# Child Fatality Report

## Report Identification Number: SY-20-011

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

## Issue Date: Jul 30, 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

| | | |
|---|---|---|
| **Relationships** | | |
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother | SS-Surviving Sibling | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| **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 |
| CPS-Child Protective Services | | |
| **Allegations** | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Other | |
| **Miscellaneous** | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | 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:** 6 month(s)
**Jurisdiction:** St. Lawrence
**Gender:** Male
**Date of Death:** 03/16/2019
**Initial Date OCFS Notified:** 03/13/2020

### Presenting Information

On 3/12/20, St. Lawrence County Department of Social Services received a report alleging the 6-month-old male subject child passed away one year earlier on 3/16/19, while in the care of the mother. The mother provided no explanation for the death other than Sudden Infant Death Syndrome.

### Executive Summary

This fatality report concerns the death of a 6-month-old male subject child that occurred on 3/16/19. A report was made to the SCR on 3/12/20 with allegations of Inadequate Guardianship and DOA/Fatality against the mother regarding the subject child. The death was reported after the mother gave birth to the newborn sibling nearly one year later on 3/11/20.

At the time of the death, the subject child resided home with the mother and father. There were no other siblings or children in the home. St. Lawrence County Department of Social Services (SCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the SCR report. SCDSS learned that the St. Lawrence County Sheriff's Department investigated the death and closed their investigation in 2019, finding no criminality. Neither the mother nor father had any CPS involvement as adults and had no other children at the time of the subject child's death. Through interviews with law enforcement, it was learned the child was seen by his pediatrician regularly, including one week prior to his death. The child received a series of vaccinations and was deemed healthy by the doctor. The child had recently outgrown his bassinet and just began sleeping in his crib. The mother placed the subject child to sleep in his crib at approximately 8PM on 3/15/19. The mother fed the child a bottle around 12AM and then placed him back to sleep. She woke at 11AM to find the subject child unresponsive. First Responders arrived and noted the child was already deceased as lividity and rigor mortis had set in.

From the time the investigation began to the time of its closure, SCDSS interviewed family members and numerous collateral sources. Law enforcement determined the death was not criminal and closed their investigation. The autopsy revealed no traumatic injuries were discovered. The cause and manner of death were Sudden Unexplained Infant Death as no anatomic cause of death was found after the autopsy and subsequent analysis. The allegation of DOA/Fatality was unsubstantiated as there was no evidence the mother's actions or inaction led to the child's death. SCDSS learned from the family and collateral contacts such as family members, law enforcement, and medical staff that the parents took the child to the hospital and pediatrician when he was not feeling well. Further, when the child was found unresponsive, they took appropriate action by contacting emergency services. SCDSS offered the mother and father a multitude of services related to bereavement and grief support. Both parents declined utilizing the resources at their disposal. The mother reported she wanted to focus on the infant sibling and did not wish to engage in services at the time of this writing. The parents reported they had a strong family system and did not need additional supports.

## 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:**
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:**
Casework activity was commensurate with best casework practice as outlined in the CPS manual.

### 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:** 03/16/2019 **Time of Death:** 11:46 AM

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

**County where fatality incident occurred:** St. Lawrence
**Was 911 or local emergency number called?** Yes
**Time of Call:** Unknown
**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:**

☒ Sleeping ☐ Working ☐ Driving / Vehicle occupant
☐ Playing ☐ Eating ☐ Unknown
☐ Other

**Did child have supervision at time of incident leading to death?** Yes
**How long before incident was the child last seen by caretaker?** 11 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 | Male | 6 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 29 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 27 Year(s) |

**LDSS Response**

On 3/12/20, SCDSS received the SCR report and initiated their investigation promptly by coordinating with LE and sharing information. In addition to LE, SCDSS contacted the source, hospital, district attorney, the parents, and all related medical personnel. SCDSS reviewed CPS history, which revealed that neither the parents nor child were known to the system as confirmed subjects or recipients of services as adults. These actions were completed on the date of the initial SCR report, and further contact with the family and collaterals continued throughout the length of the investigation.

It was learned the death occurred on 3/16/19 at the family's home. There was a sibling born after the subject child's death. The safety of the sibling was assessed, and it was determined she was safe in the care of her parents. SCDSS reached out to several law enforcement agencies to determine who investigated the death. SCDSS learned St. Lawrence County Sheriff's Department investigated the child's death. SCDSS was provided a copy of the investigative narrative and autopsy report. The criminal investigation revealed there were no charges for the subject child's death. St. Lawrence County Sheriff's Department reported the parents were not negligent in the child's death.

Through interviews conducted with family members and first responders, it was learned the day leading up to the death was a typical day. In the week leading up to the child's death, he received immunizations and was learning to roll over. He had outgrown the bassinet he was sleeping in, so the parents moved him to a crib in his own room. The father reported going to bed around 10PM on 3/15/19 and checking on the subject child at that time. He woke between 9AM and 10AM as the mother had found the child unresponsive. The father observed the child to be purple in color and called 911. The father reported that neither he nor the mother attempted CPR, stating it was "too late." First Responders arrived and began resuscitation efforts and transported the child to the hospital. The mother corroborated the information. The mother reported she last observed the child alive at 12AM, when she fed him a bottle.

SCDSS received hospital records regarding the subject child. Records reflected the child presented to the ER in cardiac arrest on 3/16/19 and attempts to keep the child alive were unsuccessful. The autopsy report was received and showed no injuries to the child, neither fresh nor healed. Determination of Sudden Unexplained Infant Death was made.

SCDSS accurately determined the allegations after conducting a thorough investigation. SCDSS appropriately completed a Plan of Safe Care after the mother disclosed a history of IV drug use. The Plan of Safe Care contained appropriate referrals and supports for the mother. The mother denied current substance use and was receptive to treatment. SCDSS completed toxicology tests on both parents which came back negative for all substances. SCDSS thoroughly discussed safe sleep guidelines with both parents as there was a newborn infant sibling in the home. SCDSS assessed that the parents were following safe sleep practice. The parents were offered a multitude of services related to bereavement and mental health counseling, which they declined. The parents reported having a strong family support and wanted to focus on the infant sibling.

## Official Manner and Cause of Death

**Official Manner:** Natural
**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:** Though the death occurred a year prior to being reported, SCDSS followed appropriate MDT protocol in investigating the conditions surrounding the death. SCDSS coordinated with law enforcement and the DA's office in order to complete a thorough investigation into the fatality.

**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 |
|---|---|---|---|
| 054581 - Deceased Child, Male, 6 Mons | 054582 - Mother, Female, 27 Year(s) | DOA / Fatality | Unsubstantiated |
| 054581 - Deceased Child, Male, 6 Mons | 054582 - Mother, Female, 27 Year(s) | Inadequate Guardianship | Unsubstantiated |

## CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **All children observed?** | ☒ | ☐ | ☐ | ☐ |
| **When appropriate, children were interviewed?** | ☐ | ☐ | ☒ | ☐ |
| **Alleged subject(s) interviewed face-to-face?** | ☒ | ☐ | ☐ | ☐ |
| **All 'other persons named' interviewed face-to-face?** | ☒ | ☐ | ☐ | ☐ |
| **Contact with source?** | ☒ | ☐ | ☐ | ☐ |
| **All appropriate Collaterals contacted?** | ☒ | ☐ | ☐ | ☐ |
| **Was a death-scene investigation performed?** | ☐ | ☐ | ☒ | ☐ |

| | | | | |
|---|---|---|---|---|
| **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)?** | ☐ | ☐ | ☒ | ☐ |
| **Coordination of investigation with law enforcement?** | ☒ | ☐ | ☐ | ☐ |
| **Was there timely entry of progress notes and other required documentation?** | ☒ | ☐ | ☐ | ☐ |

**Additional information:**
SCDSS appropriately interviewed all collateral sources. Though there were no siblings or other children alive at the time of the death, SCDSS appropriately assessed the infant sibling that was alive at the time of the investigation.

## Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|---|---|---|---|
| **Were there any surviving siblings or other children in the household?** | ☐ | ☒ | ☐ | ☐ |

## 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** | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Economic support** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Funeral arrangements** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Housing assistance** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Mental health services** | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Foster care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Health care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Legal services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family planning** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Homemaking Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Parenting Skills** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Domestic Violence Services** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Early Intervention** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Alcohol/Substance abuse** | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Child Care** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Intensive case management** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Family or others as safety resources** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |
| **Other** | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ | ☐ |

**Additional information, if necessary:**
SCDSS offered the family a variety of resources during the open investigation. The death happened a year prior to SCDSS' involvement and the family declined a need for services, stating they had a strong family support.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality?** Yes
**Explain:**
SCDSS offered services related to bereavement counseling to the family, but the parents declined a need for services citing a strong family support.

## 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?** No
**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 is no CPS investigative history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known history outside of New York.

## 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