



Report Identification Number: SY-17-050

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

Issue Date: Dec 13, 2017

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 1 day(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 11/06/2015
Initial Date OCFS Notified: 10/25/2017

Presenting Information

The SC was removed from life support several hours after birth as there was no brain activity. The final diagnosis was large for gestation age infant to a diabetic mother. Severe hypoxic ischemic encephalopathy (a type of brain damage that occurs when the infant's brain doesn't receive enough oxygen and blood). The SC died from natural causes.

Executive Summary

On 10/13/2017, Onondaga County Department of Social Services (OCDSS) notified OCFS of the SC's passing on 11/06/2015 through form 7065. OCDSS first learned of the SC via an SCR report received on 11/06/2015, that alleged IG against the SM for the Newborn SC. The SC died the later that same day. The SC died of natural causes and there were no additional allegations.

OCDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and the SM had no child protective history in the state of New York. However, it was learned that the SM had a history with child protective in the State of Georgia. The SM had three SSs removed from her care in the state of GA. OCDSS appropriately contacted the state of GA and learned the SM surrendered her parental rights. The SM had no SSs in her care at the time of the SC's death.

The investigation included appropriate case and collateral contacts including but not limited to medical providers, family member and the State of GA.

No autopsy was performed as the SC died from multiple medical issues hours after being born in the hospital. The medical collaterals contacted said the death of the SC was not caused by the actions or inactions of the SM.

OCDSS appropriately unsub the allegation of IG against the SM for the SC. The SC died in the hospital shortly after hours after being born from medical causes. The SM had no SS in her care. The case was UNF and closed.

The OCFS review of the fatality and the history resulted in a casework practice citations. LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the LDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review the plan(s) and revise as needed to further address ongoing concerns.

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

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:
The BM had no SS in her care.

Required Actions Related to the Fatality

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

Issue:	Failure to report death of child in open CPS or Preventive/CPS services case in timely manner
Summary:	OCDSS failed to notify OCFS about the death of a child in an open case. The 7065 was not sent to OCFS until 2 years after the child's passing.
Legal Reference:	06-OCFS-LCM-13
Action:	OCDSS will submit the form 7065 with 72 hours as required, whenever there is a death of a child in an open case.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/06/2015 **Time of Death:** Unknown

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

County where fatality incident occurred: Onondaga

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:

Sleeping Working Driving / Vehicle occupant

Playing Eating Unknown

Other: died hours after birth

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.



Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	1 Day(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)

LDSS Response

On 10/13/2017, OCFS was notified of the SC's passing on 11/06/2015 through form 7065 by OCDSS. Prior to the SC's passing on the same day as the reported fatality OCDSS had received a report from the SCR with allegations of IG against the SM for the SC. There were concerns about the SM ability to care for the SC, due to mental health issues and past lack of parenting skills with her older three chn. This was based on information that the SM had three old chn that were removed from her care and the SM's parental rights were terminated. Through INV and interviews it was learned the SC died and there were no new allegations. The SM died from multiple complications at birth. The SC had no brain activity and was transferred to another medical facility for further tests. The SC was found had no brain activity and the SM agreed remove the SC from life support.

OCDSS appropriately contacted the State of GA, to verify there were no SS in the SM care and to obtain case records. GA verified that the SM three older chn were removed and her parental rights were terminated. There were no other SS. GA agreed to send the case records. The records never arrived even though OCDSS had made several requests. OCDSS contacted all appropriate collaterals including all medical professionals and family member. OCDSS conducted an SCR history check and determined the SM had no SCR history in NYS. OCDSS also determined the SM had no criminal history. OCDSS made a home visit and determined the SM had no SS in her care and had moved back to NY to start over and be with her mother. OCDSS did not offer the SM referrals for bereavement counseling.

There was no autopsy performed and the final diagnoses was large for gestational age infant of a diabetic mother, severe hypoxic ischemic encephalopathy (a type of brain damage that occurs when the infant's brain doesn't receive enough oxygen and blood).

OCDSS appropriately Unsub the allegations of IG against the SM for the SC. There is no credible evidence to support the allegations that the SM would not be able to care for the SC due to mental health issues and lack parenting. The SC died after being born while still in the hospital.

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



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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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:
 OCDSS did not offer referrals for the BM to bereavement counseling or burial assistance.

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 SS in the care of the BM.

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

Explain:

OCDSS did not offer the BM any 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?** 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?** Yes
- 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)
11/06/2015	Deceased Child, Female, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	Yes
	Deceased Child, Female, 1 Days	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	

Report Summary:

There was no credible evidence to support the allegation of IG against the SM for the SC. The SC died hours after birth due to medical complications. The SC died in the hospital. There were three SSs that were removed from the SM care in the State of GA. The SM's parental rights were terminated. The case was UNF and closed.

Determination: Unfounded**Date of Determination:** 12/15/2015**Basis for Determination:**

There was no credible evidence to support the allegation of IG against the SM for the SC. The SC died hours after birth due to medical complications. The SC died in the hospital. There were three SSs that were removed from the SM care in the State of GA. The SM's parental rights were terminated. The case was UNF and closed.

OCFS Review Results:

OCFS found that OCDSS made the appropriate determination based on the information gathered during the investigation. However, OCDSS failed to provide notice of to the BF of the SC.

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

Issue:

Failure to provide notice of report

Summary:

OCDSS failed to provided the BF with the notice of report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

The OCDSS will provide notice of report within 7 days of receipt of the report as required in the statute listed above.

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

There was no history in NYS more than three years prior to the SC's passing.

Known CPS History Outside of NYS

The BM had three SS removed from her care in GA and her parental rights were terminated. OCDSS spoke with GA a case worker in the state of GA and requested all CPS records. No records were received by the State of GA though requested several times.

Required Action(s)



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Issue:	Failure to Offer Services
Summary:	OCDSS did not offer referrals to bereavement services or assistance burial costs.
Legal Reference:	SSL 424(10); NYCRR 428.6
Action:	OCDSS should offer bereavement referrals and assistance with referrals for other possible services the family might need.

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.

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"/>

Foster Care Placement History

Since GA never sent there records as requested the exact foster care details are unknown. The BM admits to having three other children removed from her care in the state of GA. Her parental rights were terminated.

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