



Report Identification Number: SY-19-052

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

Issue Date: Feb 11, 2020

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: 6 month(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 10/22/2019
Initial Date OCFS Notified: 10/23/2019

Presenting Information

An SCR report was received with concerns around 9:00 PM on 10/21/19, the mother left the 6-month-old subject child alone on an adult bed while she left to run errands. The mother placed pillows around the child, and a pillow in the gap between the wall and the mattress. When the mother returned home around 10:00 PM, she found the child stuck between the wall and the bed, unresponsive. The child’s head was positioned toward the floor with his feet in an upward direction. The mother and grandfather drove the child to hospital, where he was pronounced deceased. The roles of the father and grandfather were unknown.

Executive Summary

This fatality report concerns the death of a 6-month-old male subject child (SC) that occurred on 10/22/19. A report was made to the SCR on 10/23/19 with allegations of Inadequate Guardianship and DOA/Fatality against the child’s mother (SM). Broome County Department of Social Services (BCDSS) received the report and investigated the child’s death. An autopsy was completed, and the final report noted the official cause of death as “positional asphyxiation and complications thereof,” and the manner of death as “accident.”

At the time of the child’s death, he resided with his mother, father (BF), maternal grandfather (MGM), the grandfather’s wife (MGM), and their 13-year-old daughter (MA). The investigation revealed on the night of 10/21/19, the father was at work while the mother and the other family members were at home. The mother placed the child in the parents' queen size bed to sleep at approximately 8:30 PM; the child was surrounded by body pillows and covered in a baby blanket. The mother decided to run errands while the child slept, and asked the 13-year-old to check on the child if she heard him crying. The mother left the home around 9:30 PM and returned around 10:15 PM. Upon her arrival home, she tended to a few chores around the house and then went to check on the child. The mother could not find the child at first, as he was not on the bed where she had left him; the other family members were asleep in their rooms. The mother then searched the bed by lifting pillows, and found the child wedged between the wall and the mattress, unresponsive. The mother attempted to call emergency services; however, her phone battery died before she could speak to someone. The mother yelled to wake the others in the home, and then brought the child outside to the front yard where she began chest compressions. The grandfather drove the mother and child to the emergency room. Medical staff were able to revive the child, and he was airlifted to a hospital that could better cater to his needs. After thorough examinations, it was determined the child’s prognosis was extremely poor, and the parents made the decision to remove life saving measures. The child was declared deceased on 10/22/19 at 6:26 PM.

From the time the investigation began to the time of this writing, BCDSS met with all family members and interviewed pertinent collateral sources. Law enforcement completed an investigation and their findings corroborated the information that was provided to BCDSS. The parents were aware of safe sleep practices and had appropriate provisions available to them in the home. The case remained open and ongoing at the time of this writing.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

BCDSS gathered sufficient information to appropriately determine the allegations and assess the safety of the 13yo MA.

Was the decision to close the case appropriate? N/A

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the 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: 10/22/2019

Time of Death: 06:26 PM

Date of fatal incident, if different than date of death:

10/21/2019

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

Unknown

County where fatality incident occurred:

Broome

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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**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
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)

LDSS Response

On 10/23/19, BCDSS received the SCR report regarding the death of SC, which occurred on 10/22/19. BCDSS had been involved with the family since that date after a report was received with concerns SC was hospitalized due to being found unresponsive in an adult bed. SC was admitted to the hospital and placed on life support; however, the parents made the decision later that day to cease life-saving measures. SC died shortly thereafter. When the initial report was received, BCDSS promptly began gathering information surrounding the SC's death and assessed the safety of the MA.

On 10/23/19, BCDSS and LE met with the family at their home. The parents reported nothing was out of the ordinary regarding SC on 10/21/19, the date of the fatal incident. SM explained she and BM went to work in the morning while SC stayed with MGF. SM stated she returned home a few hours later and played with SC before putting him down for his afternoon nap. SM explained SC sleeps in bed with her and BF, and she napped with him around noon. SM reported she had to return to work at 4:00 PM, and SC was again babysat by MGF. After several more hours, SM returned home for the night; BF remained at work. SM stated she fed SC a jar of baby food and when he became cranky, she brought him up to bed. SM stated while SC was asleep, she ran some errands and asked MA to check on SC if he cried. SM stated she left SC sleeping in the adult bed, surrounded by pillows so he would not fall between the wall and mattress. SM went to the store around 9:30 PM and returned home at approximately 10:15 PM. She stated she put groceries away and then went to check on SC. SM reported when she went into the bedroom, she did not see SC on the bed. SM stated she checked MA's room, and MA was asleep in bed without SC. SM went to check MGF and MGM's room; however, their door was locked. SM went back to her bedroom and checked the bed again by moving the pillows. SM stated she found SC in between the wall



and the mattress, with his body head first toward the floor. SM stated she pulled him out and he was blue and limp. SM reported she tried to contact 911, but her cell phone battery died. She then ran outside with SC and started CPR; MGF came outside and drove them to the hospital. From there, SC was airlifted to a different hospital and placed on life support. BF explained he received a call from MA around 11:00 PM informing him SM was at the ER with SC. BCDSS observed the bedroom where SC was found and noted a bassinet full of items. The adult bed was also observed with several pillows and a comforter. Both parents reported they were educated surrounding unsafe sleep practices and knew of the risks associated with such.

MA was also interviewed on this date, and her story was consistent with SM's. MA explained she checked on SC prior to going to bed herself, and he was on the bed asleep on his back. MA stated she was then awoken by SM yelling. MA had no further information surrounding the incident. MGF and MGM were interviewed and explained they were asleep when everything occurred. They reported they were also awakened by SM yelling; they last saw SC alive and well around 8:30 PM when SM arrived home from work. There were no concerns noted regarding the safety of the home, and MA was assessed as safe.

Throughout the investigation, BCDSS spoke with collateral sources who reported no previous concerns regarding the care of SC. LE found no criminality in the death of SC, and BCDSS offered the family appropriate services in response to the fatality. BCDSS had not yet determined the investigation at the time of this writing.

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

Comments: This fatality investigation was conducted by the Broome County Multidisciplinary Team.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed by the Broome County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053121 - Deceased Child, Male, 6 Month(s)	053122 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Pending
053121 - Deceased Child, Male, 6 Month(s)	053122 - Mother, Female, 28 Year(s)	DOA / Fatality	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information:

BCDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Explain:
BCDSS offered the family appropriate services in response to SC's death.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
The 13yo MA did not need to be removed as a result of this fatality report.

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 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 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 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"/>				

Additional information, if necessary:
BCDSS provided the parents and grandparents with appropriate services referrals in response to SC's death.

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:

BCDSS offered appropriate service referrals for the 13yo MA in response to SC's death.

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

Explain:

BCDSS provided the parents and grandparents referrals for grief counseling and bereavement services.

History Prior to the Fatality

Child Information

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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

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

Known CPS History Outside of NYS

There was 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