



## Report Identification Number: SY-19-011

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

Issue Date: Jun 24, 2019

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

<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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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	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	
<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	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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 day(s)

**Jurisdiction:** Chenango  
**Gender:** Male

**Date of Death:** 02/04/2019  
**Initial Date OCFS Notified:** 02/07/2019

## Presenting Information

On 2/4/19, the death of the 3-day old infant was reported to OCFS by Chenango County Department of Social Services (CCDSS) through the required Agency Reporting Form 7065. On 2/4/19, the infant died from a medical condition while hospitalized at Crouse Hospital.

## Executive Summary

On 2/04/19, Chenango County Department of Social Services (CCDSS) was notified of the death of the newborn infant following a telephone call from Wilson Memorial Hospital. The infant child had been in the Neonatal Intensive Care Unit (NICU) since his birth on 2/01/19. CCDSS had an open CPS investigation at the time, which was received on 2/01/19, alleging drug use by the mother at the time the subject infant and his twin surviving sibling were born.

The subject infant was hospitalized due to complications following the birth. Immediately after he was born, the subject infant was sent to Crouse Hospital in Syracuse due to multi-system organ failure. While at Crouse Hospital, the subject infant was on a ventilator. He suffered many symptoms that did not subside even after medication and medical interventions. The infant was transferred back to Wilson Hospital on the evening of 2/02/19 for palliative care. The infant expired at 2:03AM on 2/04/19. An autopsy was not performed due to his medical condition. The hospital physician determined the infant's cause of death was likely the result of the complicated delivery and placenta abruption at the time of delivery.

CCDSS thoroughly investigated the circumstances surrounding infant's death and determined his death was the result of complications at birth and not caused by abuse or maltreatment. The siblings (ages 12, 10, 3, 1, and infant twin) were assessed to be safe in the parents' care and the home was found to be free from safety hazards. The CPS investigation was unfounded as it was determined the mother's substance misuse did not have a negative impact on the subject infant. The mother engaged in a drug and alcohol evaluation at Chenango County Behavioral Health Services and was successfully discharged following negative screens for all substances. Bereavement services were offered to the family and at the time the investigation closed, the family was engaged in mental health and grief counseling.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?



- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**  
The death of the SC was not reported to the SCR, therefore there was no determination of any fatality-related allegations.

Was the decision to close the case appropriate? N/A

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:**  
The facts and circumstances surrounding the fatality were thoroughly investigated and there was evidence of supervisory consultation.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 02/04/2019 Time of Death: 02:03 AM

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

County where fatality incident occurred: Chenango

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? No

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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# Child Fatality Report

Deceased Child's Household	Deceased Child	No Role	Male	3 Day(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Day(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)

### LDSS Response

Within 24 hours of becoming aware that the subject infant passed away, CCDSS notified the Syracuse Regional Office and submitted the required 7065 Agency Reporting Form. CCDSS contacted hospital staff and learned the infant's passing was the result of complications at the time of his delivery. Hospital staff said the parents were appropriately upset by the death of the infant. The mother was hospitalized due to complications from childbirth in the days leading up to the death.

CCDSS coordinated with Broome County Department of Social Services as the infant was admitted to the hospital in their jurisdiction following birth. Law Enforcement was not notified and did not investigate due to the death not being unattended.

The home was assessed and the surviving siblings were determined to be safe in their parents' care. Family members who frequented the home had no concerns for the children. CCDSS had an open CPS investigation at the time of infant's death, that alleged the mother and twins tested positive for marijuana at the time of the birth. It was determined the positive toxicology did not have a negative impact on the infants. CCDSS thoroughly investigated the allegations of the open CPS investigation and addressed the concerns regarding the mother's drug use through a referral for substance abuse treatment. The mother attended and engaged in treatment until she was successfully discharged.

CCDSS contacted numerous collaterals, including the hospital staff, pediatrician, school staff, and the mother's substance abuse treatment provider. CCDSS gathered information sufficient to determine no suspicion the death was a result of abuse or maltreatment by the parents. Hospital records confirmed the infant passed away from complications at birth. CCDSS offered the parents bereavement services and referred the family to community based mental health services.

### Official Manner and Cause of Death

**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:** Chenango 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:**

CCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances.

<b>Fatality Safety Assessment Activities</b>
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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"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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**Explain:**  
The death of the infant was not reported to the SCR; therefore, 24-hour and 30-day safety assessments were not required.

<b>Fatality Risk Assessment / Risk Assessment Profile</b>
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	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"/>

**Explain:**  
Risk was adequately assessed and a multitude of community based services were offered and utilized by the family.

### 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
There was no removal of any of the other children. There was no need for a safety intervention.

### 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 checked="" 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 checked="" 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 checked="" 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"/>



<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 CCDSS assisted the family with funeral arrangements following the death, they referred the mother to substance abuse treatment, and gave the family referrals for mental health counseling and bereavement services.

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

**Explain:**  
 The parents were offered mental health and bereavement services. The mother was also referred to substance abuse treatment due to her and the subject child testing positive for an illicit substance at the time the subject child and his twin were born. The mother complied fully with substance abuse treatment. The parents were open to community based services and a multitude of references were given to them.

## 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?** No
- Was the child acutely ill during the two weeks before death?** Yes

### 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)
02/01/2019	Sibling, Male, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

A report was received on 2/1/19, alleging the mother gave birth to twin boys on the same date. The mother tested positive for marijuana when the twins were born. There was an unknown role for the father and siblings (12,9,3, and 1).

**Report Determination:** Unfounded

**Date of Determination:** 05/31/2019

**Basis for Determination:**

CCDSS determined there was no credible evidence to support the allegation of Parent's Drug and Alcohol Misuse by the mother. Though the mother and twins tested positive for marijuana at the time of delivery, there was no negative impact on the children. The mother completed a substance abuse intake evaluation and tested negative during each screening and was successfully discharged from treatment.

**OCFS Review Results:**

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments and risk assessments were appropriate. CCDSS made an accurate determination of allegations based on the information provided, then closed the investigation once all needed services were offered to the family.

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

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

5/11/09-6/29/09 Indicated SCR report against the mother and father regarding the SS due to the parents using illicit substances and having paraphernalia in the home that the CHN could reach. There were health and safety hazards in the home and a safety plan was implemented for the CHN to stay with a family member until the home could be cleaned and deemed safe.

5/26/10-6/8/10 Unsubstantiated for IG and LS against the parents regarding the SS. There was no credible evidence that the parents were failing to supervise the children.

6/15/12-9/19/12 Unsubstantiated for IG and L/B/W against the father regarding the oldest SS (5yo at the time of report). There was no credible evidence the father caused the bruise on the sibling's cheek.

12/16/13-1/30/14 Unsubstantiated against the parents for IG and LMC regarding the oldest SS. There was no credible evidence the parents did not supply the child with needed glasses.

**Known CPS History Outside of NYS**

There is no known history outside the state of New York.

**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