

**Report Identification Number: RO-14-023**

**Prepared by: Rochester Regional Office**

**Issue Date: 6/17/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## 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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	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	
<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		

## Case Information

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**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Chemung  
**Gender:** Female

**Date of Death:** 12/24/2014  
**Initial Date OCFS Notified:** 12/24/2014

## Presenting Information

On 12/24/14 Chemung County Department of Social Services (CCDSS) received an initial report regarding the death of the subject child (SC). According to the narrative of the report, on the morning of 12/24/14, the birth mother (BM) found the SC face down in her toddler bed. The SC was last seen alive at 10:00 pm by the partner of the BM (BMP). The SC had no known medical conditions or illnesses that contributed to her death. The SC had cuts and bruises to the inner parts of both her lower and upper lip and a small cut to the exterior part of her upper lip. It is unknown how these injuries were sustained. The cause of death is unknown.

## Executive Summary

This fatality report concerns the death of a 2-year-old female that occurred on 12/24/14. CCDSS received an initial report in regards to the death of the subject child on 12/24/14 with allegations of Dead on Arrival/Fatality (DOA/FAT) and Inadequate Guardianship (IG). The BM and the BMP were listed as subjects of the report. The BMP is the birth father of the surviving sibling and the parent substitute of the subject child.

According to the report, on 12/24/14, the SC was found deceased face down in a toddler bed by the BM. The SC had no known medical conditions or illnesses that contributed to her death. The SC had cuts and bruising to the inner parts of both the upper and lower lip areas. The SC was last seen alive at 10p.m. on 12/23/14 by the BMP. The cause of death was unknown and there was no plausible explanation.

CCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, gathered sufficient information to make determinations for all allegations of abuse and maltreatment and appropriately unsubstantiated each allegation of abuse and maltreatment. During the course of the investigation, CCDSS consulted with medical professionals, local law enforcement, first responders and the Office of the District Attorney.

To date criminal charges have not been filed in regards to the death of the SC. The results of the final autopsy and toxicology reports are currently pending. During preliminary consultations with the medical examiner it was reported that the cause of death was inconclusive. CCDSS appropriately unsubstantiated all allegations as there was no credible evidence to suggest that the BM or the BMP failed to provide a minimum degree of care thus causing or contributing to the death of the SC. CCDSS closed the report on 02/20/15 with a low final risk rating. The family was referred to community based services. As per CCDSS in the event that the final autopsy report determines that maltreatment/abuse caused to and/or contributed to the death of the SC, appropriate measures will be taken as per child welfare regulations. The final autopsy report is currently pending.

## 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.

### 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:** 12/24/2014

**County where fatality incident occurred:** CHEMUNG

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

**Time of Call:** 10:47 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?** 12 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 2

**At time of incident supervisor was:**

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- |   |  |
|---|--|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent              |
| <input type="checkbox"/> Alcohol Impaired       | <input checked="" type="checkbox"/> Asleep   |
| <input type="checkbox"/> Distracted             | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> Other:              |

**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	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Month(s)

### LDSS Response

On 12/24/14, CCDSS made contact with the Elmira Police Department (EPD) due to an active criminal investigation regarding the death of the SC. On 12/25/14 CCDSS completed and approved the initial 24 hour safety assessment. CCDSS determined that there were safety factors present that placed the surviving sibling in immediate danger of serious harm. The BM and BMP could not provide a plausible explanation regarding the death of the SC and they both admitted to using marijuana while caring for the children. The BM admitted that she and the BMP used marijuana about a week prior to the death of the SC. An appropriate safety plan was implemented through the actions of the parents and CPS to protect the surviving sibling.

During the investigation, CCDSS worked jointly with the EPD. The BM, BMP and several collaterals were interviewed to determine events leading up to the death of the SC. It was determined that on 12/23/14, the SC and the surviving sibling were in the care of the BMP from about 6am until 3 pm as the BM was working outside of the home. The BMP reported that during this time he cared for both children. The SC ate breakfast, played as normal and did not nap during the day. The BM returned from work between 2pm-3pm. Upon returning the family ate dinner and watched television. The BM went to bed around 10pm while the BMP cared for the children. According to the BMP, he put the SC to bed at about 10:30pm in her own bedroom on the second level of the apartment. The SC was placed in a toddler bed on her back. The BMP fed the surviving sibling between 1am and 2am and then they both went to bed. The BM and BMP both woke up around 7am. At about 10:30am the BM prepared a morning snack for the SC and proceeded upstairs to wake her up for the day. The BM found the SC unresponsive, face down in her bed. At this time, the BM screamed for the BMP and dialed 911. The BM reported that the SC was not breathing and was purple in color. The BM and BMP attempted CPR as instructed by the 911 operator. The BM and BMP denied being aware of the manner and cause of death. The BM and BMP both denied being aware of the SC suffering from any significant injury as well.

Between 12/31/14 and 01/8/14 CCDSS interviewed first responders from the local Emergency Medical Services and the Fire Department. All reported that upon responding to the case address and observing the SC, there were obvious signs of death as rigor mortis and lividity were present. In addition, the skin tone of the SC was purple in color. The BM and BMP affect appeared appropriate as they both were visibly upset and crying. No other signs of concern were noted. As a result, the scene was turned over to law enforcement and the medical examiner. The SC was declared as deceased and transported

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to the morgue.

On 1/2/2015, CCDSS and EPD consulted with the SC's pediatrician. The pediatrician did not provide an opinion on the manner of death but reported that he did not feel that there were any signs of abuse based on photographs that were taken of the SC after she was found dead. The pediatrician also reported that it was not likely that a common childhood illness she was being treated for contributed to her death. In addition, the pediatrician ruled out death related to the sleeping environment due to the age of the SC.

On 1/14/15, CCDSS consulted with the Medical Examiner (ME). As per the ME, there was not a preliminary cause of death as the provisional autopsy was inconclusive. The ME did not find any signs of neurological or physical trauma to the SC. The ME also reported that the abrasions on the SC's lips appeared to be natural and were not inflicted. All other cultures and tests were negative for any concerns. In addition, there were not any obvious signs of suffocation however; the ME was unable to completely rule it out. Prior to closing the case, on 2/20/15 DSS followed up with LE. LE informed DSS that the ME had not reported any additional information.

## 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

**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
015841 - Deceased Child, Female, 2 Yrs	015846 - Mother's Partner, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated
015841 - Deceased Child, Female, 2 Yrs	015846 - Mother's Partner, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
015841 - Deceased Child, Female, 2 Yrs	015842 - Mother, Female, 20 Year(s)	DOA / Fatality	Unsubstantiated
015841 - Deceased Child, Female, 2 Yrs	015842 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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

## Fatality Safety Assessment Activities

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

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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 checked="" 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 checked="" 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 checked="" 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"/>

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<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 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?** Yes

## 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

No history more than three years prior to the fatality.

## Known CPS History Outside of NYS

No known CPS history outside of NYS

## 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

## 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