



## Report Identification Number: SV-17-016

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

Issue Date: Nov 10, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 1 month(s)

**Jurisdiction:** Sullivan  
**Gender:** Male

**Date of Death:** 05/20/2017  
**Initial Date OCFS Notified:** 05/30/2017

## Presenting Information

On 5/29/2017, an SCR report was received by Sullivan County Department of Family Services (SCDFS) that alleged on 5/20/2017, at approximately 1 PM SM placed 8-week-old SC in the crib on his stomach, with his head to the left. SM returned at 4:06 PM to check on the SC and he was face down into the mattress, and unresponsive. SC was transported via ambulance to the Orange Regional Medical Center where he was pronounced dead. SC was born at home and no medical care was sought. SM did not receive any prenatal care. The SS, ages 6, 5, 4 and 2, had unknown roles.

## Executive Summary

This fatality report concerns the death of the 8-week-old male SC that occurred on 5/20/2017. A report was made to the SCR on 5/29/2017 with allegations of DOA/Fatality and IG against SM and SF regarding SC. SCDFS investigated SC's death and worked collaboratively with LE.

Through interviews conducted by LE and SCDFS it was learned that on 5/20/2017, at 1:00 PM, SM placed SC in his cradle for a nap in his upstairs bedroom. SM placed SC on his stomach, with his head turned to the left. SF was not home at the time and returned home shortly after. SM, SF and SS, ages 6, 5, 4, and 2 ate at the dining room table while SC slept. SM returned to check on SC at 4:00 PM and he was face down with his nose into the mattress and unresponsive. SF called 911 and SC was transported via ambulance to Orange Regional Medical Center. SC was pronounced deceased by the ER physician at 4:23 PM.

SCDFS obtained photographs of the cradle taken by LE the day of the incident. The photos showed a wooden cradle with narrow spindles on each side. There were no items inside, just a thin mattress with a fitted sheet. Medical Records were received by SCDFS which verified SM received pre-natal care by a licensed midwife and that SC was delivered at home and there were no concerns for SC's health. Safe sleep education was provided to SM by the midwife during home visits following SC's birth and SC was observed sleeping on his back on several occasions.

An internal autopsy was not performed due to the family's religious preferences, although an external exam was performed by the ME. Throughout the investigation the ME gave the opinion the SC died from positional asphyxiation, based on SM's statement that she placed SC on his stomach to sleep and she found him face down with his nose in the mattress. The final autopsy report listed the manner and cause of death as undetermined. The ME said "Without an internal autopsy it is not possible to rule out all other causes, however, placing a baby in the prone position to sleep is a known high risk factor for positional asphyxiation".

The LE investigation closed with no criminal charges filed. SCDFS conducted a thorough investigation and gathered sufficient information to Sub the allegations against SM and Unsub the allegations against SF. Bereavement services were offered to the family but declined, as they were accessing services through their religious community.

## 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:

SCDFS appropriately determined that there were no safety factors at the time of case closing.

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:

SCDFS appropriately Sub and closed the investigation.

### 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: 05/20/2017

Time of Death: 04:23 PM

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

County where fatality incident occurred: Sullivan

Was 911 or local emergency number called? Yes

Time of Call: 04:00 PM

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
- 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?** 3 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

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

**LDSS Response**

Upon receiving the report, SCDFS spoke with the police detective who was investigating the incident. The officer shared that there were SS that had not been seen by LE, that an external autopsy had been performed and that the ME had determined the cause of death to be positional asphyxiation and did not find any signs of abuse.

SCDFS conducted a home visit right away to assess the safety of the SS. SCDFS spoke to the SM who stated that she received prenatal care from a midwife and that SC was delivered healthy at home, with her midwife in attendance. She said the family was eating while SC was taking a nap in his cradle, as he usually did, from 1-4 PM. SM said the cradle was no longer in the house; the MA took it away since it was too upsetting having it in the house. SM reported having no items in the cradle other than a fitted sheet. The SM reported placing SC on his stomach, as she had always done with all 4 of her CHN. She reported nothing unusual that day and said SC was acting normal, playing and happy prior to his nap. SM stated SF was not home at the time and that she always put SC down for his nap. SCDFS attempted to speak to SF, although he would not speak to the caseworker at that time. SCDFS assessed the safety of the 2 yo SS, then followed the SM across the street to the school to see the 6, 5 and 4 yo SS. The SS were seen and their safety was assessed. Documentation does not indicate any interviews or contact with school staff.

SCDFS spoke to SF at a follow up home visit where he denied knowledge of safe sleep practices and stated that he was not home when SM placed the SC in his cradle to sleep. He stated that there was nothing different about that day and that he didn't think the SC was fussy. He stated that he had no concerns for SM's care of the CHN. SM stated her midwife educated her about safe sleep and denied that SF was present during this education. SCDFS attempted to interview the SS



at the same home visit, although they did not speak fluent English, were shy and they would not engage with the caseworker.

SCDFS spoke to the SM's midwife and received the SM and SC's medical records. The SM received the necessary prenatal care and the midwife was in attendance for SC's birth at home. There were no concerns reported for the SC's health or SM's care of SC. SC was seen 4 times since birth and SM was provided with safe sleep education. SC was seen sleeping on his back in the cradle on several occasions. SCDFS obtained the SS's medical records and there were no concerns for the CHN's health.

SCDFS spoke to the ME, who stated that an external exam was performed as the family objected to an internal autopsy for religious reasons. The ME stated there were no signs of trauma and the SC appeared well nourished. The ME stated he determined positional asphyxiation by interview with the SM who told him she put the baby on his stomach to nap, as she always did with the 4 SS. A re-enactment was later conducted in which the ME and a representative from the family's religious community attended. The ME reported the SM demonstrated that she placed the SC on his stomach in the cradle, with his head turned to the left, and found the SC on his stomach, with his head straight down and his nose into the mattress. The final autopsy report listed the cause and manner of death as undetermined and the toxicology report yielded no positive findings. The ME said, "Without an internal autopsy it is not possible to rule out all other causes, however, placing a baby in the prone position to sleep is a known high risk factor for positional asphyxiation".

SCDFS appropriately Sub the allegations of IG and DOA/Fatality against SM regarding SC and Unsub the allegations of IG and DOA/Fatality against SF regarding SC. Bereavement services were offered to the family, but declined, as the family was accessing services through their religious community.

### 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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041523 - Deceased Child, Male, 1 Mons	041525 - Father, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated
041523 - Deceased Child, Male, 1 Mons	041525 - Father, Male, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
041523 - Deceased Child, Male, 1 Mons	041524 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
041523 - Deceased Child, Male, 1 Mons	041524 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

Attempts were made to interview the SS, although they did not speak fluent English, were shy and would not engage with the caseworker. SCDFS did not speak to family members, ER or school.

<b>Fatality Safety Assessment Activities</b>
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	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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 or 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 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	Needed but 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 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



<b>Health care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Legal services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family planning</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Homemaking Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 Bereavement services were offered, but declined, as the family has a very strong religious community for support.

**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 immediate needs identified.

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

**Explain:**  
 The SM and SF identified no service needs. They said they had their faith and community for support.

## 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
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs
- Was not noted in the case record to have any of the issues listed



**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 CPS history more than 3 years prior to the fatality.

### Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

### 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

### 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