



Report Identification Number: SY-14-037

Prepared by: Syracuse Regional Office

Issue Date: 8/3/2015

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.



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	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	
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: 6 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 10/22/2014
Initial Date OCFS Notified: 10/22/2014

Presenting Information

This fatality case involves a six-month old child who was born medically fragile with a low birth weight and a medical condition which necessitated the use of a G-tube for feedings. Within approximately a week prior to the subject child's death, the subject child's mother had left subject child in the care of his biological father. Father and paternal grandmother brought the subject child for a routine medical/ENT appointment and while there the subject child became unresponsive. An ambulance was called and transported subject child to the hospital, where he subsequently passed away. There was no suspicion of parental/caretaker abuse or neglect reported.

Executive Summary

This fatality review concerns the death of a six-month old medically fragile child, who passed away from natural causes while listed on an open CPS report. Child was born with low birth weight and a medical condition which affected child's ability to consume nutrition. Child was hospitalized three times and a G-tube was placed to assist with feeding. In the month before the subject child's death he was noted by medical professionals to be slowly gaining weight although developmental delay was noted. Final Cause of Death was complications of chronic aspiration due to velopalatine insufficiency and gastroesophageal reflux. Manner of Death was natural. Abuse/maltreatment were neither suspected nor ultimately found to have played a role in the subject child's death.

OCDSS had received a CPS report on 9/2/14 alleging Lack of Medical Care, Malnutrition/Failure to Thrive, and Inadequate Guardianship against the subject child's mother and parent substitute. Investigation determined that the child's needs were not being neglected and that the child's existing medical condition was not a result of abuse/maltreatment. During the course of the investigation, the caretakers' living situation became unstable and the subject child ultimately went to live with his biological father and paternal grandmother. The father had filed for custody and expressed his intent for the subject child to remain in his care. On 10/22/14 the father and paternal grandmother brought the child to an ENT for a routine appointment. While at the office, the subject child became unresponsive and emergency services were called. The subject child later died at a local hospital. OCDSS appropriately offered services such as bereavement counseling to the family following the subject child's death. Allegations were unsubstantiated and the case was ultimately closed with referrals having been made to community resources.

OCFS was notified of the subject child's death on 10/22/14. OCDSS was compliant with reporting regulations. Subject child's half-siblings had resided with subject child at the initiation of CPS involvement but did not by the time of the fatality. They were assessed as safe in their respective homes. Prior to subject child's death, a subsequent report had been received alleging Inadequate Guardianship and Emotional Neglect against the biological father of the half-siblings (no relation to the subject child) and their paternal grandmother due to a domestic violence incident. The half-siblings were also listed on the CPS report and those allegations were later appropriately unsubstantiated.

OCDSS's investigation was thorough and well conducted. There is frequent evidence of supervisory consultation with detail. OCDSS responded promptly when household changes occurred, assessed each home environment sufficiently and offered Safe Sleep information on several occasions. Subject child was assessed as safe in his father's home the



day prior to his death. Safety and risk factors were appropriately explored and services offered/provided as needed.

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? N/A
- 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

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 [x]No

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/22/2014

Time of Death: Unknown

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

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

Child's activity at time of incident:

- [] Sleeping [] Working [] Driving / Vehicle occupant
[] Playing [] Eating [x] Unknown
[] Other



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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	No Role	Male	6 Month(s)
Deceased Child's Household	Father	No Role	Male	22 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Other Household 1	Mother	No Role	Female	27 Year(s)
Other Household 2	Sibling	No Role	Male	4 Year(s)
Other Household 2	Sibling	No Role	Male	7 Year(s)

LDSS Response

OCDSS interviewed family members and gathered collateral information in response to the fatality. OCDSS also offered support in the form of bereavement counseling and other services. OCDSS continued to monitor half-siblings who had not resided in the home at the time of the fatality as the investigation into other unrelated allegations was ongoing at that time.

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: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Onondaga County CFRT



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CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to
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				Determine
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

History Prior to the Fatality



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Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/24/2014	3771 - Deceased Child, Male, 3 Months	3772 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	3775 - Sibling, Male, 7 Years	3772 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	3776 - Sibling, Male, 4 Years	3772 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	3771 - Deceased Child, Male, 3 Months	3773 - Grandparent, Female, 50 Years	Inadequate Guardianship	Unfounded	
	3771 - Deceased Child, Male, 3 Months	3772 - Mother, Female, 27 Years	Lack of Medical Care	Unfounded	

Report Summary:

On 6/24/14, OCDSS received an SCR report which alleged that mother left marijuana and paraphernalia accessible to three-month-old subject child as well as the 7- and 4-year old half-siblings. Case assignment was transferred to Oswego Co. DSS shortly thereafter as the family relocated during the investigation.

Subsequent report on 7/6/14 alleged mother was not following through with the medical instructions related to the subject child. Maternal grandmother was aware of the situation but would not intervene to ensure that mother fed the child as instructed. As a result, subject child had developed fluid in his lungs and had been taken to the emergency room.

Determination: Unfounded

Date of Determination: 09/02/2014



Basis for Determination:

OCDSS unsubstantiated all allegations. No credible evidence was found to indicate that subject child's medical needs or care were being neglected. Further, no evidence was found that mother had drugs in her possession or was under the influence while caring for her children.

OCFS Review Results:

OCFS review determined that the investigation was appropriately conducted. Safety and risk factors were adequately explored and the determination was appropriate.

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

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

There is no history older than three years regarding the deceased child, the deceased child's biological father or paternal grandmother who resided in the home at the time of the fatality.

A CPS report received on 6/17/11 alleging IG and LSUP against the subject child's then-four and-one year old half-siblings' father was substantiated on 8/10/11. Sibling's father had used marijuana and fallen asleep, and sibling left the home unattended. Sibling's father was arrested and case was closed to SCR.

A CPS report was received 6/5/08 alleging IG against the father, paternal grandmother, grandfather, and uncle, as well as the mother of the subject child's then one-year old half sibling, related to half-sibling and two children unrelated to subject child. Report had alleged that one of the unrelated children was left alone with the uncle who had a history of sexually offending on a child. Report was unsubstantiated on 9/10/08 for IG as it was found that children were given appropriate supervision.

Known CPS History Outside of NYS

There is no known 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.



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Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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