



## Report Identification Number: SY-20-035

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

Issue Date: Dec 14, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 24 day(s)

**Jurisdiction:** Cayuga  
**Gender:** Female

**Date of Death:** 07/23/2020  
**Initial Date OCFS Notified:** 07/23/2020

## Presenting Information

An SCR report was received on 7/23/20 with concerns the mother laid the three-week-old subject child on top of a pillow beside her in the same bed, and at some point during the night, the child rolled into the mother's side and was asphyxiated. At approximately 6:19AM, the father found the mother and the child in bed, and saw that the child was unresponsive. The father contacted emergency services. The child was transported to the hospital but was unable to be revived.

## Executive Summary

This fatality report concerns the death of a three-week-old female subject child that occurred on 7/23/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother. Cayuga County Department of Social Services (CCDSS) received the report and investigated the child's death. An autopsy was completed, and the cause of death was noted as sudden unexpected infant death (co-sleeping on soft bedding). The manner of death was undetermined.

At the time of the child's death, she resided with her mother and father. There were no siblings or other children in the household. The investigation revealed that on 7/23/20, the mother was home with the child while the father worked an overnight shift. The mother placed the child to sleep on top of a pillow beside her in the mother and father's bed at approximately 12:30AM. At 3:00AM, the mother awoke and breastfed the child, and then placed the child back on the pillow. When the father arrived home around 6:00AM, he found the child in the bed, turned into the mother's side while the mother slept. The father turned the child onto her back and noticed she was unresponsive and purple in color. The mother awoke and began cardiopulmonary resuscitation while the father contacted emergency services. The ambulance arrived shortly thereafter and transported the child to the local hospital where she was pronounced deceased at 6:50AM.

From the time the investigation began to the time of its closure, CCDSS interviewed family members and pertinent collateral sources. There were no charges brought against the mother regarding the child's death. CCDSS found the mother's decision to co-sleep with the child in an unsafe environment placed the child at imminent risk of harm. Therefore, CCDSS substantiated the allegations and closed the case.

## 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?** N/A

### 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:**  
CCDSS gathered sufficient information to appropriately determine the allegations. There were no surviving siblings or other children in the household.

- 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 notes a consultation took place, but no details noted.

**Explain:**  
The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the 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:** 07/23/2020      **Time of Death:** 06:50 AM

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

**County where fatality incident occurred:** Cayuga

**Was 911 or local emergency number called?** Yes

**Time of Call:** 06:19 AM

**Did EMS 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?** 3 Hours

**At time of incident supervisor was:**



- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- 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	24 Day(s)
Deceased Child's Household	Father	No Role	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)

**LDSS Response**

On 7/23/20, CCDSS received the SCR report regarding the death of SC, which occurred on that same date. CCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. There were no surviving siblings or other children in the household.

On 7/23/20, CCDSS met LE at the police barracks to observe interviews with SM and BF. SM was spoken with first, and reported BF was at work from 10:00PM on 7/22/20 until 6:00AM the following morning. SM did not note anything out of the ordinary in the hours leading up to the incident. SM stated she and SC went into SM and BF's bedroom at approximately 12:30AM on 7/23/20. SM explained she breastfed SC, then laid SC on a pillow vertically in the middle of the bed, and laid beside her. SM reported she also put a pillow on one side of SC so she would not roll off the bed. SM said at around 3:00AM, she awoke and again breastfed SC, then laid her back onto the pillow and fell back to sleep. SM said SC was placed on her back. SM reported when BF returns home from work, he typically checks on her and SC, which he did that morning. SM said BF noticed SC had rolled toward SM, and as he went to turn her onto her back, he noticed SC was not breathing and her forehead was purple. SM said she immediately awoke and began CPR on SC, while BF called 911. SM denied SC had any recent illness or medical concerns. LE then interviewed BF, whose story corroborated SM's recollection of events. Both SM and BF reported they had been previously educated surrounding safe sleep practices, but co-slept with SC since she was born.

On this same date, LE and CCDSS completed a home visit to the family's residence to observe the environment and conduct a reenactment. No safety hazards were noted regarding the home.

Throughout the investigation, CCDSS spoke with collateral sources including medical staff, family, and first responders. There were no concerns expressed by anyone regarding the parents' care of SC. The medical examiner noted there were no significant findings, "except heavy lungs," and no physical injuries noted. LE found no criminality on behalf of either parent. Services were offered to the family but declined. CCDSS found some credible evidence that SM placed SC in an unsafe sleep environment which led to her death. The case was indicated and closed.

**Official Manner and Cause of Death**

**Official Manner:** Undetermined

**Primary Cause of Death:** From a 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:** This fatality investigation was conducted by the Cayuga County multidisciplinary team.

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

**Comments:** This fatality was reviewed by the Cayuga County Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055661 - Deceased Child, Female, 24 Days	055662 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
055661 - Deceased Child, Female, 24 Days	055662 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated

**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:**

CCDSS interviewed the family and relevant collateral sources. Progress notes and other documentation were completed and entered timely.

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

CCDSS provided the parents with bereavement counseling referrals and information on assistance with funeral costs; however, they declined the need for services.

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:**

Service referrals were provided to the parents for grief and bereavement counseling.

### 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 investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### 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