



**Report Identification Number: SY-24-006**

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

**Issue Date: Jun 10, 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 month(s)

**Jurisdiction:** Oneida  
**Gender:** Female

**Date of Death:** 01/26/2024  
**Initial Date OCFS Notified:** 01/29/2024

## Presenting Information

An OCFS-7065 Agency Reporting Form reflected the child was swaddled and placed down to sleep in a Pack 'n Play sometime after 11:00PM on 1/25/24. The mother awoke around midnight on 1/26/24 and found the child blue in color, with blood coming from her nose. The mother woke the father, who attempted cardiopulmonary resuscitation (CPR) while the mother called 911. Law enforcement responded to the home and took over CPR. The child was pronounced deceased at 1:13AM.

## Executive Summary

This fatality report concerns the death of the 1-month-old subject child that occurred on 1/26/24. Oneida County Department of Social Services (OCDSS) learned of the child's death that day. The fatality occurred during an open CPS investigation, initiated on 12/16/23, following the child's birth. The child was experiencing withdrawal symptoms from the mother's prescribed medication use during pregnancy and required additional monitoring and treatment in the hospital. The child was discharged home from the hospital on 1/4/24 and at the time of her death, resided with her mother and father.

On the evening of 1/25/24, the child woke up around 10-10:30PM and the mother made the child a 4oz bottle of formula. The child drank about 2oz of the bottle, and the mother then changed the child's diaper. Afterwards, the mother swaddled the child, and laid her on her back, in the middle of the Pack 'n Play. The mother then laid down herself on a chair next to the Pack 'n Play and fell asleep for about one hour, waking shortly after midnight. The mother found the child to be blue in color, with blood coming from her nose. The mother screamed and woke the father, who took the child out of the Pack 'n Play and began CPR while the mother called 911. Law enforcement arrived first, and the father handed the child over to officers, who continued resuscitative efforts until the fire departments arrival. The child was then transported via ambulance to the hospital where life-saving efforts continued for approximately 20-30 minutes, at which point the child was declared deceased at 1:13AM.

The final autopsy reported the cause of death was Unexplained Sudden Death with intrinsic factors identified. The manner was considered natural. The autopsy report explained neonatal abstinence syndrome was identified as an intrinsic factor, the significance of which was unclear, and therefore, the death remained unexplained. Law enforcement records reflected no foul play was suspected. The SCR was not contacted regarding the fatality, as there was no indication the death was the result of abuse or maltreatment. The Syracuse Regional Office was notified timely, and the corresponding OCFS-7065 Agency Reporting Form was completed.

OCDSS provided the family with relevant referrals in response to the fatality.

## 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 N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:**  
This was not an SCR reported fatality, nor were there any surviving siblings residing in the home; therefore, safety assessments and a determination regarding the fatality were not required.

### 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: 01/26/2024

Time of Death: 01:13 AM

Time of fatal incident, if different than time of death: 12:00 AM

County where fatality incident occurred: Oneida

Was 911 or local emergency number called? Yes

Time of Call: 12:37 AM

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	No Role	Female	1 Month(s)
Deceased Child's Household	Father	No Role	Male	43 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)

### LDSS Response

There was an open CPS investigation at the time of the child’s death, and OCDSS was informed of the death by the mother on 1/26/24. As part of the open investigation, OCDSS had just completed a home visit on 1/25/24 in which the subject child was observed to be well, and ample provisions for the child, including a Pack ‘n Play were observed. The family was seen to be practicing safe sleep at that time.

A home visit was completed immediately following the mother’s telephone call regarding the death. The mother explained the child had woken up around 10-10:30PM on the evening of 1/25/24 to eat, and the mother made a bottle. The child drank about 2oz of formula and the mother changed her diaper before laying her back down to sleep, swaddled in a receiving blanket, and placed on her back in her Pack ‘n Play. When the mother next woke around midnight on 1/26/24, she found the child blue, with blood coming out of her nose. The mother woke the father and called 911 while the father started CPR. The parents denied the child had been ill prior to her death; however, law enforcement records indicated the parents reported the child had been sick with a stuffy nose and the mother had been suctioning mucus to ease the congestion.

The CPS investigation open at the time of death was regarding concerns of the child experiencing withdrawal symptoms due to the mother’s use of prescribed medication during pregnancy. As part of that investigation, OCDSS learned the mother was following her treatment plan and collaterals expressed no concerns regarding the misuse of prescribed medication or substance misuse. OCDSS asked the mother to submit to a drug screen following the death, which the mother complied with, and the screen was positive for the mother’s prescribed medication only.

The child’s medical history was complicated by neonatal abstinence syndrome, and she remained hospitalized from birth until 1/4/24. OCDSS confirmed through obtaining pediatric records that the child was seen post-discharge on 1/5/24 and 1/12/24 for a 3 and 4-week well-child visit, respectively. No concerns were noted. The child was next due to follow-up with the pediatrician on 2/12/24.

The parents continued to receive services through their previously established providers following the child’s death.

### Official Manner and Cause of Death

**Official Manner:** Natural  
**Primary Cause of Death:** From a medical cause  
**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

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



# Child Fatality Report

<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

The mother was previously engaged in substance use services and continued services after the death. The father also had a previously established mental health provider with whom he was able to continue to utilize.

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

**Explain:**

Both parents had previously established service providers. Bereavement and grief support service information was provided to the parents.

## History Prior to the Fatality

### Child Information

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

**Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

## 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)
12/16/2023	Deceased Child, Female, 4 Days	Mother, Female, 35 Years	Inadequate Guardianship	Pending	No

**Report Summary:**

An SCR report was received on 12/16/23, which alleged the mother delivered the subject child on 12/12/23. The child had a positive toxicology for methadone; however, the mother was in treatment. The mother had a history of substance misuse and had two other children removed from her care. An Additional Information report was registered on 12/17/23, stating the child was admitted to the hospital for withdrawal symptoms, which included increased tone, high-pitched cry, lack of sleep, tremors, poor feeding, fever, excessive sucking, and sneezing. The child required morphine treatment.



**Report Determination:** Undetermined

**OCFS Review Results:**

OCDSS initiated their investigation timely and contacted relevant collaterals to confirm the mother’s compliance with her substance use program. The father disclosed involvement with mental health providers, and OCDSS confirmed compliance. Neither of the parents’ providers expressed concerns for either parent. The subject child remained hospitalized due to withdrawal symptoms from birth until 1/4/24, at which point she was discharged home. The home was assessed, and the parents had adequate provisions for the child prior to her discharge. Safe sleep was reviewed and was being practiced at the time of the child’s death.

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

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

The mother had history with OCDSS regarding two other children who resided with their maternal grandmother at the time of the subject child’s death. The siblings did not have knowledge of the subject child’s birth and subsequent death. Regarding those two siblings, the mother had prior indications in 2018 and 2019. In 2018, the mother and the siblings’ father were using substances and noncompliant with their substance use programs. The home the family resided in was deemed unsafe for the siblings, and the siblings were not up-to-date medically. As a result, a Neglect Petition was filed on behalf of the siblings and the allegations of Inadequate Food/Clothing/Shelter, Lack of Medical Care, Inadequate Guardianship, and Parents Drug/Alcohol Misuse were substantiated. In 2019, Inadequate Guardianship and Parents Drug/Alcohol Misuse were substantiated again when drug paraphernalia was found in the home, within access to the siblings. The mother and siblings’ father admitted to recent drug use and a new Neglect Petition was filed. The siblings were placed with their maternal grandmother on 4/12/19 and established permanency through KinGAP on 1/26/22.

The father had prior history with multiple jurisdictions regarding his other children, which included four indications for Inadequate Guardianship and Parent’s Drug/Alcohol Use. The father did not have contact with any of his minor children, other than the subject child.

### Known CPS History Outside of NYS

There was no known 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