



**Report Identification Number: SY-16-002**

**Prepared by: Syracuse Regional Office**

**Issue Date: 6/17/2016**

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

| <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                     | 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                             |                                       |
| <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



**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Broome  
**Gender:** Male

**Date of Death:** 01/11/2016  
**Initial Date OCFS Notified:** 01/11/2016

## Presenting Information

On 1/11/16, the SCR registered a report noting the following: on 1/11/16, the BM and BF were co-sleeping with the 2-month-old SC in their bed. The BF saw the SC alive when the BF fell asleep and at 1:00am. At 4:00am the BF awoke and found the SC with a bloody nose and unresponsive. An emergency medical team was called to the home and the SC was transported to the hospital where the SC was pronounced dead at 4:51am. The adults in the home are considered alleged subjects due to the unknown nature and unverified cause of death at this time to an otherwise healthy child. A duplicate report was filed on 1/11/16 that contained similar information to the initial report.

## Executive Summary

The fatality report concerns the death of an almost 2-month-old child. The SC was pronounced dead at 1/11/16 at 4:51am. The death certificate listed the manner of death as accidental. The cause of death was listed as “asphyxiation” due to or as a consequence of an “unsafe sleep environment.” The autopsy documented that the death of the SC was, “...attributed to asphyxia due to overlay.”

The LDSS investigation revealed that on 1/10/16, the BM placed the SC between her and the BF and their bed. The BM fell asleep while breast feeding the SC, rolled over on the SC, and subsequently the SC died of asphyxiation. The BM and BF were aware of safe sleep practices but always had the SC sleep with them in their bed. The adult bed that the SC slept in had soft bedding, as well as several blankets and pillows. There was a Pack and Play available for the BM and BF to use at the foot of the bed, however they chose not to use it. The Pack and Play contained clothing and miscellaneous items.

On 3/28/16, the LDSS completed their investigation and substantiated the allegations of IG and DOA/Fatality against the BM and BF regarding the SC. The LDSS unsubstantiated the allegations of IG and DOA/Fatality against the MGM, her fiancée, and the MA, whom also resided in the household. The LDSS appropriately determined the allegations in the report. There were no surviving siblings in the home; therefore ongoing services were not required. All caseworker activity was commensurate with case circumstances.

## 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 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:**  
All information gathered, supported the LDSS' decision to substantiate the allegations of IG and DOA/Fatality against the BM and BF of the SC.

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:**  
All casework activity was commensurate with the case circumstances.

**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: 01/11/2016

Time of Death: 04:51 AM

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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: 03:55 AM

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  Unknown
- Other

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

How long before incident was the child last seen by caretaker? 3 Hours

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

At time of incident supervisor was:

- Drug Impaired  Absent
- Alcohol Impaired  Asleep



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- Distracted
- Impaired by disability
- Impaired by illness
- Other:

**Total number of deaths at incident event:**

**Children ages 0-18: 1**

## Household Composition at time of Fatality

| Household                  | Relationship          | Role                | Gender | Age        |
|----------------------------|-----------------------|---------------------|--------|------------|
| Deceased Child's Household | Aunt/Uncle            | Alleged Perpetrator | Female | 29 Year(s) |
| Deceased Child's Household | Deceased Child        | Alleged Victim      | Male   | 1 Month(s) |
| Deceased Child's Household | Father                | Alleged Perpetrator | Male   | 27 Year(s) |
| Deceased Child's Household | Grandparent           | Alleged Perpetrator | Female | 51 Year(s) |
| Deceased Child's Household | Mother                | Alleged Perpetrator | Female | 32 Year(s) |
| Deceased Child's Household | Unrelated Home Member | Alleged Perpetrator | Male   | 55 Year(s) |

## LDSS Response

The LDSS investigation revealed that at the time of the SC's death, the BM and BF resided with the MGM, the MGM's fiancée, and the MA. There were no other children in the home. There was no evidence of abuse and/or neglect issues in the home prior to the SC's death. It was an unremarkable day on 1/10/16, and the SC was in good health. Between 9:30pm-10:30pm, the BM, BF, and SC went to bed in the bedroom they shared. The MGM and her fiancée were in the home and in their own bedroom; the MA was working overnight and was not in the home. The BM reported that she and the BF always slept with the SC in their bed and that she normally laid the SC on the edge of the bed to go to sleep. Details surrounding the fatality are limited as the BM and BF refused to speak about the circumstances of the SC's death and refused to do a re-enactment. This was not viewed by the LDSS as a lack of cooperation by the BM and BF, but as an inability on the BM's and BF's parts to cope with the SC's death.

On the night of 1/10/16, the BM placed the SC between herself and the BF in their bed. The last time the SC was witnessed to be alive was by the BF on 1/11/16 at approximately 1:00am. The BF fell asleep, and the BM fell asleep breast feeding the SC. The BM rolled over on the SC and the SC was asphyxiated. The BF awoke at approximately 3:50am to find the SC unresponsive, with blood coming out of his nose. The MGM and her fiancée heard screaming coming from the BM's and BF's bedroom. The fiancée attempted CPR on the SC and the MGM called 911 at 3:55am. The MGM gave the SC CPR per the dispatcher's instructions. The Binghamton City Police Department responded to the scene and observed the SC lying on his back, on the floor, with blood and mucous on his face. A responding officer continued CPR until EMS arrived at 4:02am and transported the SC to Wilson Memorial Regional Medical Center, where the SC was pronounced dead at 4:51am. The bed in which the SC was in was a box spring and an old mattress positioned on the floor. There was a Pack and Play at the foot of the bed that was filled with clothing and miscellaneous items.

On 3/28/16, the LDSS completed their investigation and substantiated the allegations of IG and DOA/Fatality against the BM and BF regarding the SC. The LDSS appropriately determined that the BM and BF regularly failed to follow safe sleep practices that had been aware of since the SC's birth; and chose to place the SC in an unsafe sleep environment on an adult bed, with two adults, soft bedding, pillows, and blankets. A safe sleep environment was available if the BM and BF had chosen to use the Pack and Play that was in the room, provided that they emptied it of all items. The LDSS



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unsubstantiated the allegations of IG and DOA/Fatality against the MGM, her fiancée, and the MA. The LDSS appropriately determined that the other adults in the home had no authority to interfere with the SC's parents' decision to allow the SC to sleep in their bed. All casework activity was commensurate with case circumstances. There were no surviving children in the household; therefore ongoing services were not provided.

## Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

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

## Multidisciplinary Investigation/Review

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

**Comments:** N/A

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

## SCR Fatality Report Summary

| Alleged Victim(s)                     | Alleged Perpetrator(s)                           | Allegation(s)           | Allegation Outcome |
|---------------------------------------|--|-------------------------|--------------------|
| 029021 - Deceased Child, Male, 1 Mons | 029029 - Aunt/Uncle, Female, 29 Year(s)          | DOA / Fatality          | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029029 - Aunt/Uncle, Female, 29 Year(s)          | Inadequate Guardianship | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029025 - Unrelated Home Member, Male, 55 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029025 - Unrelated Home Member, Male, 55 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029024 - Grandparent, Female, 51 Year(s)         | DOA / Fatality          | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029024 - Grandparent, Female, 51 Year(s)         | Inadequate Guardianship | Unsubstantiated    |
| 029021 - Deceased Child, Male, 1 Mons | 029023 - Father, Male, 27 Year(s)                | DOA / Fatality          | Substantiated      |
| 029021 - Deceased Child, Male, 1 Mons | 029023 - Father, Male, 27 Year(s)                | Inadequate Guardianship | Substantiated      |
| 029021 - Deceased Child, Male, 1 Mons | 029022 - Mother, Female, 32 Year(s)              | DOA / Fatality          | Substantiated      |
| 029021 - Deceased Child, Male, 1 Mons | 029022 - Mother, Female, 32 Year(s)              | Inadequate Guardianship | Substantiated      |



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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"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input type="checkbox"/>            | <input checked="" 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"/> |
| 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 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"/> |



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|                                      |                          |                          |                          |                          |                          |                                     |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Economic support                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Housing assistance                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foster care                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Explain:

Parents and other caregivers were given information on grief counseling services.

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

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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

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

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

There is no CPS history more than three years prior to the fatality where an adult subject in this fatality report was named as a subject in a SCR report.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**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