



Report Identification Number: SY-16-046

Prepared by: Syracuse Regional Office

Issue Date: May 11, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



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

Jurisdiction: Oneida
Gender: Male

Date of Death: 09/04/2016
Initial Date OCFS Notified: 09/15/2016

Presenting Information

On 9/15/16, Oneida County DSS (OCDSS) received a report alleging that on 9/3/16 the BF put the 8 month old SC in a baby swing because the child was fussy, and the BF let the child fall asleep in the swing. The BF checked on the SC and the SC was unresponsive and not breathing in the swing. The BF sought medical attention for the SC. On 9-4-16 at approximately 12:36 am the child passed away at the hospital. The child had no pre-existing medical conditions that contributed to his death. The child's body had no signs of trauma, and no visible injuries. The grandparents were also in the home at the time of the SC's death, thus the father, along with the grandparents were considered alleged subjects.

Executive Summary

On 9/15/16 Oneida County Department of Social Services (OCDSS) received a report alleging DOA/IG against the BF, PGF and PGM regarding an eight month old male infant. The report alleged that on 9/3/16 the BF placed the SC in a baby swing, because the child was fussy. The BF let the SC fall asleep in the swing. The BF checked on the SC and found him unresponsive and not breathing in the swing. The BF sought medical attention, and the SC subsequently passed away at the hospital.

On 9/6/16, prior to the DOA/IG report, OCDSS became aware of the death when contacted by the ME's office requesting CPS history on the SC's family. OCDSS advised they had not received an SCR report regarding the fatality, and did not have sufficient information to do so. Both OCDSS and ME contacted LE advising a report needed to be made.

OCDSS determined that the BF was home caring for the SC, while the BM was out of town with a friend. The PGF and PGM also resided in the home, were said to be asleep at the time of the incident, and therefore also named as AS's on the report. At approximately 10pm the BF put the SC in the baby swing to help calm him, and reported by the family a usual practice. The BF went to another room in the house to hang out with a friend, checked on the SC sometime later and attempted to move him into his crib. The BF stated the SC fussed so he returned him to the swing to sleep. At approximately 12pm the BF checked on the SC and reported finding him nearly inverted, unresponsive and not breathing. The BF carried the SC to his parent's bedroom where the PGM called 911. As instructed by 911 operators, the PGM began CPR until the EMT's arrived. The SC was transported to the hospital and was pronounced dead at approximately 2:12 am (9/4/16). LE informed OCDSS that the BF reported that the SC was asleep in the swing/seat, and he returned about 20 minutes later to find the SC unresponsive, and 911 was called. During the interviews with LE and the BF there was inconsistency in regards to the timeframes when the BF checked on the SC. OCDSS did due diligence to resolve the conflicting information, however was unable to do so. Throughout the investigation OCDSS assessed for immediate and ongoing safety and risk factors by gathering information from the source, medical records, CPS history, LE, and the first responders. Home visits and appropriate interviews were conducted with the birth parents and collateral contacts. No risk or safety concerns were noted. There were no surviving siblings or other children residing in the home. OCDSS offered financial, bereavement and counseling services, however the family was not interested.

The preliminary autopsy report stated the SC was a well nourished infant with no external evidence of injury and known medical history. The internal examination revealed severely congested lungs, but no other apparent toxicology. No indications of trauma were seen. Microbiologic, histologic and toxicological studies were pending at the time of this report. Based on the preliminary autopsy report and due to the lack of evidence to support the allegations of DOA/IG against the BF and paternal grandparents, OCDSS unsubstantiated and closed the case on



11/21/16 with no services.

Immediately prior to OCFS issuing the fatality report the final autopsy report was received by OCDSS. The cause of death was noted as "sudden death associated with an unsafe sleep environment". An appropriate determination was made based on the information OCDSS had at the time, with no information or factors indicating OCDSS should keep the case open.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

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:

OCDSS conducted appropriate casework activities to make the determination and 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: 09/04/2016

Time of Death: 02:12 AM

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

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes



At time of incident leading to death, had child used alcohol or drugs? N/A

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? No - but needed

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	8 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	55 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	54 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)

LDSS Response

On 9/15/17 OCDSS received a report regarding the death of the SC that occurred on 9/4/16. On 9/6/16 OCDSS was made aware of the SC's death when contacted by the ME office requesting CPS history on the SC's family. OCDSS advised the ME's office that there had not been a report made, as OCDSS didn't have sufficient information to make a report. At which time both ME and OCDSS contacted LE regarding making the report. OCDSS reviewed the family's CPS history, with no CPS history against the BF or involving the SC. There was one unsubstantiated report in 2006 made against the PGM and PGF for CD/A and IG regarding the BF. There were no surviving siblings or other children in the home at the time of the investigation. OCDSS requested and gathered statements taken from LE. LE reported there was no indication of trauma or abuse/maltreatment and the final autopsy was waiting toxicology reports. OCDSS contacted the source and made appropriate collateral contacts by requesting 911, hospital, and pediatric records, with no concerns found. OCDSS conducted appropriate interviews and assessed the home for safety and risk factors, with no concerns noted. The home had a crib and both parents stated they used the crib, further stated they put the child on his back to sleep. OCDSS determined that the BM was out of town with a friend at the time of the incident. The BF was home and had placed the SC in a baby swing to sleep, occasionally checking on the SC, and at about midnight discovered the SC nearly inverted in the swing and unresponsive. 911 was called and the SC was transported to the hospital. During the multitude of interviews with LE and the BF there was inconsistent information regarding the timeframes when the BF had checked on the SC. OCDSS did due diligence to resolve the conflicting information, however was unable to do so. OCDSS provided the family with information regarding burial assistance, bereavement and support groups. The family declined all services. The preliminary autopsy revealed a well nourished infant male with no external evidence of injury or trauma, and no known medical history. With an internal examination revealing severely congested lungs, but no other apparent pathology.



OCDSS contacted the ME's office and results from the doll reenactment were shared, with preliminary findings that the SC may have slipped in the swing seat causing positional asphyxia. The final determination is awaiting toxicology reports. The final autopsy report stated that although the doll re-enactment showed the infant was discovered partially inverted, with hyperextension of the neck, in a partially collapsed portable travel infant swing, that raised the possibility of an element of positional asphyxia, there were no physical findings to support it. The ME further stated in the report to a reasonable degree of medical certainty that the SC's death was "ascribed to sudden death associated with an unsafe sleep environment".

OCDSS unsubstantiated the report and closed the case based on the preliminary autopsy report and the lack of evidence to support the allegations of DOA/IG against the BF and PGP's. The LE investigation remained open at the time of this report, however criminal charges had not been pressed due to LE's belief that the SC's death was accidental.

Official Manner and Cause of Death

Official Manner: Undetermined

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
036044 - Deceased Child, Male, 8 Mons	036047 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
036044 - Deceased Child, Male, 8 Mons	036047 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
036044 - Deceased Child, Male, 8 Mons	036049 - Grandparent, Male, 55 Year(s)	DOA / Fatality	Unsubstantiated
036044 - Deceased Child, Male, 8 Mons	036049 - Grandparent, Male, 55 Year(s)	Inadequate Guardianship	Unsubstantiated
036044 - Deceased Child, Male, 8 Mons	036048 - Grandparent, Female, 54 Year(s)	DOA / Fatality	Unsubstantiated
036044 - Deceased Child, Male, 8 Mons	036048 - Grandparent, Female, 54 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>



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

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

Explain:

No surviving siblings or other children residing in the home.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

Services were offered but refused by the family

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? 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
- Was not noted in the case record to have any of the issues listed

- 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

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

10/25/06-2/2/07 Child's drug alcohol use was unfounded against the BF's sister regarding the BF. IG unfounded against PGM and PGF.

8/8/08-4/13/09 MGM filed PINS against BM's sister for delinquency and emotional problems in school and at home. Court ordered preventive services were provided to the BM and BM's sister. Case closed with voluntary community services.

Known CPS History Outside of NYS

No known CPS history outside NYS

Required Action(s)

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

- Yes
- No

Preventive Services History

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

Legal History Within Three Years Prior to the Fatality

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

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