



Report Identification Number: SY-15-002

Prepared by: Syracuse Regional Office

Issue Date: 11/24/2015

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.



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



Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 01/08/2015
Initial Date OCFS Notified: 01/08/2015

Presenting Information

On 1/8/15, the SCR registered a report noting that the 7-month-old SC was found unresponsive. The SM was co-sleeping with the SC and rolled over on her. The SC was transported to the hospital. Upon arrival her core temperature was 90 degrees and the SC was dead on arrival. The SC was otherwise a healthy child. On 1/9/15, the SCR registered a subsequent report noting that the SC passed away on 1/8/15 and the explanation the SM gave was that she was laying next to the SC when the SC turned blue for unknown reasons. On 1/12/15, the SCR registered a subsequent report noting that the SC passed away on 1/8/15, and the SM failed to take the SC for medical care or immunizations. The report noted the SM suffered from depression, and could not bathe or feed the SC unassisted. The SM left the child in soiled diapers causing a rash. The SM showed no interest in caring for the child. The SM did not have resources and food for the SC, and did not seek assistance for such.

Executive Summary

This fatality report concerns the death of an almost 7-month old SC was pronounced dead on 1/8/15 at 7:44am. The autopsy report listed the manner of death as accidental. The cause of death was listed as "asphyxia resulting from probable overlay and sleeping in an unsafe sleep environment."

The LDSS investigation revealed that the SM slept with the SC on an air mattress in an unsafe sleep environment. The SM took two Aleve pills, 2 Klonopin pills, 1 Bystolic pill and smoked marijuana before co-sleeping with the SC. The SC was found by the SM's roommate with the SC's head under the SM who was sleeping on her side. When EMS arrived, the SC was unresponsive and had a core temperature of 90 degrees.

On 6/12/15, the LDSS completed their investigation and substantiated the following allegations against the SM: DOA/Fatality, IG, IF/C/S, and PD/AM. The allegation of MN which stemmed from a concern that the child had an untreated fever was proven to have no validity, and was unsubstantiated. The LDSS case was closed. The Broome County District Attorney intends to make a direct presentation to a Grand Jury regarding the SM's actions, but such has not been scheduled at the writing of this report.

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.



NYS Office of Children and Family Services - Child Fatality Report

- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Safety decisions appropriate and casework activity was commensurate with case circumstances.

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:

All case actions commensurate with the case circumstances and decision to close the case was appropriate.

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: 01/08/2015

Time of Death: 07:44 AM

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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality



NYS Office of Children and Family Services - Child Fatality Report

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	31 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	26 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	31 Year(s)

LDSS Response

The LDSS' investigation revealed that the SM and SC had moved from NJ and had lived in NY approximately six months prior to the SC's death. The SM had only 2 pre-natal appointments prior to the SC's birth due to being non-compliant with scheduling. The SC was born healthy and without complications on 6/12/14. NJ CPS was contacted due to the SM expressing a history of depression, but a report was not accepted. The SC had minimal pediatric care in NJ and did not have any pediatric consults in NY. The BF of the SC had an on and off relationship with the SM for three years and was reported to be a drug addict. He remained in NJ when the SM and SC moved to NY. The SM had no supports in the area and lived with friends who had drug, criminal and domestic violence issues. One of the SM's roommates reported that the SM would not tend to the SC when the SC cried, would not change the SC's diapers regularly, and would take medications and "nod off" while caring for the SC.

On 1/7/15 at approximately 11:30pm, the SM placed the bottom cover of a bassinet on an air mattress, placed the SC on the cover, and placed a blanket on the SC. The air mattress leaked and had to be blown up 3 to 4 times a day. The air mattress was cluttered with piles of clothing, stuffed animals, wrappers, a plastic bag, a cord, a bag of cough drops, and business cards. The area directly around the air mattress, and spreading out into the room, was cluttered with clothing, multiple cords, trash, and old food. The dresser in the room had several pills and marijuana buds on it. The SM smoked marijuana and took 2 Aleve pills, 2 Klonopin pills, and 1 Bystolic pill before going to sleep on the air mattress next to the SC between 12:00-12:30am on 1/8/15. The SM awoke at approximately 6:45am to her roommate yelling and performing CPR on the SC. Another roommate called EMS and the SC was transported to the hospital where the SC was pronounced dead at 7:44am. The autopsy report listed the manner of death as accidental. The cause of death was listed as "asphyxia resulting from probable overlay and sleeping in an unsafe sleep environment."

The SM appeared impaired at the hospital at the time of the SC's death. The SM submitted to blood testing. Toxicology results showed the SM had extremely high THC levels in her system. The SM admitted she took 6 Klonopin pills in the couple of days before the SC's death and admitted she took more Klonopin than prescribed as it made her "calm happy." The SM's 20-day-old Klonopin prescription was missing 80 pills. On 6/12/15, the LDSS completed their investigation and substantiated the following allegations against the SM: DOA/Fatality, IG, IF/C/S, and PD/AM. The SM had no other children and there were no other children in the household. The LDSS investigation was closed. The Broome County District Attorney intends to make a direct presentation to a Grand Jury regarding the SM's actions, but such has not been scheduled at the writing of this report.

OCFS reviewed the case records and found that BCDSS obtained adequate information to determine the report through interviews and relevant collateral contacts.

Official Manner and Cause of Death



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Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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
020821 - Deceased Child, Female, 7 Mons	020822 - Mother, Female, 40 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
020821 - Deceased Child, Female, 7 Mons	020822 - Mother, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
020821 - Deceased Child, Female, 7 Mons	020822 - Mother, Female, 40 Year(s)	DOA / Fatality	Substantiated
020821 - Deceased Child, Female, 7 Mons	020822 - Mother, Female, 40 Year(s)	Lack of Medical Care	Unsubstantiated
020821 - Deceased Child, Female, 7 Mons	020822 - Mother, Female, 40 Year(s)	Parents Drug / Alcohol Misuse	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 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 type="checkbox"/>	<input checked="" 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>



NYS Office of Children and Family Services - Child Fatality Report

Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 No documentation in the case record that SM was offered bereavement services. SM admitted to misusing prescription medication prescribed for depression, but no documentation in the case record that SM was offered referral for substance abuse treatment.

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

Explain:
 SM was given a resource number by the hospital. It is unknown if such was utilized.

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?** 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 within three years prior to the fatality.



NYS Office of Children and Family Services - Child Fatality Report

CPS - Investigative History More Than Three Years Prior to the Fatality

No CPS history in New York.

Known CPS History Outside of NYS

Middlesex County, NJ: Case 15308075, intake date 10/30/14, UNF against SM and BF regarding SC for allegations of neglect and substantial risk of injury. SM and BF alleged to be under the influence of drugs while in the presence of the SC. SM did not present as under the influence and BF was no longer a caretaker in the home.

Subsequent report, intake date 10/30/14, UNF against SM regarding SC for allegations of neglect, substantial risk of injury, and environment injurious to the health and welfare. SM alleged to have failed to secure health care for SC upon moving to NY. SM returned to NJ to retrieve SC's birth certificate and social security card. SC seen by pediatrician and no concerns were noted.

No ongoing services were offered or provided.

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



NYS Office of Children and Family Services - Child Fatality Report

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