Child Fatality Report

Report Identification Number: AL-16-021

Prepared by: Albany Regional Office

Issue Date: Apr 10, 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	

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	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	
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	

Case Information

Report Type: Child Deceased
Age: 7 month(s)
Jurisdiction: Greene
Gender: Male
Date of Death: 09/24/2016
Initial Date OCFS Notified: 09/24/2016

Presenting Information

On 9/24/16 at approximately 8:40 am, BF found SC unresponsive and called 911. SC was sleeping with SM at the time and was found lying between SM and back of the couch. SC had no pre-existing medical conditions, making death suspicious. SC had no visible injuries. BF was sleeping in another room at the time as were the two SS. BF and SS reported with unknown roles.

Executive Summary

A report was made to the SCR on 9/24/16 alleging DOA/Fatality and IG against SM. Report stated BF found SC unresponsive at 8:40 am and immediately called 911. SC was sleeping with SM on a couch at that time and was found lying between SM and couch back. SC did not have any preexisting medical conditions, making death suspicious. SC did not have any visible injuries.

On 9/24/16, the GCDSS immediately responded and initiated investigation in coordination with NYSP. Sr. CW and Sup responded to the home to observe and photograph the home and the SC. LE was also at the scene awaiting arrival of coroner. Photos were taken of SC and the home including sleeping areas for all family members, and the couch where SC was found unresponsive. The couch was noted to have indentation in the second couch cushion back. SC was viewed in the pack and play where BF placed him upon finding him unresponsive. SC observed slightly blue in color with no signs of physical injury appearing otherwise healthy. No other safety concerns were identified in the home; home was appropriately child proofed. GCDSS CWs responded to NYSP barracks to interview family members and assess safety of SS. Interviews of 4 yo SS, and MGM were done and younger SS was observed. MGM has regular contact with the family and was identified as a resource for the family. BF and SM had been interviewed by NYSP prior to CW arrival. NYSP provided statements and video of interviews to CW and interviewed SM and BF following business day. All information gathered indicated consistent timelines and information relevant to SC's death. MGM reported SM had been very tired and sleep deprived as SC was not sleeping through night and SM breastfeeding; SM often co-slept with SC in bed or on couch. MGM reported having provided SM with sleep aides but was unsure if she used any. BF also reported SM was often exhausted, overwhelmed and "down" at times since birth of SC.

The GCDSS CWs obtained all appropriate collateral information to complete a thorough assessment of safety, risk and determination. Collaterals included MGM, school officials, LE, EMS, ME, physicians. SC pediatrician noted SC was healthy and up to date with visits. Safe sleep was routinely discussed and handouts given to SM at visits. 911 calls, EMS records and LE records all corroborated information provided by family specific to timeline and actions taken when SC was discovered. Autopsy report revealed SC died as a result of suffocation during overlaying during sleeping together; caught between SM and couch back. There were no criminal charges filed; toxicology reports were negative.

GCDSS CW consistently assessed safety and needs for services throughout the investigation. GCDSS assisted family financially for funeral and burial services. Referrals were provided to the family for counseling services, bereavement for parents and children through Hospice, GCMH and other private providers. School officials noted 4 yr old SS was having difficulty coping with death of SC; and noted they would check on him and meet with him to monitor that.

SM was considering seeking counseling at time of case closing.

The report was IND for IG and DOA as a result of enough credible evidence; family did not feel any services were needed at the time of case closing. SM had been provided with safe sleep information from hospital and pediatrician's office and was aware of the risks associated with co-sleeping. This in conjunction of the unsafe sleep surface where incident occurred and the reported sleep deprivation of SM are aggravating circumstances that contributed to cause of death. Autopsy report provided detail the death of the SC was due to suffocation as a direct consequence of overlay while sleeping together; caught between another and couch back.

Based on review of the investigation, GCDSS conducted a complete and thorough investigation. There are no required actions warranted

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?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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:
GCDSS spoke to all HH members and relevant collaterals to obtain information needed to make critical decisions regarding safety, risk and determination. There were ongoing contacts with family throughout the case and regular consultation with supervisors. There were no needs identified for the family that necessitated case opening.

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: 09/24/2016 **Time of Death:** 09:09 AM

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

County where fatality incident occurred: GREENE
Was 911 or local emergency number called? Yes
Time of Call: 08:50 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
Is the caretaker listed in the Household Composition? Yes - Caregiver 1
At time of incident supervisor was:

☐ Drug Impaired ☐ Absent
☐ Alcohol Impaired ☒ Asleep
☐ Distracted ☐ Impaired by illness
☐ Impaired by disability ☐ 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	Male	7 Month(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

LDSS Response

On 9/24/16, the GCDSS immediately responded and initiated investigation in coordination with NYSP. Sr. CW and Sup responded to the home to observe and photograph the home and the SC. NYSP BCI was also at the scene awaiting arrival of coroner. Photos were taken SC and the entire home including sleeping areas for all family members, and the couch

where SC was found unresponsive. The family was at the NYSP barracks; CW responded there to interview and observe SS and family members. Sup met CW there to conduct interviews of 4 yr old SS, and MGM; who has regular contact with the family. Younger SS was not verbal enough for interview, but was observed. BF and SM had been interviewed by NYSP prior to CW arrival and statements and video of interviews were provided to CW. The GCDSS CWs followed up with interviews of SM and BF the following business day as well. CW checked connections for any history regarding any HH members listed on report; there was none. The GCDSS CWs obtained all appropriate collateral information to complete a thorough assessment of safety, risk and determination. Collaterals included MGM, school officials, LE, EMS, ME, physicians. GCDSS determined the report on 11/22/16 after autopsy report was attained revealing SC died as a result of suffocation during overlaying during sleeping together; caught between another person and couch back. There were no criminal charges. The report was substantiated as a result of enough credible evidence and closed as family dis not feel any services were needed at the time of case closing; however referrals were provided for grief counseling if felt it was necessary in future.

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: Investigation was conducted with NYSP.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034781 - Deceased Child, Male, 7 Mons	034786 - Mother, Female, 30 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034781 - Deceased Child, Male, 7 Mons	034786 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	☒	☐	☐	☐
When appropriate, children were interviewed?	☒	☐	☐	☐
Alleged subject(s) interviewed face-to-face?	☒	☐	☐	☐

All 'other persons named' interviewed face-to-face?	☒	☐	☐	☐
Contact with source?	☒	☐	☐	☐
All appropriate Collaterals contacted?	☒	☐	☐	☐
Was a death-scene investigation performed?	☒	☐	☐	☐
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)?	☒	☐	☐	☐
Coordination of investigation with law enforcement?	☒	☐	☐	☐
Was there timely entry of progress notes and other required documentation?	☒	☐	☐	☐

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	☒	☐	☐	☐
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?	☒	☐	☐	☐
At 7 days?	☒	☐	☐	☐
At 30 days?	☒	☐	☐	☐
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	☒	☐	☐	☐
Are there any safety issues that need to be referred back to the local district?	☐	☒	☐	☐

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?	☐	☐	☒	☐

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	☒	☐	☐	☐
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	☒	☐	☐	☐

Was there an adequate assessment of the family's need for services?	☒	☐	☐	☐
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	☐	☒	☐	☐
Were appropriate/needed services offered in this case	☒	☐	☐	☐

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	☐	☒	☐	☐
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	☐	☒	☐	☐

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 Unavaliable	N/A	CDR Lead to Referral
Bereavement counseling	☐	☐	☒	☐	☐	☐	☐
Economic support	☒	☐	☐	☐	☐	☐	☐
Funeral arrangements	☒	☐	☐	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐	☐	☒	☐
Mental health services	☐	☐	☒	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☒	☐
Health care	☐	☐	☐	☐	☐	☒	☐
Legal services	☐	☐	☐	☐	☐	☒	☐
Family planning	☐	☐	☐	☐	☐	☒	☐
Homemaking Services	☐	☐	☐	☐	☐	☒	☐
Parenting Skills	☐	☐	☐	☐	☐	☒	☐
Domestic Violence Services	☐	☐	☐	☐	☐	☒	☐
Early Intervention	☐	☐	☐	☐	☐	☒	☐

Alcohol/Substance abuse	☐	☐	☐	☐	☐	☒	☐
Child Care	☐	☐	☐	☐	☐	☒	☐
Intensive case management	☐	☐	☐	☐	☐	☒	☐
Family or others as safety resources	☐	☐	☐	☐	☐	☒	☐
Other	☐	☐	☐	☐	☐	☒	☐

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? Yes
Explain:
GCDSS assisted the family financially with funeral arrangements and burial costs. The family was provided with referrals for counseling services and bereavement for parents and children through Hospice, and Greene County Mental Health; unknown if those services have been initiated by the family after case closing. The family did not feel any other services were needed at the time of case closing.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes
Explain:
GCDSS assisted the family financially with funeral arrangements and burial costs.

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? 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

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

No prior CPS history for the family.

Known CPS History Outside of NYS

No known CPS history outside of NYS for the family.

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.

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