



**Report Identification Number: BU-16-019**

**Prepared by: Buffalo Regional Office**

**Issue Date: 1/20/2017**

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	

### 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	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-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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Erie  
**Gender:** Female

**Date of Death:** 06/07/2016  
**Initial Date OCFS Notified:** 06/07/2016

## Presenting Information

SC was sleeping in bed with SP's. SM fed SC about 3AM and put the child back to sleep in bed with them on her back. At 10AM SP's woke up and SC was cold to the touch. The parent's performed CPR on the child with no success. The family lived nearby a hospital but chose to drive 15-20 minutes out of the way to another hospital. The parent's did not call 911 stating their phone was dead. The cause of death is unknown. SC had no visible signs of trauma or physical abuse and SC was on medication for a medical condition but was otherwise a healthy child with no pre-existing conditions.

## Executive Summary

This report concerns the death of a three-month-old child who resided with the subject parents (SP). There were no surviving siblings. The SP had been named as maltreated children in previous SCR report, but were never alleged subjects.

An SCR report with allegations of DOA/Fatality and IG was received by ECDSS against SP with respect to subject child (SC). SC was sleeping in bed with SP's. SM breast fed SC about 3AM and put the child back to sleep in bed with them on her back. At 10AM SP's woke up and SC was cold to the touch. The parent's performed CPR on the child with no success. The family lived near a hospital but chose to drive 15-20 minutes out of the way to another hospital. The SP's did not call 911 stating their phone was dead. The cause of death is unknown. SC had no visible signs of trauma or physical abuse and SC was on medication for a medical issue but was otherwise a healthy child with no preexisting conditions. The SM stated she fed SC at 2:30AM and put the SC on her back on the boppy pillow near the edge of the bed. The SM stated that had become the normal nightly routine. The SP's stated they made sure nothing was near the SC and that she was near the edge of the bed. The SP denied any drug or alcohol use. The SP's stated that they drove to the hospital where they always go and the other hospital didn't occur to them. The SP refused to sign any release of information's (ROI) and would only participate in one home visit. ECDSS worked jointly with the police department, who were not filing any charges. The CW did obtain records from the hospital and the pediatrician.

The ME could not determine a Cause of Death or Manner of Death. On August 3, 2016 ECDSS unsubstantiated the allegations of DOA/Fatality and IG against SP's with respect to SC. The investigation did not reveal evidence of abuse or neglect. The child was well cared for prior to her death. It is clear that the SP's were co-sleeping with the infant, however there is no credible evidence that the SC's physical, mental, or emotional health was impaired or placed in imminent danger. Also the SP's appeared to exercise a minimal degree of care despite the bed sharing. The parents stated they were aware of the dangers of co-sleeping, the bed was a king size bed, free of items that could have caused suffocation. Although there was bed sharing, there appears to be no aggravating factor or proof of intentionally harming the SC. There was no indication that the caretaker ever rolled over onto the SC.

## 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:

ECDSS completed a home visit and spoke with collateral contacts.

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:

ECDSS unsubstantiated the allegations and closed the case.

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: 06/07/2016

Time of Death: 10:57 AM

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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?** 5 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	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

### LDSS Response

The CW completed a HV with SP's and the home appeared safe for the family to reside with appropriate supplies for SC. The SP's stated that they put SC in her Rock N Play around 10PM and then breast fed SC at 2:30AM. It was a nightly routine to place SC on her back in the boppy pillow on the edge of the king size bed. The SP's stated SF was against the wall and SM was next to him and SC was near the edge of the bed. They made sure nothing was near child and thought child would be safe. The SP's stated they stopped putting SC in the Pack n Play, because the cat could get into it. The SP's stated they woke up at 10:20AM and noticed the SC was laying on her back, was cold to the touch and unresponsive. The SF pinched the baby's nose and made some gesture to attempt to resuscitate SC. The phones were dead and their neighbors were not home to call 911. The SP's stated they left for the hospital at 10:30AM The CW inquired why they didn't go to the nearest hospital to them. The SM stated they didn't think about that hospital, because they always went to Millard Fillmore Hospital. The SP's stated that SC was pronounced dead on arrival. The SP denied any drug or alcohol use. The SP's refused to sign any ROI and would not meet with the CW again.

The CW did work closely with the police. The police found it suspicious that SP's didn't drive to the closest hospital. There is no evidence of foul play and the police stated that charges would not be filed. The police denied observing any alcohol or drug paraphernalia in the home. The CW was able to get medical records for SC and the pediatrician had no concerns. The ER doctor stated that upon arrival at the hospital that the child was already deceased.

The ME could not determine a Cause of Death or Manner of Death. On August 3, 2016 ECDSS unsubstantiated the allegations of DOA/Fatality and IG against SP's with respect to SC. The investigation had not revealed evidence of abuse or neglect. The child was well cared for prior to her death. SP's appeared to be bonded with SC. It is clear that the SP's were co-sleeping with the infant, however there is no credible evidence that the SC's physical, mental, or emotional health was impaired or that SC was placed in imminent danger. Also the SP's appeared to exercise a minimal degree of care despite the bed sharing. The parents stated they were aware of the dangers of co-sleeping, the bed was a king size bed, free of items that could have caused suffocation. Although there was bed sharing, there appears to be no aggravating factor or proof of intentionally harming the SC. There was no indication that the caretaker ever rolled over onto the SC.



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

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**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

**Comments:** ECDSS followed MDT protocol.

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

**Comments:** ECDSS does not have an approved CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
034621 - Deceased Child, Female, 3 Mons	034623 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
034621 - Deceased Child, Female, 3 Mons	034623 - Father, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
034621 - Deceased Child, Female, 3 Mons	034622 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
034621 - Deceased Child, Female, 3 Mons	034622 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Members</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

CW interviewed the SP's, there was no SS's. SP's would not sign any ROI and would not cooperate any further with investigation.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

**Additional information, if necessary:**  
Family denied the need for services.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A**

**Explain:**  
No surviving children

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

**Explain:**  
Parents denied the need for services.

## 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

### 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

**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**

SP's have no previous CPS history.

**Known CPS History Outside of NYS**

No known CPS history outside NYS.

**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.

**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

**Additional Local District Comments**

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

**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