



Report Identification Number: SY-19-050

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

Issue Date: Mar 16, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: St. Lawrence
Gender: Female

Date of Death: 10/07/2019
Initial Date OCFS Notified: 10/07/2019

Presenting Information

An SCR report received on 10/7/19 alleged that the babysitter arrived at the home to care for the 2-month-old subject child at approximately 10:00 AM. When the babysitter arrived at the home she was told by the mother that she had fed the subject child and put her down to sleep. The parents left the home and left the subject child in the care of the babysitter. At 11:00 AM the babysitter went to check on the subject child and found her unresponsive. The babysitter called 911 and when EMS arrived the subject child was found deceased. Several hours later the subject child was transported to the hospital. There was bruising found on the subject child's back, and a linear bruise was discovered on her waist. Due to the subject child being deceased for hours and the unexplained bruising on her body, the parents and the babysitter were being held responsible for the death.

Executive Summary

St. Lawrence County Department of Social Services (SCDSS) received an SCR report on 10/7/19 regarding the death of a 2-month-old female subject child. On the evening of 10/6/19, at approximately 11:00 PM, the mother laid the subject child face down in her bassinet with four blankets. The mother had then placed a blanket over the top of the bassinet and turned the space heater on before leaving the bedroom to go to bed. The mother admitted to hearing the subject child during the night but never went to check on her until 9:30 AM on the morning of 10/7/19. At that time the mother knew the subject child was deceased but did not tell the paternal aunt when she arrived to care for the infant at 10:00 AM. The mother told the paternal aunt (the babysitter) she had fed the subject child and placed the subject child back to sleep in her bassinet. The mother told the paternal aunt there was no need for her to check on the subject child and the mother went to work. The paternal aunt checked on the subject child at 11:00 AM and found her unresponsive. EMS arrived and found the subject child deceased. It was later determined the subject child had been deceased for several hours.

SCDSS determined there were no surviving siblings. SCDSS offered the parents referrals for bereavement services and assistance with burial costs. SCDSS offered referrals for bereavement services to the paternal aunt and other family members as well.

The medical examiner's final report listed the cause of death as dehydration and hyperthermia due to prolonged exposure to indoor overheated environment and the manner of death as accident. Law enforcement arrested the parents for criminally negligent homicide on 10/25/19. They were both released on bail at the time of this writing and their criminal case was still pending.

SCDSS completed all required reports accurately and on time. SCDSS obtained medical and law enforcement records, interviewed family members and several collateral contacts about the care of the subject child. There were no reported concerns about the child's care prior to the fatal incident. The case was appropriately determined and SCDSS continued to offer services and support as needed.

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

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 casework activity was commensurate with 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: 10/07/2019

Time of Death: Unknown

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

County where fatality incident occurred: St. Lawrence

Was 911 or local emergency number called? Yes

Time of Call: 11:00 AM

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

At time of incident supervisor was:

Drug Impaired Absent



- Alcohol Impaired
- Distracted
- Impaired by disability

- Asleep
- Impaired by illness
- Other:

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	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	44 Year(s)

LDSS Response

On 10/7/19, SCDSS received the fatality report from the SCR, initiated their investigation within 24 hours and coordinated efforts with law enforcement. SCDSS contacted the source of the report, completed a CPS history check, and notified the medical examiner and district attorney of the subject child's death. There were no surviving siblings.

Through interviews with parents and family members, SCDSS learned about the events leading to the subject child's death. The father said the mother had been visiting with a relative with the subject child that evening, and he was at home, asleep in his bed when they arrived home. The father said he slept through the night and left for work in the morning without checking on the subject child. The father said he did not need to because the mother had already tended to the subject child's needs. The mother said she had spent the evening at a family member's home with the subject child on the evening of 10/6/19. The mother said when she arrived home, she put the subject child to bed at 11:00 PM. The mother said she placed the subject child face down in her bassinet with four blankets. The mother then placed a blanket over the top of the bassinet. The mother turned the space heater on which was in close proximity to the bassinet and closed the bedroom door. The mother went to bed and admitted to hearing the subject child multiple times throughout the night but never checked on her until 9:30 AM on 10/7/19. At that time the mother knew the subject child was deceased. When the paternal aunt arrived at the home at 10:00 AM to care for the subject child, the mother told her she had already fed the subject child and placed her back in her bassinet to sleep. The mother said she would not need to check on the subject child for one to one and half hours. The paternal aunt said she checked on the subject child at 11:00 AM and found the subject child unresponsive and called 911. The mother was called at work to come home.

EMS and law enforcement told SCDSS that the subject child was deceased upon their arrival to the home. EMS told SCDSS the mother said she had checked on the subject child at 9:30 AM and the subject child was stiff to the touch, but she did not take her pulse. The mother told EMS she felt in her gut something was wrong with the subject child. She said she did not tell the paternal aunt this prior to leaving for work. EMS reported it was extremely hot in the subject child's room. The subject child was observed with unexplained bruising to the back. The coroner told SCDSS the subject child was severely dehydrated.

Family members told SCDSS that the father left the caretaking responsibilities to the mother.

SCDSS went out to observe the home on 10/7/19 with law enforcement. There was evidence of alcohol use in the home.



The parents were drug tested and the mother tested negative for drugs/alcohol and the father tested positive for alcohol use. The father admitted to drinking alcohol the evening of 10/6/19 prior to going to bed.

SCDSS obtained information from law enforcement, the coroner, EMS, and the child's pediatrician. The child's pediatric records noted no concerns. SCDSS continued to offer the parents and the paternal aunt support and services.

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

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
052018 - Deceased Child, Female, 2 Mons	052021 - Aunt/Uncle, Female, 44 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052018 - Deceased Child, Female, 2 Mons	052021 - Aunt/Uncle, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
052018 - Deceased Child, Female, 2 Mons	052019 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
052018 - Deceased Child, Female, 2 Mons	052020 - Father, Male, 22 Year(s)	DOA / Fatality	Substantiated
052018 - Deceased Child, Female, 2 Mons	052019 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
052018 - Deceased Child, Female, 2 Mons	052020 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
052018 - Deceased Child, Female, 2 Mons	052019 - Mother, Female, 23 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052018 - Deceased Child, Female, 2 Mons	052020 - Father, Male, 22 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
052018 - Deceased Child, Female, 2 Mons	052021 - Aunt/Uncle, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:

A multitude of resources were provided to the mother, father, and paternal aunt to address immediate needs following the fatality.

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?

Family Court

Criminal Court

Order of Protection

Criminal Charge: Criminally negligent homicide Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/25/2019	father	Pending	Pending
Comments:	The mother and the father were arrested on 10/25/2019 for criminally negligent homicide. Their cases were pending in criminal court at the time of this writing.		

Criminal Charge: Criminally negligent homicide Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/25/2019	mother	Pending	pending
Comments:	On 10/25/2019 law enforcement arrested the mother and father for criminally negligent homicide.		



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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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 surviving siblings or other children in the household.

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

Explain:

A multitude of resources were provided to the mother, father, and paternal aunt to address immediate needs following the fatality.

History Prior to the Fatality

Child Information



Did the child have a history of alleged child abuse/maltreatment? 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 in NYS within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

There was no known history outside of New York State.

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