

Report Identification Number: SY-14-025

Prepared by: Syracuse Regional Office

Issue Date: 6/15/2015

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.

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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
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	MN-Medical Neglect	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		

Case Information

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Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Cayuga
Gender: Female

Date of Death: 08/06/2014
Initial Date OCFS Notified: 08/06/2014

Presenting Information

Today (8/6/14) at approximately 8:55AM, mother found her twenty-three month old child unresponsive in her crib. Mother called 911. When Police and EMS arrived, it was determined that child had been deceased for quite some time as rigor mortis was present. Mother had last checked on child around midnight. Mother noted that child felt warm, but was otherwise okay at that time. Father and cousin were also home at the time. Child was otherwise healthy with no noted health issues.

Executive Summary

On 08/06/2014, Cayuga County CPS received an SCR report with allegations of DOA/ Fatality and Inadequate Guardianship against subject mother (SM), subject father (SF) , and subject other adult (SOA) pertaining to twenty-three month old subject child (SC). The report stated that upon awaking SM found SC unresponsive in her crib. When EMS arrived SC was determined to have been deceased for some time as rigor mortis was present. SM had last checked on SC at midnight. SF and SAC were also home. SC was otherwise a healthy child with no health issues.

On 08/06/14, the CW initiated the investigation. CW made contact with the report source, all subjects, and appropriate collateral contacts including family, friends, Police, EMS, Medical providers, and the Medical Examiner. EMS reported SC was unresponsive upon arrival and Hospital ER reported SC DOA at hospital.

Police reported finding marijuana and prescription medications not belonging to anyone in the home that were easily accessible to SC. SM acknowledged use of marijuana the evening of 8/5/14. The Pediatrician and other medical providers reported no concerns. Family and friends reported generally positive comments, but one friend did express concerns regarding SM leaving child with others for extended periods without an appropriate plan and feeding SC too much fast food items they considered unhealthy. Police did not file any charges at the time of case closing.

SOA reported he had lived in the home for one month and had gone to work at 5:20AM the day of SC was found unresponsive. He reported no caretaker activities and moved out of the home to reside with his girlfriend after the incident. He had no concerns regarding SM and SF's care of SC.

SM and SF acknowledged marijuana and prescription abuse. SM reported back injuries and a mental health diagnosis that did not negatively impact her child care abilities. SM was not involved in counseling due to non-compliance with her program. She was continuing to receive her mental health medications. SM and SF reported SC had fallen on the floor in kitchen hitting her face at 7:30PM 8/5/14, but did not appear injured. SM reported breast feeding SC and putting SC to bed at 8:15PM, then checking on SC at midnight with SC appearing OK, and waking to find SC unresponsive at 8:58AM, then calling 911. SF reported awaking to SM screaming.

The Cayuga County Medical Examiner performed an autopsy of SC and the final autopsy report determined the SC's cause of death to be Sudden Unexplained Death in Childhood. The listed manner of the SC's death is natural. There were further and expanded toxicology screening of the SC, due to the concerns the SC may have been exposed to illegal or legal drugs. However, all the toxicology screens returned a negative result for all illegal or legal substances.

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Based on interviews and collateral contacts, along with the information contained in the final autopsy report, the allegation of DOA/Fatality was unfounded in regard to the BM and BF. The allegation of Inadequate Guardianship was unfounded against the BM and BF, due to a lack of evidence showing they did not provide a minimum degree of care to the SC. The allegations of DOA/Fatality and Inadequate Guardianship were both unfounded in regard to the other family member living in the home. The investigation determined he did not provide regular care for the SC, and though living in the home, was typically not at home due to his work schedule. The case was closed following the determination of the investigation.

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:

The investigation included all appropriate subject and collateral contacts to obtain the necessary information to support the determination.

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.

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: 08/06/2014

Time of Death: Unknown

County where fatality incident occurred:

CAYUGA

Was 911 or local emergency number called?

Yes

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Time of Call: 08:58 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 9 Hours

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	24 Year(s)

LDSS Response

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SM and SF acknowledged marijuana and prescription abuse. SM reported back injuries and a mental health diagnosis which did not negatively impact her child care abilities. SM was not involved in counseling due to non-compliance with her program. She was continuing to receive her mental health medications. SM and SF reported SC had fallen on the floor in kitchen hitting her face at 7:30PM 8/5/14, but did not appear injured. SM reported breast feeding SC and putting SC to bed at 8:15PM, then checking on SC at midnight with SC appearing OK, and waking to find SC unresponsive at 8:58AM, then calling 911. SF reported awaking to SM screaming.

The final autopsy report was obtained from the Medical Examiner reported the cause of the SC's death as Sudden Unexplained Death in Childhood, with the manner of death listed as Natural. The toxicology screen completed with the autopsy returned a negative result for all illegal and legal substances.

Based on interviews and collateral contacts, along with the information contained in the final autopsy report, the allegation of DOA/Fatality was unfounded in regard to the BM and BF. The allegation of Inadequate Guardianship was unfounded against the BM and BF, due to a lack of evidence showing they did not provide a minimum degree of care to the SC. The allegations of DOA/Fatality and Inadequate Guardianship were both unfounded in regard to the other family member living in the home. The investigation determined he did not provide regular care for the SC, and though living in the home, was typically not at home due to his work schedule. The case was closed following the determination of the investigation.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

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?No

Comments: This case remains open/undetermined at this time.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015401 - Deceased Child, Female, 1 Yrs	015402 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
015401 - Deceased Child, Female, 1 Yrs	015403 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
015401 - Deceased Child, Female, 1 Yrs	015402 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated

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015401 - Deceased Child, Female, 1 Yrs	015403 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
015401 - Deceased Child, Female, 1 Yrs	015421 - Other Adult - Subject mother's cousin, Male, 24 Year(s)	DOA / Fatality	Unsubstantiated
015401 - Deceased Child, Female, 1 Yrs	015421 - Other Adult - Subject mother's cousin, Male, 24 Year(s)	Inadequate Guardianship	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Case notes were very thorough and timely entered.

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

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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 checked="" type="checkbox"/>	<input 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 checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Family was referred for DSS assistance with funeral. Unknown if obtained. Mother was referred for mental health counseling and did not comply or seek bereavement counseling. Family was already receiving DSS benefits for economic support.

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 other surviving children in the household.

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

Explain:

Family was referred to DSS for funeral assistance. Unknown if obtained. Mother did not follow-up to obtain mental health counseling as advised.

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

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 one prior INDICATED SCR report from 12/31/1992 with allegations of Sexual Abuse against subject mother's father and subject mother as victim. Father was performing oral sex on subject mother who was age three at the time.

There is no CPS history more that three years prior to the fatality involving subject father or subject father's cousin who resided at the home at the time of the fatality.

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

Additional Local District Comments

N/A

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