



Report Identification Number: BU-19-030

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

Issue Date: Jan 07, 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		



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Genesee
Gender: Female

Date of Death: 08/15/2019
Initial Date OCFS Notified: 08/15/2019

Presenting Information

An SCR report received on 8/15/2019 alleged that the 7-month-old subject child passed away while in the care of her parents. The report further alleged that last evening 8/14/19, at an unknown time, the subject child was swaddled in a blanket and placed in her crib to sleep. The crib was located in her parents' bedroom. At approximately 3:00 AM on 8/15/19, the subject child woke and was crying and then fell back asleep on her own. The father woke at 7:00 AM and found the subject child unresponsive in her crib. The mother called 911 and the father administered CPR. The subject child was transported to the hospital by EMS where she was pronounced deceased.

Executive Summary

Genesee County Department of Social Service (GCDSS) received an SCR report on 8/15/19, and a duplicate report on 8/17/19, regarding the death of a 7-month-old female child. The subject child resided with her parents and the maternal grandfather. There were no surviving children or other children in the household.

On the evening of 8/14/19, at 7:30 PM the father swaddled the subject child in an adult size blanket and placed the subject child on her back in her crib located in the parents' bedroom. At approximately 1:15 AM on 8/15/19, the subject child woke and was crying. The father picked the subject child up and swaddled the subject child in the blanket again and placed her on her stomach with her head to the side to sleep. At 5:00 AM the parents heard the subject child fussing but did not get out of bed to check on the child. The subject child fell back asleep on her own. The parents woke at 7:00 AM and went to the kitchen to start a bottle for the subject child. When they returned to the room the father found the subject child unresponsive. The father started CPR and the mother called 911. EMS arrived at the scene and transported the subject child to the hospital where she was pronounced deceased at 8:07 AM.

The medical examiner said there were no physical signs of abuse or neglect and the subject child appeared to be a healthy and well cared for infant. The medical examiner stated the cause and manner of death were undetermined pending the toxicology results. Law enforcement investigated the fatality and found no criminality involved in the death of subject child; however, their investigation remained open pending the final autopsy results.

GCDSS unsubstantiated the allegations of DOA/fatality and inadequate guardianship against the parents and the maternal grandfather for the subject child. There was no credible evidence that the parents failed to provide a minimum degree of care. The parents believed they were following safe sleep practices as the subject child slept alone in her crib. There were no other objects or blankets found in the crib. The parents used an adult size blanket to swaddle the subject child, but the father said he had heard that sometimes older babies like to be swaddled as it comforts them. The family fully cooperated with GCDSS and GCDSS provided referrals for bereavement services to the parents and the maternal grandfather, but they declined. GCDSS appropriately went over safe sleep practice at length with the parents and provided them with brochures. The case was unfounded and 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

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:

GCDSS gathered sufficient information to close 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: 08/15/2019

Time of Death: 08:07 AM

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

County where fatality incident occurred: Genesee

Was 911 or local emergency number called? Yes

Time of Call: 07:00 AM

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

At time of incident supervisor was: Not impaired.

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	Female	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)

LDSS Response

On 8/15/19, GCDSS received the fatality report from the SCR. GCDSS coordinated with law enforcement, completed a CPS history check, and notified the medical examiner's office and the district attorney's office of the death. GCDSS learned there were no surviving siblings or other children that resided in the home.

On 8/15/19, GCDSS interviewed the parents about the events leading up to the death of the 7-month-old subject child. The parents told GCDSS that on the evening of 8/14/19, after feeding the subject child, the father placed her in her crib to sleep. The father said he swaddled the subject child in a blanket to sleep as he did every night. The father said he had heard that sometimes older children like to be swaddled because it comforts them. The parents said sometime around 1:15 AM the subject child woke and was crying. The father got out of bed to attend to the subject child and re-swaddled her and placed her in the crib on her stomach with her head turned to the side to sleep. The parents said this was how the subject child liked to sleep. The parents said they heard the subject child fussing at 5:00 AM, but she went back to sleep on her own. The parents said they woke at about 7:00 AM and went to the kitchen to start a bottle for the subject child. The father went back to bedroom and lifted the subject child from the crib. The father said the subject child was unresponsive and he then placed her on their bed and removed the blanket and the subject child's arms were still crossed over her chest. The father said he told the mother to call 911 and he started CPR. The maternal grandfather told GCDSS the mother came to his bedroom to tell him about the subject child after calling 911. The grandfather said EMS took forever to arrive to the home. The parents said EMS arrived at the home and took over administering CPR and transported the subject child to the hospital, where she was pronounced deceased.

GCDSS interviewed family members and offered referrals for bereavement services. The maternal grandfather and the parents were questioned about drug/alcohol misuse and they denied misusing drugs/alcohol. There was no evidence of alcohol or drugs in the home at the time of the fatal incident or in subsequent visits to the home.

GCDSS obtained information from law enforcement, the medical examiner, emergency services, and the subject child's pediatrician. The pediatrician said the parents brought the subject child in for well child visits and always acted appropriately with the subject child. The pediatrician said the subject child was healthy and had no concerns for the care the parents were providing the subject child.

Official Manner and Cause of Death



Official Manner: Pending

Primary Cause of Death: Unknown

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
052564 - Deceased Child, Female, 7 Mons	052565 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
052564 - Deceased Child, Female, 7 Mons	052566 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
052564 - Deceased Child, Female, 7 Mons	052566 - Father, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
052564 - Deceased Child, Female, 7 Mons	052581 - Grandparent, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated
052564 - Deceased Child, Female, 7 Mons	052581 - Grandparent, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
052564 - Deceased Child, Female, 7 Mons	052565 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>				

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:

There were no surviving siblings or other children in the household.

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 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

There was no history three years prior to the fatality.

Known CPS History Outside of NYS

There was no known history outside of NYS.

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 in this report describe the unfortunate events and actions taken. We appreciate the partnership with OCFS in order to provide the best services possible to the 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