

Report Identification Number: BU-14-028

Prepared by: Buffalo Regional Office

Issue Date: 3/31/2015

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.

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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-plumonyary 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 Suprevision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information

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

Jurisdiction: Erie
Gender: Female

Date of Death: 09/14/2014
Initial Date OCFS Notified: 09/14/2014

Presenting Information

Subject child, age one month, an otherwise healthy child, expired 09/14/2014. Subject mother, subject father, subject child, and sibling, age two years, had arrived at their residence between 2:30-3:00AM on 09/14/14, and all fell asleep in the same bed together. When the parents awoke at approximately 9:40AM on 09/14/14, they discovered that subject child was not breathing. Further details are unknown. Subject child did not have a pre-existing medical condition. Subject child did not have any signs of injury. The roles of the two year old and eight year old siblings are unknown.

Executive Summary

On 03/14/2014, Erie County CPS received an SCR report with allegations of DOA/Fatality and IG against subject mother and subject father pertaining to their co-sleeping with the subject child and her two year old sibling and waking to find the subject child not breathing.

The CW initiated the investigation on 03/14/2014 appropriately reviewing the case history, and making contacts with the source, alleged subjects, other sibling children, and collaterals: including other family members, EMS, medical personnel, Police, school, and the Erie County Medical Examiner. Pediatric, Obstetric, Medical examiner, and Police records were reviewed and the fatality scene was documented with photographs.

The subject child was found to have no pre-existing medical conditions, there were no concerns reported regarding the care of the infant or her siblings by family or medical providers, and there were no criminal charges filed by Police.

The subject mother acknowledged co-sleeping and reported feeding the subject child in bed with her and then laying the child between herself and subject child's two year old sibling before going to sleep and noted the subject father was already asleep in the bed and unaware the subject child was in their bed instead of the nearby bassinet. Pillows, blankets, and a comforter were also documented as on the bed during the fatality incident.

The subject father reported waking to a foul odor and finding the subject child pressed against his chest not breathing. Subject mother then awoke to subject father's yelling and called 911. EMS reported receiving the call at 9:40AM and being unable to resuscitate the subject child whom was then transported to the ER and pronounced deceased upon arrival.

The Erie County Medical Examiner performed an autopsy, finding no contributing factors, and attributed subject child's death to asphyxia resulting from an unsafe sleeping environment and the manner of death accidental.

On 11/14/2014, allegations of DOA/Fatality and IG against subject mother were indicated based on her placing the subject child in an unsafe sleep environment resulting in the child's death. She acknowledged being aware of safe sleep practices and related dangers through information provided at the hospital. The allegations of DOA/ Fatality and IG were unfounded against the subject father as he was unaware the mother had placed the subject child into their bed. No service needs were identified and the case was closed.

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

Explain:

Appropriate home visit, subject, siblings, and collateral contacts were made. Appropriate documentation of casework activities including photographs of the fatality scene were completed.

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:

No further service needs were identified and the case was closed.

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: 09/14/2014

Time of Death: Unknown

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 09:40 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:

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- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes
How long before incident was the child last seen by caretaker? 4 Hours
Is the caretaker listed in the Household Composition? Yes - Caregiver

1
At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:
Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

On 03/14/2014, Erie County Child Protective Services received an SCR report with allegations of DOA/Fatality and Inadequate Guardianship against subject mother and subject father pertaining to their co-sleeping with the subject child and her two year old sibling and waking to find the subject child not breathing.

The assigned CW initiated the investigation on 03/14/2014 reviewing the case history, and making contacts with the report source, alleged subjects, other sibling children in the home, and appropriate collaterals: including other family members, EMS personnel, medical personnel, Police, school, and the Erie County Medical Examiner. Pediatric, Obstetric, Medical examiner, and Police records were reviewed and the fatality scene was documented with photographs.

The subject child was found to have no pre-existing medical conditions, there were no concerns reported regarding the care of the infant or her siblings by family or medical providers, and there were no criminal charges filed by Police.

The subject mother and father acknowledged co-sleeping with the subject child, along with their two year old child, in their adult bed. Pillows, blankets, and a comforter were also documented as on the bed during the fatality incident.

The subject mother reported feeding the subject child in bed with her and then laying the child between herself and subject child's two year old sibling before going to sleep and noted the subject father was already asleep and was unaware the subject child was in their bed instead of the nearby bassinet where she reportedly usually slept.

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The subject father reported waking to a foul odor and finding the subject child pressed against his chest and not breathing. Subject mother then awoke to subject father's yelling and called 911. EMS reported receiving the call at 9:40AM and responding, but being unable to resuscitate the subject child whom they estimated had likely been deceased for at least two hours. The subject child was then transported to the ER and pronounced deceased upon arrival.

The Erie County Medical Examiner performed an autopsy, finding no contributing factors, and attributed subject child's death to asphyxia resulting from an unsafe sleeping environment and the manner of death accidental.

On 11/14/2014, the allegations of DOA/Fatality and Inadequate Guardianship against subject mother were indicated based on her placing the subject child in an unsafe sleep environment resulting in the child's death. She acknowledged placing the subject child in their adult bed along with herself, subject father, and their two year old child and being aware of safe sleep practices and related dangers through information provided at the hospital following the subject child's birth. The allegations of DOA/ Fatality and IG were unfounded against the subject father as he was unaware the mother had not placed the subject child into her bassinet, located next to their bed, where she reportedly usually slept. No further service needs were identified and the case was closed.

Official Manner and Cause of Death

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)? No

Comments: Appropriate home visit, contacts with subjects, contacts with collaterals, and investigation procedures were made.

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

Comments: Erie County does not have an OCFS approved Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
014501 - Deceased Child, Female, 1 Mons	014502 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
014501 - Deceased Child, Female, 1 Mons	014503 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
014501 - Deceased Child, Female, 1 Mons	014503 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
014501 - Deceased Child, Female, 1 Mons	014502 - Mother, Female, 28 Year(s)	DOA / Fatality	Substantiated

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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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

N/A

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to 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"/>

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Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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:
 Surviving sibling received grief counseling from school counselor.

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? Yes

Explain:
 Counseling services were provided to sibling of fatality child.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 Grief counseling was offered and declined.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

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Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> With fetal alcohol effects or syndrome |
|---|---|

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/13/2015	1669-Other Child, Male, 13 Years	1670-Mother, Female, 32 Years	Inadequate Guardianship	Far-Closed	No
	1669-Other Child, Male, 13 Years	1671-Mother's Partner, Male, 31 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

01/13/2014 SCR report with subject father listed as biological father with no role. This report involved allegations of Inadequate Guardianship against the mother of subject father's child and her boyfriend due to alleged domestic violence between them in the presence of the child. The case was referred to FAR and closed 01/21/2014.

OCFS Review Results:

No review concerns noted.

Are there Required Actions related to the compliance issue(s)? Yes No

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

Subject mother has no CPS history more than three years before the fatality incident.

Subject father is listed on two SCR reports dated more than three years before the fatality incident.

06/20/2008 Subject father is listed in an SCR report as having no role as biological father not residing in the subject household. The allegations in the report involved domestic violence between the mother of subject father's child and her boyfriend. The mother had moved into her parent's home with the children and then complied with a Court Order to return to Pennsylvania with the children. A referral was made to the local CPS and the report was Unfounded and closed 07/07/2008.

10/13/2004 subject father is listed as a non-confirmed maltreated child in an SCR report involving allegations of Educational Neglect, Inadequate Guardianship, and Lack of Supervision against subject father's mother and father

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pertaining to his missing twenty days of school. The report was Unfounded 11/22/2004 due to subject father's refusal to attend school and the parents working with the school to address his truancy issues.

Known CPS History Outside of NYS

There is no known CPS history involving any members of the fatality household outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

LDSS: Pertinent Information Related to the Fatality

N/A

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No