



Report Identification Number: SY-15-019

Prepared by: Syracuse Regional Office

Issue Date: 2/5/2016

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



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

Jurisdiction: Jefferson
Gender: Male

Date of Death: 05/04/2015
Initial Date OCFS Notified: 05/04/2015

Presenting Information

On 5/4/15, while in the care of the SF, the 4-month-old SC stopped breathing while sleeping in bed with the SF. The SF had woken the child for a feeding at approximately 9:00AM, but the SC did not eat very well. The SC was last seen at approximately 10:00/10:30AM by the SF when the SF placed the child in bed with him for a nap. The SC was a premature baby and was currently being treated with a nebulizer for a cold. There was no information to indicate that the SC had labored breathing or required a treatment. The SC was an otherwise healthy child and had no visible injuries. There was no information to indicate that the SF was under the influence of any drugs or alcohol. At approximately 11:30AM/12:00PM the PGM went to wake the SF and observed the SC to be blue and not breathing. 911 was called and the SC was transported by ambulance to the hospital where he was pronounced dead. The cause of the SC's death is cardiac arrest. The BM and PGM roles are unknown.

Executive Summary

The report involved the death of a four-month-old male child on 5/4/15. The Final Autopsy Report listed the cause of death as Undetermined with Prematurity listed as other significant conditions. The manner of death is Undetermined. The medical examiner concluded that there were two possibilities for cause of death. Due to multiple risk factors, the subject child's risk of dying from sudden infant death syndrome was well above average. The complicating factor of co-sleeping with the father also increased the risk of death. Neither of these factors could be eliminated. Therefore, the final cause of death is undetermined.

The LDSS investigation revealed that the BM placed the SC in a queen size bed with the SF when she left for work at 10:50 AM. The SC and the SF had been sleeping in the bed when the PGM entered the room at about 12:00 PM and found the SC laying half on his side and half on his stomach and he was purple and limp. The SC had a blanket covering his lower body; however there were no pillows or other coverings around the SC and the SF was on the other side of the bed. The PGM and her adult niece called 911 and began CPR on the SC. When Police and EMS arrived, they took over resuscitation efforts and transported the SC to the hospital where he was pronounced dead at 12:48 PM.

On 8/31/15, the LDSS completed their investigation and unsubstantiated the allegations of DOA/Fatality and IG against the SF due to lack of credible evidence to support the allegations, citing that although the Medical Examiner could not rule out co-sleeping with the SF as a contributing factor in the SC's death, there was no direct evidence that the SC sleeping in the bed with the SF caused the child's death. It was determined that there was no evidence of overlay, aggravating factors or that the sleeping area was unsafe. The LDSS case was closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on



the:

- o 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

Explain:

The LDSS appropriately determined the allegations in the report; there were no surviving children, therefore no services were required and the case was closed. All casework activity was commensurate with case circumstances.

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:

Determination was appropriate.

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: 05/04/2015

Time of Death: 12:48 PM

Time of fatal incident, if different than time of death: 12:00 PM

County where fatality incident occurred: JEFFERSON

Was 911 or local emergency number called? Yes

Time of Call: 12:00 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

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



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

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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	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	37 Year(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	20 Year(s)

LDSS Response

The LDSS' investigation revealed that the SC was born premature at 30 weeks gestation on 1/2/15 and was hospitalized for nearly the first two months of life with medical conditions related to prematurity. The SC was last seen by his pediatrician on 4/8/15 for an unrelated medical condition and prescribed nebulizer treatments. The condition improved after a few treatments and no further treatment was necessary.

LDSS responded appropriately to the death by interviewing parties involved, obtaining and reviewing medical records, gathering information from first responders and offering bereavement services. It was learned that on 5/4/15 at approximately 10:50 AM, the BM placed the SC on his side in a queen size bed with the SF before she left the home for work. The SF was on the far side of the bed and the SC was on the other side. The SF stated that he fell asleep after he noticed the SC drift off to sleep. The SC and the SF had been sleeping in the bed when the PGM entered the room at about 12:00 PM and found the SC laying half on his side and half on his stomach and he was purple and limp. The SC had a blanket covering his lower body; however there were no pillows or other coverings around the SC and the SF was on the other side of the bed. The PGM and her adult niece called 911 and began CPR on the unresponsive SC. When Police and EMS arrived, they took over resuscitation efforts and transported the SC to the hospital by ambulance. The SC was subsequently pronounced dead at the hospital at 12:48 PM following continued resuscitation attempts by medical personnel. The attending physician reported the cause of death as cardiac arrest. The SC was found to have no injuries or signs of abuse and there was no evidence of overlay. The BM reported that the SC's normal sleep location was a bassinet and that some times the SC would sleep in the parent's bed; and the SC's normal sleep position was on his side or back.

On 8/31/15, the LDSS completed their investigation and unsubstantiated the allegations of DOA/Fatality and IG against the SF due to lack of credible evidence to support the allegations, citing that although the Medical Examiner could not rule out co-sleeping with the SF as a contributing factor in the SC's death, there was no direct evidence that the SC sleeping in the bed with the SF caused the child's death. It was determined that there was no evidence of overlay, aggravating factors or that the sleeping area was unsafe. The LDSS appropriately determined the allegations in the report; there were no surviving children, therefore no services were required and the case was closed. All casework activity was commensurate



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with case circumstances.

New York State Police (NYSP) conducted an investigation into the death of the subject child and determined the manner of death was either Accidental or Natural, in either case, criminal liability of another did not exist and the case was closed.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical 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

Comments: JCDSS conducted the investigation with the New York State Police. All protocols for a joint investigation were adhered to.

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

Comments: Jefferson County does not have a CFRT

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
023401 - Deceased Child, Male, 4 Mons	023403 - Father, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated
023401 - Deceased Child, Male, 4 Mons	023403 - Father, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated

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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>

Additional information:

LDSS made numerous attempts to contact a private childcare provider, but was unsuccessful. Progress notes were entered in a timely manner.

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



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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"/>				

Additional information, if necessary:

LDSS made referral to bereavement counseling for the family. The family did not need LDSS assistance with funeral costs and planning.

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? N/A

Explain:

There were no other children.

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

Explain:

No immediate needs related to fatality.

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? 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

Had heavy alcohol use



- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- 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

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

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