



Report Identification Number: RO-17-002

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

Issue Date: Jun 28, 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: 3 month(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 01/23/2017
Initial Date OCFS Notified: 01/23/2017

Presenting Information

An SCR report was received on 1/23/17 with the following information: Between 1/21/17 and 1/22/17, SF placed 3-month-old SC in a bassinet, face down, with a blanket over him; a blanket was also placed over the top of the bassinet. SC then became unresponsive for up to 15 minutes. SM had an unknown role.

Executive Summary

This fatality report concerns the death of a 3-month-old male (SC) that occurred on 1/23/17. An initial report was made to the SCR on 1/22/17, with allegations of IG against SF and SM, after SC was found unresponsive in his bassinet by SF. The fatality report was received on 1/23/17, after SC passed away in the hospital. Chemung County Department of Social Services (CCDSS) conducted an investigation surrounding SC's death. CCDSS made several attempts to obtain a Death Certificate and/or Autopsy Report, but neither had been available at the time of this writing. The Preliminary Autopsy was available, and noted the cause and manner of death as "pending."

SM reported a normal pregnancy with no concerns, and SC was born healthy with no medical conditions. SC was up to date medically at the time of his death. On the date of the incident, SM was at work, and SF was responsible for SC. CCDSS determined that the parents would normally lay SC on his stomach to sleep, despite knowledge of appropriate safe sleep practices. The parents would also cover the top of the bassinet with a blanket, due to there being a draft in the room. At around 10:15PM on the date of the incident, SF had left SC in his bassinet to sleep for approximately 15 minutes before checking on him again. When SF went into the bedroom, he found SC unresponsive and called 911. SF attempted CPR on SC until EMS and LE arrived. SC was transferred to the hospital, and was in critical condition with a poor prognosis; SC died the following day. There were no SS.

From the time the investigation began, to the time of this writing, CCDSS had completed interviews with SM, SF, and collateral contacts, and assessed the home for safety. Services were offered to the family prior to the case closing. CCDSS appropriately determined the allegations in the report.

Review of this investigation resulted in a citation related to casework practice. In response, CCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) CCDSS has taken, or will take, to address the cited issue. For citations where a PIP is currently implemented, FCDSS will review the plan(s) and revise as needed to further address on-going 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 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:

An official cause/manner of death had not yet been released; however, CCDSS gathered enough information to appropriately determine the allegations in this report. CCDSS appropriately substantiated the allegations against SF, and appropriate unsubstantiated the allegations against SM.

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 investigation was determined appropriately by CCDSS.

Required Actions Related to the Fatality

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

Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	CCDSS was required to submit a 30 Day Fatality Report by 2/22/17, but did not do so until 3/3/17.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	CCDSS will completed 30 Day Fatality Reports within 30 days of receipt of a fatality investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/23/2017

Time of Death: 06:04 PM

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

County where fatality incident occurred: CHEMUNG

Was 911 or local emergency number called? Yes

Time of Call: 10:46 PM

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
 Other

Eating

Unknown

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

How long before incident was the child last seen by caretaker? 15 Minutes

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

At time of incident supervisor was: Unknown if they were 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	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

LDSS Response

On 1/22/17, CCDSS received an SCR report that alleged IG against SM and SF regarding SC. The report stated SC was found unresponsive in his bassinet by SF, and was transported to the hospital by ambulance. CCDSS began their investigation knowing SC had a poor prognosis. On 1/22/17, CCDSS assigned MCDSS a secondary role to have interviews of SF and SM completed at the hospital, which was located in Monroe County. On 1/23/17, SC died while still in the hospital, and a subsequent SCR report was received with additional allegations of DOA/Fatality against SM and SF. CCDSS initiated the fatality investigation within 24 hours and coordinated their efforts with LE. CCDSS assessed the home for safety, and determined there were no surviving siblings. CCDSS also established a detailed timeline of what occurred from SF, and that SM was at work at the time of the incident. CCDSS promptly offered the parents grief counseling and victim advocacy services, which they accepted.

CCDSS completed a Connections history check on the family and found there was no CPS history for SM or SF as subjects prior to this investigation. CCDSS completed additional interviews with the family and collateral contacts, and obtained information about the general level of care provided to SC. CCDSS discovered SM had a normal birth, and SC was born healthy with no chronic medical conditions. CCDSS also found SF was educated around safe sleeping practices, and SM denied being educated; however, both parents chose to have SC lay on his stomach in a bassinet, rather than his back, on a routine basis to sleep. SF reported to CCDSS they would also cover the top of the bassinet with a blanket when SC slept, because the room could be drafty. On the date of the incident, SF explained to CCDSS and LE that he left SC in the covered bassinet to sleep for approximately 15 minutes before checking on him. All of SF's accounts of the events were consistent when reported to CCDSS and LE; SM was not at home at the time of the incident, and therefore had no additional information.

CCDSS spoke with first responders, which included LE and EMS. CCDSS completed all required Safety Assessments and



Fatality Reports for this investigation; however, the 30 Day Fatality Report was not completed until 9 days after its due date; all other assessments/reports were completed timely and accurately.

CCDSS consulted with the hospital physicians that treated SC and found there were no concerns SC was being abused or maltreated; skeletal surveys and post-mortem exams showed no fractures, no hemorrhaging, and no other obvious signs of abuse. Although CCDSS made several attempts to obtain a Death Certificate and/or Autopsy Report, neither had been available at the time of this writing. One of the physicians reported to CCDSS the “actual cause of death is Hypoxic Brain Injury”, and the manner of death still pending.

CCDSS followed up with the parents concerning substance abuse and found that SF would use marijuana, but he denied ever using when caring for SC. Neither CCDSS nor LE found anything to indicate SF had been under the influence of drugs at the time of SC's death. CCDSS appropriately substantiated the allegations against SF, and appropriately unsubstantiated the allegations against SM. LE had not charged anyone criminally for the death of SC.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical 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: The fatality investigation was conducted by the CCDSS MDT.

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

Comments: This fatality was reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038121 - Deceased Child, Male, 3 Mons	038123 - Father, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
038121 - Deceased Child, Male, 3 Mons	038122 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
038121 - Deceased Child, Male, 3 Mons	038122 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
038121 - Deceased Child, Male, 3 Mons	038123 - Father, Male, 21 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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:

CCDSS completed all appropriate interviews with household members and collateral contacts. There were no SS to be seen/interviewed. The investigation was coordinated with LE.

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"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:

CCDSS provided SM and SF with information regarding grief counseling providers and victim services. CCDSS also referred SF for a substance abuse evaluation/treatment; however, by the close of the investigation, SF had moved out of state and was unable to be located.

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.

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

Explain:

CCDSS supplied SM and SF with information regarding grief counseling and victim services. CDCDSS referred SF for a substance abuse evaluation; however, by the time the investigation closed, SF moved out of state and could not be located.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Was there an open CPS case with this child at the time of death?

Was the child ever placed outside of the home prior to the death?

No
No
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

The only CPS history more than three years prior to the fatality involves SF as a child (four reports from 1997-2015). There is no history more than three years prior to the fatality involving SM, or SC. There are no SS.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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.

Casework Contacts

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

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No