



Report Identification Number: SY-18-009

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

Issue Date: Aug 01, 2018

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 03/05/2018
Initial Date OCFS Notified: 03/05/2018

Presenting Information

An SCR report alleged that on March 5, 2018, mother fed her 6-week-old son at about 6PM and fell asleep with him in a recliner. Mother woke up later and the child was not breathing. Mother called 911 at 9:40PM and met EMS outside the home with the child. EMS began CPR on the child and continued while the child was being transported to the hospital. The child's color was pale and mottled. There were no visible injuries to the child's body. The child was subsequently pronounced dead on March 5, 2018 at 10:50PM. The role of the father was unknown.

Executive Summary

This fatality report concerns the death of a 1-month-old male child that occurred on 3/5/18. A report was made to the SCR on 3/5/18 with concerns the mother had fallen asleep with the child in a chair, which resulted in the fatality. There were no surviving siblings or other children in the home.

Broome County Department of Social Services (BCDSS) coordinated efforts with LE upon receipt of the fatality report. The family had no criminal history. An autopsy was performed and the ME ruled the death accidental. The autopsy findings were consistent with asphyxiation due to mechanical obstruction of the nose and mouth. The ME found no signs of abuse or trauma and found the child's stomach to be full which was consistent with mother's explanation.

Mother reported sitting in a big cushioned chair with the child and feeding him between 6 and 6:30PM on 3/5/18. The child fell asleep and mother subsequently fell asleep. When she awoke a few hours later, she found the child had slid down on her arm and was face down in her arm. Mother realized the child was not breathing and she placed him on the floor and called 911. Mother followed dispatch instructions to perform CPR until LE and EMS arrived. Child was transported to the hospital and resuscitation efforts were unsuccessful. The child was pronounced dead around 10:50PM. The child had no preexisting medical conditions and was otherwise healthy.

BCDSS gathered information about the child's death from the mother, LE, EMS, hospital staff, and ME. CW also contacted collaterals such as the child's pediatrician and relatives, both of whom had no concerns for the parents or child.

Several home visits were made and collaterals were interviewed. Grief counseling was offered and declined as the family had already set up counseling on their own. The family had no CPS history. BCDSS completed required reports and safety assessments accurately and on time and completed a thorough investigation; however, several progress notes were not entered contemporaneously. The case was unfounded and closed on 5/10/18. BCDSS found no aggravating factors and the ME ruled the death accidental.

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:

The casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Several progress notes were entered more than 30 days after the event date.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/05/2018

Time of Death: 10:50 PM

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

County where fatality incident occurred: Broome

Was 911 or local emergency number called? Yes

Time of Call: 09:40 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
- 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
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	No Role	Male	35 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)

LDSS Response

On 3/5/18, BCDSS received the fatality report from the SCR. BCDSS immediately began their investigation and coordinated efforts with LE. BCDSS contacted the source, completed a CPS history check, and notified the ME and DA of SC's death. There were no surviving siblings or other children living in the home.

On 3/5/18, CW went to the hospital to speak to the father. The father appeared devastated and in shock. The father did not have a lot of information as he was at work during the time the child became unresponsive. He said this was their only child and the child had been healthy. The father denied he or the mother had any issues with drugs or alcohol, domestic violence, or mental health issues. Father agreed to have the CW follow him home to speak to mother. CW observed the child in the hospital.

CW went to the home to interview the mother. CW observed the home to be above minimal standards. Mother was distraught and denied any concerns with drugs or alcohol, domestic violence, or mental health issues. The mother stated the child was healthy, feeding and sleeping well. The mother said she was sitting in a big cushioned chair with the child and fed him a bottle between 6 and 6:30PM. She said he had fallen asleep and she subsequently fell asleep. The mother said the child was in her arms with his head on her left shoulder and when she woke up he was not breathing and his head was face down in her left arm. He had slid down lower on her arm from where he was initially placed. The mother put the child on the floor, called 911, and followed directions given by dispatch to perform CPR. LE and EMS arrived and child was transported to the hospital. Father said he and mother were educated on safe sleep at the hospital where the child was born. CW observed the crib in the home where parents said the child usually slept. CW provided the family with grief counseling information and asked if they needed any other services. The family said they had already set up counseling and had no further needs at that time. The mother said relatives were coming to town to help them through this difficult time.

CW spoke with LE who said when they arrived at the home after the 911 call the child appeared deceased. LE assisted the mother with CPR until EMS arrived. LE reported no concerns about the condition of the home. The home was clean and



contained provisions for the child. The family was not known to LE. LE said the incident did not appear suspicious.

CW spoke with hospital staff who said the child was unresponsive when he arrived and they did not observe any visible injuries. CW also spoke with EMS who said the call came in 9:40PM, they arrived around 9:45PM and performed CPR on the child until arriving at the hospital at 9:56PM. EMS said the child was not breathing at any point during their contact with him.

BCDSS contacted the child's pediatrician who had no concerns with the family and said the child was healthy. CW obtained medical records from the pediatrician and hospital.

The family had no CPS history and no criminal history. LE did not file any criminal charges against either parent. The case was unfounded and closed on 5/10/18. BCDSS found no aggravating factors and the ME ruled the death accidental.

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
046841 - Deceased Child, Male, 1 Mons	046842 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated
046841 - Deceased Child, Male, 1 Mons	046842 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Several progress notes were entered more than 30 days after the event date.

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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 parent(s) and other care givers to address any immediate needs related to the fatality? N/A

Explain:

Services were offered and parents declined.

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
- 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)	Allegation Outcome	Compliance Issue(s)
03/05/2018	Deceased Child, Male, 1 Months	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report alleged that on 3/5/18, mother fell asleep with child (1 month) in her arms in a recliner. During this time, child's breathing was obstructed, he stopped breathing, became unresponsive and required cardiopulmonary resuscitation. The child's body appeared mottled and purple from blood pooling. It was unknown at that time if the child would survive. The role of the father was unknown.



Report Determination: Unfounded **Date of Determination:** 05/10/2018

Basis for Determination:
The mother accidentally fell asleep after the child fell asleep in her arms. There were no aggravating factors and the death was ruled accidental by the ME.

OCFS Review Results:
BCDSS spoke to several collaterals such as LE, EMS, the child's pediatrician, relatives, and the ME.

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

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

The family had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family had no known CPS history outside of NYS.

Legal History Within Three Years Prior to the Fatality

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

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