviving siblings were interviewed as well as the maternal grandparents. Additionally, DCDSS and law enforcement conducted a doll re-enactment with the father. DCDSS obtained all collateral information, including consultation with the medical examiner regarding the findings of the autopsy report. Further, DCDSS conducted several home visits, developed a time line of events leading up to the death of the subject child, and consulted with the subject child's pediatrician regarding advice on both sleep and swaddling practices. DCDSS completed the 7-day safety assessment on 3/5/15 and while the information provided in the assessment was accurate with the case circumstances, the safety factors and safety decision selected was only pertinent to the deceased subject child and was not applicable to the surviving siblings. At the time of determination, DCDSS completed another safety assessment that correctly identified the safety decision for the surviving siblings. DCDSS determined the report on 6/1/15 after the autopsy revealed that the subject child's death is considered a Sudden Unexpected Infant Death and the cause and manner could not be determined. There were no criminal charges and the report was indicated and closed on 6/1/15. The family was provided information for grief counseling for both the adults and the children. The mother and maternal grandmother were engaged in counseling at the conclusion of the investigation.

**Official Manner and Cause of Death**

**Official Manner:** Undetermined

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**Primary Cause of Death:** Unknown

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

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017061 - Deceased Child, Female, 2 Mons	017201 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
017061 - Deceased Child, Female, 2 Mons	017063 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
017061 - Deceased Child, Female, 2 Mons	017063 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

## Fatality Safety Assessment Activities

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	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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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"/>

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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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"/>
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## 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:**  
 DCDSS provided information to the family regarding grief services for the children, including a summer camp program offered through Hospice.



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

**Explain:**  
The parents and maternal grandparents were all provided with information and referral regarding grief counseling services. The mother and maternal grandmother were both engaged in counseling at the conclusion of the investigation.

## 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  Had heavy alcohol use  
 Misused over-the-counter or prescription drugs  Smoked tobacco  
 Experienced domestic violence  Used illicit drugs  
 Was not noted in the case record to have any of the issues listed

#### 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

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

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

None.

## Known CPS History Outside of NYS

None.

## 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