



Report Identification Number: SY-18-020

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

Issue Date: Oct 17, 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: 2 year(s)

Jurisdiction: Tioga
Gender: Female

Date of Death: 05/18/2018
Initial Date OCFS Notified: 05/22/2018

Presenting Information

An OCFS 7065 form was completed by Tioga County Department of Social Services (TCDSS) and forwarded to OCFS. The form stated that on 5/18/18, at 5:30AM a 911 call was made by the biological father to report the subject child was unresponsive. First responders, including EMS responded to the call and performed CPR on the child. The child was unable to be revived. The subject child and biological father had an open CPS investigation at the time of the SC's death.

Executive Summary

This report concerns the death of the 2-year-old female SC. TCDSS notified OCFS of the SC's death on 5/18/18 through the OCFS 7065 form. TCDSS had received an unrelated SCR report regarding the SC on 5/15/18 and the investigation remained open at the time of the SC's death on 5/18/18. The allegations in the CPS report were regarding unexplained bruising to the SC's chin area. TCDSS investigated and found no evidence the marks were inflicted. The SC was medically fragile and had several health conditions that required regular medical care. The SC's father was her only caregiver and demonstrated extensive knowledge of her medical needs. The SC could not be fed by mouth and was fed through a gastrointestinal tube. There was no suspicion that abuse or maltreatment contributed to the death of the SC, therefore her death was not reported to the SCR.

The SC had a SS, that resided in the state of Michigan with the MGM. The SC had no contact with the SS and the SC's father was not the father of the SS. There were no other children residing in the SC's home. The SC's mother was unable to be located and she had no regular contact with the SC.

The ME was notified and performed an autopsy. The cause and manner of death were pending at the time this report was written, and TCDSS had not received an autopsy report. LE was present for the autopsy and reported that the ME had a theory that the SC may have aspirated, because there was food found in her esophagus. The ME was waiting on the SC's toxicology screen to determine if any of her pre-existing health conditions contributed to her death. LE noted that based on their discussion with the ME, the SC's death was likely due to natural causes. LE found no criminality surrounding the SC's death.

The SC's father was cooperative with both LE and TCDSS during the investigation of his daughter's death. TCDSS assisted the father with burial costs and made referrals for mental health and bereavement counseling. The father accepted the referrals, but it was not clear if he engaged in these services.

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?**

N/A

**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 was commensurate with case circumstances.

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: 05/18/2018

Time of Death: Unknown

Time of fatal incident, if different than time of death: 05:30 AM

County where fatality incident occurred: Tioga

Was 911 or local emergency number called? Yes

Time of Call: 05:28 AM

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

How long before incident was the child last seen by caretaker? 20 Minutes

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	No Role	Female	2 Year(s)
Deceased Child's Household	Father	No Role	Male	47 Year(s)
Other Household 1	Mother	No Role	Female	39 Year(s)

LDSS Response

On 5/18/18, TCDSS received a telephone call from LE to advise them of the death of the SC. TCDSS had an open CPS investigation at the time of the SC's death and began a joint investigation with LE. TCDSS learned the SC had one SS and he resided in another state and had no contact with the SC. There were no other children or adults living in the SC's home.

TCDSS received a copy of the BF's statement to LE regarding the death of the SC, in addition to speaking with him. The BF reported the same information to both parties. The BF woke at around 5:00AM on 5/18/18 and found the SC sleeping on her stomach in her bedroom. The BF had placed her to sleep in that position on 5/17/18 at about 10:00PM. The BF stated the SC was fine and he did not hear any odd sounds. The BF left the room and went into the kitchen to make coffee and prepare breakfast for the SC. At around 5:30AM, the BF returned to the SC's bedroom to wake her. He then noticed she was still asleep on her stomach and her diaper was wet. The BF picked her up and she was limp. He then carried her to the living room and placed her on the couch. He listened to her chest and she was not breathing. The BF then called the PU that lived close by. The PU was previously an EMT and directed the BF to call 911. The PU's daughter-in-law arrived at the home and began CPR, while the BF spoke to the 911 dispatcher. The PU then arrived at the home, before first responders, and took over the CPR. First responders arrived and took the SC to the hospital via ambulance. The BF followed in a car with the PU. The BF explained that the SC took several medications daily and reported he administered them last at 9:00PM on 5/17/18.

TCDSS spoke with first responders as well as reviewing the statements they made to LE. They reported the PU was performing CPR when they arrived at the home. First responders took over CPR and reported hearing fluid in the SC's chest. The SC was warm to the touch.

The PU reported the same details regarding the events that occurred the morning of 5/18/18. The BM lived out of the state and had no contact with the SC.

TCDSS reviewed the SC's medical records and found no evidence that the BF was failing to provide her with adequate care. The BF appeared to be meeting all the SC's medical needs and was her sole caregiver. The BF was knowledgeable about the SC's medical conditions.

Official Manner and Cause of Death

Official Manner: Pending

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 reviewed by an OCFS approved Child Fatality Review Team? No



Comments: TCDSS does not have an OCFS approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

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

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



Child Fatality Report

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

The SS resided out of state with the MGM.

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

Explain:

The BF was offered referrals for burial assistance, mental health counseling and assistance applying for medical insurance.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

Yes

Was there an open CPS case with this child at the time of death?

Yes

Was the child ever placed outside of the home prior to the death?

Yes



Were there any siblings ever placed outside of the home prior to this child's death?

Yes

Was the child acutely ill during the two weeks before death?

No

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)
05/15/2018	Deceased Child, Female, 2 Years	Father, Male, 47 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 2 Years	Father, Male, 47 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report was received that alleged the SC had a bruise along her chin line that appeared to be inflicted. The BF was the sole caregiver for the SC at the time of the injury, and he had no explanation for it.

Report Determination: Unfounded**Date of Determination:** 07/13/2018**Basis for Determination:**

TCDSS made several home visits and found the SC to be safe in the care of the BF. The SC had several medical conditions and required constant care. The SC was not walking, but was able to wiggle and move. TCDSS could not rule out the possibility that the SC could have rolled over or scratched her own face, causing the bruise. The source of the report told TCDSS that the BF was a caring and appropriate caregiver for the SC.

OCFS Review Results:

The SC died during the investigation. The BF was cooperative with TCDSS and LE and the ME performed an autopsy and the SC had no signs of abuse. The casework was commensurate with the case circumstances.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/20/2016	Deceased Child, Female, 9 Months	Father, Male, 46 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 9 Months	Father, Male, 46 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

An SCR report was received alleging that the SF cancelled a medical appointment the SC had and as a result he did not have the necessary medical supplies. The SC had several medical issues that required constant attention.

Report Determination: Unfounded**Date of Determination:** 09/16/2016**Basis for Determination:**

TCDSS found that the SF had just returned to NY from Michigan and was getting the SC all the medical attention she required and meeting her needs. The SC was receiving in home therapy and the SF agreed to voluntary Preventive Services to assist him in coordinating the SC's medical care.

OCFS Review Results:

The casework was commensurate with the case circumstances. TCDSS had contact with the CPS Worker in Michigan and made several home visits to assess the services that the BF needed to care for the SC.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/30/2015	Deceased Child, Female, 3 Days	Mother, Female, 37 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

An SCR report alleged the BM used several drugs and alcohol throughout her pregnancy with the SC. Consequently, the SC was having withdrawal symptoms at birth. The SM acknowledged her use of drugs impacted the SC.

Report Determination: Unfounded**Date of Determination:** 11/24/2015**Basis for Determination:**

Although the BM admitted to using illicit drugs, alcohol and tobacco throughout her pregnancy, TCDSS found no credible evidence that the BM continued to use drugs after the birth of the SC. During the open investigation, the BM, BF and SC moved to another state. TCDSS notified the Child Protective Service Agency in the state where the family relocated and a CPS report was initiated.

OCFS Review Results:

The casework was commensurate with the case circumstances. Although the SC had tremors and seizures after birth, the cause was not medically clear. TCDSS made a referral to CPS in Michigan after the BM, BF and SC moved there. TCDSS shared their case information with Michigan.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

9/2006-10/2006- An SCR report with an allegation if IG substantiated against the BF regarding an unrelated child he was residing with at the time of the report.

6/2011-6/2011-An SCR report with allegations of IG and PD/AM substantiated against the BM in regard to the SS.

11/2011-11/2011-An SCR report with allegations of IG, LS and PD/AM unsubstantiated against the BM in regard to the SS.

11/2013-12/2013-An SCR report with allegations of IG, LS and PD/AM unsubstantiated against the BM in regard to the SS.

Known CPS History Outside of NYS

The BM and BF had CPS history in the state of Michigan. TCDSS spoke with the caseworker in Michigan regarding the history of the family. TCDSS learned that the SC and her SS were removed from the BM and BF due to the BM's drug misuse, DV and the BF's unwillingness to follow through with the SC's medical appointments while in Michigan.

Preventive Services History

The BF had an open voluntary Preventive Services case from 9/16/16 until 3/3/17. The case was opened after the BF regained custody of the SC after relocating to New York. The BF required assistance in linking the SC with appropriate medical service providers, applying for Social Security benefits, and navigating the process of applying for health insurance. When the case concluded the BF had found appropriate doctors for the SC and was taking her to necessary appointments, was working with Occupational and Physical Therapists. Additionally TCDSS had made referrals for early intervention and car seat assistance programs. The case concluded as the BF had attained all service goals and was appropriately caring for the SC and tending to all her needs.

Foster Care Placement History



The SC and her SS were removed from the BF and BM on 3/25/16, while the family resided in the state of Michigan. The reason for removal was the BM's substance abuse, domestic violence, and the BF's failure to provide appropriate medical care. The BF participated in and completed court ordered services in Michigan on 6/20/16, and was then dismissed from the neglect petition as there was not enough evidence to support the allegations. The SS remained living with the MGM, and the court released the SC to the BF's care on 7/16/16. The BF and SC relocated to New York with the permission of the Family Court in Michigan. The foster care case regarding the SC was closed in the State of Michigan.

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