

**Report Identification Number: SY-14-036**

**Prepared by: Syracuse Regional Office**

**Issue Date: 7/2/2015**

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.

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## 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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	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	
<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		

## Case Information

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**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Onondaga  
**Gender:** Male

**Date of Death:** 10/19/2014  
**Initial Date OCFS Notified:** 10/19/2014

## Presenting Information

On 10/19/14, the SCR registered a report alleging that on 10/19/14 the 6-month-old SC was sleeping on a couch with the BM and was observed to be non-responsive, having no pulse, not breathing and was in full cardiac arrest. The police were called and the SC was taken to the hospital where the SC was pronounced dead. There was no explanation for the SC's condition. The BM was named as the alleged subject. Other household members included the SC's MGM and the SC's MA, who was a 6-year-old minor. They were both listed as having an unknown roles.

## Executive Summary

The six-month old SC was pronounced dead on 10/19/14 at 2:11am. The autopsy listed the death as asphyxia due to obstruction of the SC's mouth and nose due to the SC being wedged between a wall and a mattress while bed sharing, and listed the manner of death as accidental.

The LDSS conducted an investigation into the allegations and on 5/21/15, the LDSS unsubstantiated the allegations of IG and DOA/Fatality against the BM. The LDSS documented that, "The final autopsy determined that the death was an accident due to asphyxia after the child's mouth and face were wedged between a wall and air mattress while bed-sharing. Because there are no additional underlying factors other than co-sleeping, this report will be unfounded and closed." The MGM and MA were listed as having no roles in relation to the allegations.

OCFS reviewed the case records and found that the LDSS appropriately assessed the safety and risk of the SC's 6-year-old MA. The LDSS obtained adequate information to determine the report through interviews and relevant collateral contacts. The LDSS incorrectly unsubstantiated the allegations against the BM. The allegations of IG and DOA/Fatality should have been substantiated against the BM.

The totality of the facts of the case support substantiation when criteria noted in 13-OCFS LCM-01 is applied. The BM had access to a Pack-N-Play but failed to exercise a minimum degree of care by choosing not to use it. The BM further failed to exercise a minimum degree of care by choosing to use a blow up air mattress that took up the majority of the interior of the room that the mattress was placed in. An unsafe sleep environment was created by the blow up mattress, as well as the lack of space between the mattress and the wall. This was an aggravating factor that contributed to the child's death. The medical examiner established causation by determining that the SC's death was due to, "Asphyxia due to obstruction of mouth and nose due to being wedged between wall and mattress while bed sharing."

## 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

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- 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? No

**Explain:**

Three notes entered in the case record were not contemporaneous and were between 5 to 6 1/2 months after the case events.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	The allegations of IG and DOA/Fatality against the BM regarding the SC warranted substantiation as the facts of the case met the criteria for substantiation per 13-OCFS-LCM-01.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(c)
<b>Action:</b>	The LDSS must develop a plan to ensure that an appropriate application of statute occurs when determining a sleep related death. The LDSS may refer to 13-OCFS-LCM-01 for guidance.
<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Three notes entered in the case record were not contemporaneous and were between 5 to 6 1/2 months after the case events.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	The LDSS must develop a plan to ensure that contemporaneous recording of case events occurs per statute.

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 10/19/2014

**Time of Death:** 02:11 AM

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

**County where fatality incident occurred:**

ONONDAGA

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

01:15 AM

**Did EMS to respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?** No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** Yes

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

1

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	Aunt/Uncle	No Role	Female	6 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

## LDSS Response

The LDSS' investigation revealed that the SM and the SC moved to the MGM's home approximately two weeks prior to the SC's death. On 10/18/14, the BM fed the SC 8 oz. of formula between 11:30pm-11:45pm. The BM laid the SC down on an air mattress at around 12:00am and the SC fell asleep. The SM laid down and fell asleep on the air mattress that the SC was sleeping on. On 10/19/14, at around 1:00am, the BM awoke to discover the SC with his face wedged between the air mattress and the bedroom wall. Upon touching the SC the BM found the SC was unresponsive, felt like rubber, and had pale lips. The BM ran screaming upstairs to the MGM's room and told the MGM what happened. The MGM called 911 at 1:15am; law enforcement and EMT's arrived one minute later, began CPR and transported the SC to University Hospital. The SC was pronounced dead at 2:11am. An autopsy was performed on 10/19/14 and noted the death of the SC, "...to a reasonable degree of medical certainty, is ascribed to asphyxia due to compression of face between mattress and wall

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while bed sharing. The manner of death is accident." Neither medical staff or law enforcement found any suspicion to warrant criminal charges against the BM or MGM in regards to the SC's death.

In the course of the LDSS' investigation, the MGM reported that the SC had slept in a Pack-N-Play at the BM's home, but the BM did not bring the Pack-N-Play to the MGM's between the two weeks that the BM moved into the MGM's home and the SC's death. The SC was reported to be sleeping on a blow up air mattress at the time of the SC's death. The record did not reflect that the LDSS viewed the air mattress or the bedroom it was located in. The LDSS obtained LE records that described the condition of the mattress, and noted that the queen sized air mattress took up the majority of the room interior that it was placed in. The MGM reported that the SC usually slept in a car seat at her home, but no car seat was observed by the LDSS and the LDSS did not question the MGM and BM further about the car seat's absence.

The LDSS' investigation revealed no safety issues regarding the SC's 6-year-old MA. Funeral cost assistance and grief counseling services were provided. No ongoing services were deemed necessary. The LDSS made regular attempts to contact the SC's BF and BM throughout the course of the investigation. The BF refused contact from the LDSS and the BM met with the LDSS only once. On 5/21/15, the LDSS unsubstantiated the allegations of IG and DOA/Fatality against the BM. The LDSS documented that, "The final autopsy determined that the death was an accident due to asphyxia after the child's mouth and face were wedged between a wall and air mattress while bed-sharing. Because there are no additional underlying factors other than co-sleeping, this report will be unfounded and closed."

## Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** 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
016461 - Deceased Child, Male, 6 Mons	016462 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
016461 - Deceased Child, Male, 6 Mons	016462 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine

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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 type="checkbox"/>	<input checked="" 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"/>
First Responders	<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"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Attempts were made to contact the source. The 10/21/14 home visit note was entered 6 1/2 months late. A 12/10/14 note was entered 5 months late and a 10/22/14 note was entered 6 1/2 months late.

<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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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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## 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 checked="" 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 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"/>

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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? Yes**

**Explain:**

Information on grief counseling services was provide by the LDSS.

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

**Explain:**

Information on grief counseling services and financial assistance services for burial was provided by the LDSS.

## 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?** N/A  
**Was the child acutely ill during the two weeks before death?** Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections         | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco        |

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- 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 within three years prior to the fatality.

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

There is no CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York state.

### Services Open at the Time of the Fatality

#### Required Action(s)

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

- Yes  No

#### Preventive Services History

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

#### Required Action(s)

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

- Yes  No

#### Foster Care Placement History

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

**Legal History Within Three Years Prior to the Fatality**

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

**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