



## Report Identification Number: SY-23-041

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

Issue Date: Mar 04, 2024

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 had an open investigation or a CPS monitored services 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services	DA-District Attorney	
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 09/27/2023  
**Initial Date OCFS Notified:** 09/27/2023

## Presenting Information

On 9/27/2023, Onondaga County Department of Child and Family Services (OCDCFS) received initial and subsequent SCR reports regarding the illness and death of the 1-year-old subject child. The SCR reports alleged the mother and father overdosed on unknown illegal substances and passed out in a running vehicle with the subject child. The vehicle filled with carbon monoxide and all family members required CPR. The family was transported to the hospital where the subject child was pronounced deceased.

## Executive Summary

This report concerns the death of a 1-year-old subject child. At the time of her death, the subject child resided with her mother and father. There was a 16-year-old maternal half-sibling who had no contact with the mother since 2018. The half-sibling resided full time with her father and was assessed to be safe in his care.

The family was evicted from their home on 9/25/2023 and slept overnight in their car on 9/25/2023 and 9/26/2023. Around 1:00 AM on 9/26/2023, the mother contacted a 24-hour emergency hotline to request shelter for the family and was instructed to report to the shelter office. The parents did not drive to the shelter as they were concerned about driving their car, which was unregistered and in poor working condition. The father woke up throughout the night to run the car for heat and fell asleep with the car running and the subject child on his lap sometime during the morning of 9/27/2023. The car was parked behind an apartment complex, and around 9:00 AM on 9/27/2023, apartment complex staff observed the mother, father, and subject child asleep in the running car. A staff member contacted 911 and first responders arrived, initiated life-saving measures, and transported all family members to the hospital where the subject child was pronounced deceased. First responders reported an initial concern that the parents' unconscious state may have been the result of a drug overdose; however, it was later determined to be the result of carbon monoxide poisoning.

An autopsy was completed, and the final autopsy report was provided to OCDCFS by the office of the medical examiner. The cause of death was "Carbon monoxide poisoning" and the manner of death was "Accident." The report detailed the circumstances of the death and noted the subject child was tested at the hospital and during the autopsy and found to have a blood carbon monoxide saturation of 40% and 23% respectively. The autopsy report further noted the car had a clogged cabin air filter. The law enforcement investigation was closed with no charges or arrests.

The allegations of DOA / Fatality, Inadequate Guardianship, Lack of Supervision, Parent's Drug / Alcohol Misuse, and Poisoning / Noxious Substances were unsubstantiated against the mother and father. The Investigation Conclusion Narrative noted the cause and manner of death from the final autopsy report and noted the medical examiner's office and hospital reported no concerns for trauma or abuse regarding the subject child.

OCDCFS provided the parents with information for grief counseling, mental health services, and substance abuse treatment services; however, it was unknown if the parents utilized that information. The CPS investigation was closed on 1/19/2024.

## 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:

OCDFCS conducted a thorough investigation which met regulatory requirements.

### 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: 09/27/2023

Time of Death: 09:53 AM

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- 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	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)

## LDSS Response

Upon receipt of the SCR report on 9/27/2023, OCDCFS initiated an investigation, coordinated with law enforcement, conducted a visit to the hospital, and gathered information from pertinent collaterals.

The mother and father were interviewed separately and provided substantively similar information regarding the days leading to the subject child's death. The family was evicted from their home on 9/25/2023 and began to reside temporarily in their car. Prior to their eviction, the parents contacted OCDCFS to request shelter and were informed of the eviction process and the process to request emergency shelter. During the early morning of 9/26/2023, the mother contacted a 24-hour hotline to request shelter and was told to report to the shelter office to be placed; however, the parents decided not to do so at that time as they were concerned that their car was not registered. The father reported it was cold overnight into 9/27/2023 and he was periodically running the car for heat. The father fell asleep with the subject child in his lap and the car running. Both parents were unconscious when first responders arrived and had no memory of what occurred before waking up in the hospital.

OCDCFS determined there was a surviving maternal half-sibling who resided in another county with her father. OCDCFS spoke with that father via telephone and verified he had full custody of the half-sibling, and the sibling had no contact with the mother or the subject child.

## 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 referred to an OCFS approved Child Fatality Review Team?** Yes**Comments:** The fatality was referred to Onondaga County's Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066415 - Deceased Child, Female, 1	066416 - Mother, Female, 39	DOA / Fatality	Unsubstantiated



# Child Fatality Report

Year(s)	Year(s)		
066415 - Deceased Child, Female, 1 Year(s)	066416 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066416 - Mother, Female, 39 Year(s)	Lack of Supervision	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066416 - Mother, Female, 39 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066416 - Mother, Female, 39 Year(s)	Poisoning / Noxious Substances	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066417 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066417 - Father, Male, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066417 - Father, Male, 36 Year(s)	Lack of Supervision	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066417 - Father, Male, 36 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
066415 - Deceased Child, Female, 1 Year(s)	066417 - Father, Male, 36 Year(s)	Poisoning / Noxious Substances	Unsubstantiated

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

Explain:

The mother and father were provided information regarding bereavement services, mental health counseling, and substance abuse treatment.

### History Prior to the Fatality

### Child Information



**Did the child have a history of alleged child abuse/maltreatment?** No  
**Was the child acutely ill during the two weeks before death?** No

### 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

The mother was the subject of one unfounded CPS investigation in 2016 regarding the now 16-year-old surviving sibling.

### 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