



Report Identification Number: RO-15-012

Prepared by: Rochester Regional Office

Issue Date: 11/2/2015

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 04/10/2015
Initial Date OCFS Notified: 04/10/2015

Presenting Information

On 04/10/15 the 2-month-old subject child (SC), the 2-year-old surviving sibling (2yo SS) and a 3-year-old unrelated household member (3yo UHM/son of the 20 year old unrelated household member) were being supervised by the 20-year-old unrelated household member (20yo UHM). Around 5pm the SC was found in his pack and play face down by the 20yo UHM. As a result, she called 911 at about 5:20pm and reported that the SC was unresponsive. First responders arrived to the case address at approximately 5:30pm and began cardiopulmonary resuscitation (CPR) immediately. The SC was transported to a local hospital and was pronounced dead shortly after at 5:53pm.

Executive Summary

This fatality report concerns the death of a 2-month-old male that occurred on 04/10/15. MCDHS received an initial report in regards to the death of the SC on the same date with allegations of Dead on Arrival/Fatality (DOA/FAT) and Inadequate Guardianship (IG). The 20yo UHM and the birth mother (BM) were listed as subjects of the report. A subsequent report was received on the same date with all the same details. In addition, the 3yo son of the 20yo UHM was listed with an unknown role.

According to the reports, on 04/10/15 the SC, the 2yo SS, and a 3yo UHM were being supervised by the 20yo UHM. Around 5pm the 20yo UHM found the SC in his pack and play unresponsive. As a result, she called 911 and requested assistance at about 5:20pm. First responders arrived to the case address at approximately 5:30pm and began cardiopulmonary resuscitation (CPR) immediately. The SC was transported to a local hospital and was pronounced dead at 5:53pm.

MCDHS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE). In addition, MCDHS completed adequate safety/risk assessments and implemented appropriate safety plans when needed. At this time, the final autopsy has not been completed, however MCDHS was able to confirm that the SC did not sustain any trauma. To date, MCDHS has conducted a very comprehensive investigation and assessment of service needs. In addition, MCDHS has referred both families to appropriate community services to address the identified needs in an effort to minimize risk factors.

There are no corrective actions needed.

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?**
 - **Safety assessment due at the time of determination?**

Yes
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:

As noted above.

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:

As noted above.

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: 04/10/2015

Time of Death: 05:53 PM

County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: 05:27 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? Unknown

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? 4 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver



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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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Victim	Male	3 Year(s)

LDSS Response

MCDHS responded to the fatality by making contact with LE on 4/10/15. LE confirmed the subject child's death and reported that they were currently involved. According to LE, all children were in the care of the 20yo UHM at the time of the incident. The mother of the SC was not present in the home as she was at work. LE also reported that the pack and play that the SC was found in had several objects in it. On the same day, MCDHS confirmed the narrative of the report with the source.

On the same day, MCDHS completed 24-hour safety assessments for the SS and the 3yo UHM. MCDHS conducted a phone contact with the mother of the SC and the SS. She confirmed that she was at the case address with the SS. The mother agreed to not allow the 20yo UHM to be unsupervised with the SS. In addition, MCDHS conducted a face-to-face visit at the home of the parents of the 20yo UHM. The paternal grandfather (PGF) agreed to allow the 20yo UHM and her 3yo son to reside at the home and also to supervise contact between the mother and child pending the CPS investigation.

Between 4/10/15 and 4/15/15 MCDHS jointly interviewed and assessed all household members and 2 relatives of the 20yo UHM with LE. The individuals visited the home prior to the incident. MCDHS determined that on the day of the incident the BM left the home for work at about 8:30 a.m. Prior to leaving the BM fed the SC and placed him to sleep on his stomach in the pack and play which was located in her bedroom. The BM reported being aware of the safe sleep initiative but further stated that the SC slept more comfortably on his stomach. The 20yo UHM was awake when the BM left the home for work and the other two children were watching television. The relatives of the 20yo UHM visited the home at about 12:30pm for an unknown period of time, during this time all three individuals admitted to smoking marijuana in the presence of the SS and the 3yo UHM. The SC woke up at about 1:00 pm and was fed while lying on his side in the pack and play with a bottle propped in his mouth. After drinking about 7 ounces of formula, the 20yo UHM changed his diaper and placed him in the pack and play on his back. The SC was wearing a sleep sack that swaddled his arms. During this



time the SS also slept on an adult bed in the same room as the SC, awoke at an unknown time and was without supervision. The 20yo UHM slept until about 5pm. Upon waking up, she checked on the SC and found him face down, purple in color and unresponsive in the pack and play. As a result, she called 911 and was instructed to initiate CPR. However, she refused to do so as she reported that she was afraid to touch the SC.

On 04/11/15, LE informed MCDHS that the initial autopsy had been completed and that there were no signs of trauma or any other evidence of abuse. MCDHS received a copy of the preliminary autopsy report confirming that the cause and manner of death were pending. The final autopsy is currently pending. On 04/13/15, MCDHS referred both families to preventive services. In addition the BM was referred for trauma/loss counseling and the 20yo UHM was referred to substance abuse/mental health treatment. On 04/16/15, MCDHS conducted a collateral contact with Emergency Medical Services (EMS) According to EMS; they received the dispatch call at about 5:28pm. Upon arriving to the home, LE was already present and had removed the SC from the pack and play to initiate CPR. The SC was transported to a local hospital and pronounced dead shortly after arrival.

Between April and August, MCDHS continued to monitor compliance with preventive and all other recommended services. At this time, LE is considering filing a charge of Endangering the Welfare of a Child against the 20yo UHM pending the results of the final autopsy report. The CPS and criminal investigations remain active.

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
019801 - Deceased Child, , 2 Mons	019821 - Unrelated Home Member, Female, 20 Year(s)	DOA / Fatality	Pending
019801 - Deceased Child, , 2 Mons	020021 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
019801 - Deceased Child, , 2 Mons	019821 - Unrelated Home Member, Female, 20 Year(s)	Inadequate Guardianship	Pending
019861 - Unrelated Home Member, Male, 3 Year(s)	019821 - Unrelated Home Member, Female, 20 Year(s)	Inadequate Guardianship	Pending
020082 - Sibling, Male, 2 Year(s)	019821 - Unrelated Home Member, Female, 20 Year(s)	Inadequate Guardianship	Pending



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 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 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"/>

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



Table with 8 columns and 14 rows listing services such as 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, and Other.

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 neither of the issues listed noted in case record
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)
08/27/2012	4622 - Unrelated Home Member, Male, 3 Years	4621 - Unrelated Home Member, Female, 20 Years	Excessive Corporal Punishment	Far-Closed	No
	4622 - Unrelated Home Member, Male, 3 Years	4621 - Unrelated Home Member, Female, 20 Years	Inadequate Guardianship	Far-Closed	

Report Summary:
 On 08/27/12 MCDHS received a report from the SCR with allegations of Inadequate Guardianship and Excessive Corporal Punishment. The now 20-year-old unrelated home member was listed as the subject of the report and her now 3-year-old son was listed as the maltreated child. On the same day MCDHS met with the family and tracked the case to Family Assessment Response.

OCFS Review Results:
 On 09/12/13, MCDHS received a subsequent report regarding the unrelated home member and the same child. The report listed allegations of sexual abuse. According to the report the child had recently tested positive for a sexually transmitted disease. As a result, the case became ineligible for FAR. MCDHS appropriately transferred the case to their specialized team know as Impact for investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/12/2012	4632 - Unrelated Home Member, Male, 3 Years	4631 - Unrelated Home Member, Female, 20 Years	Sexual Abuse	Unfounded	No
	4632 - Unrelated Home Member, Male, 3 Years	4631 - Unrelated Home Member, Female, 20 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 On 09/12/12 MCDHS received a report from the SCR with allegations of Sexual Abuse (SA) and IG. The now 20-year-old unrelated household member was listed as the subject and the know 3-year-old unrelated household member was listed as the abused child. According to the narrative of the report the child had recently tested positive for a sexually transmitted disease.

Determination: Unfounded **Date of Determination:** 12/19/2012

Basis for Determination:
 MCDHS conducted a joint investigation with law enforcement and appropriately unfounded the report. It was determined that the child's eye areas were found to be infected initially. The hospital administered medication to treat the infection prior to administering further tests to determine if any other areas where infected. In addition, the SC was interviewed and examined without any significant findings or disclosures. It was determined that the mother and father had both tested positive for the same STD. MCDHS received a medical opinion which reported that the child could have contracted the STD while sharing a bed with both infected parents and/or while sharing a bath with the mother.

OCFS Review Results:
 MCDHS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and gathered



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sufficient information to make determinations for all allegations of abuse and maltreatment. The decision to unfound the report was appropriate.

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

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

No CPS history more than 3 years.

Known CPS History Outside of NYS

No known out of state CPS history.

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

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