



Report Identification Number: SY-24-012

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

Issue Date: Jun 17, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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: 3 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 03/05/2024
Initial Date OCFS Notified: 03/05/2024

Presenting Information

On 3/5/2024, Onondaga County Department of Children and Family Services (OCDCFS) received an SCR report regarding the death of the 3-month-old subject child. The SCR report alleged that on 3/4/2024 around 7:00 PM, the mother and father placed the subject child in his crib to sleep. Around 7:20 AM on 3/5/2024, the mother and father checked on the subject child and found him unresponsive and not breathing with an adult sized blanket over his face. The mother contacted 911 and EMS responded to the home where the subject child was pronounced deceased. Two subsequent SCR reports were received on 3/5/2024 with similar concerns; however, one of the subsequent SCR reports alleged the mother and father were co-sleeping in their adult bed with the subject child when he was found deceased. All of the SCR reports alleged the unsafe sleeping arrangement contributed to the subject child's death.

Executive Summary

This report concerns the death of a 3-month-old subject child which occurred on 3/5/2024. At the time of his death, the subject child resided with the mother and father. There were no surviving siblings or other children residing in the home.

On 3/4/2024 between 7:00 PM and 9:00 PM, the mother placed the subject child in his portable crib to sleep. The subject child was placed on his back. There were multiple items inside the portable crib including an extra diaper, a package of wipes, a bottle, clothing, a pacifier, and a large furry blanket. On 3/5/2024, the father woke Between 6:30 AM and 7:00 AM and checked on the subject child between 7:00 AM and 7:30 AM because he did not hear the child making any noise. The subject child was lying on his back in his portable crib with a blanket over his face and appeared stiff. The father called 911 and handed the phone to the mother who was instructed to perform CPR until the arrival of first responders.

First responders arrived at the home and continued resuscitative efforts. The subject child was transported to the hospital via ambulance; however, the subject child was declared deceased upon arrival at the hospital. Hospital staff, emergency medical services, and law enforcement noted no signs of physical abuse or trauma on the subject child. Law enforcement reported to OCDCFS that a white substance, believed to be vomit, was observed on the blanket which was found over the subject child's face.

An autopsy was completed; however, the final autopsy report and death certificate were not yet available at the time this report was written. OCDCFS spoke with the medical examiner who reported the autopsy found no anatomical causes of death or signs of trauma on the subject child. At the time this report was written, the final cause and manner of death were pending. The Law enforcement investigation remained ongoing; however, there were no charges or arrests at the time this report was written.

The CPS investigation remained ongoing. As such, the allegations of Inadequate Guardianship and DOA / Fatality against the mother and father regarding the subject child were not yet determined. The case record reflected OCDCFS was waiting for the official cause and manner of death before determining the allegations and closing the investigation.

OCDCFS referred the mother and father to bereavement counseling. Both parents reported they wished to engage with counseling; however, at the time this report was written they had not yet engaged with the services. OCDCFS provided the parents with information for burial assistance.

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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:
OCDCFS conducted an investigation which met regulatory guidelines. Interviews with the parents and extended family members were completed. OCDCFS attended a death scene reenactment and documented the unsafe sleep environment. Records and information were gathered from pertinent collaterals. Services were offered to the parents to address their needs.

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: 03/05/2024

Time of Death: 07:58 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: 07:36 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
 Other

Eating

Unknown

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)

LDSS Response

OCDCFS initiated an investigation immediately upon receipt of the SCR reports. OCDCFS responded to the hospital, interviewed the mother and father, coordinated their efforts with law enforcement, visited the home to observe a death-scene reenactment, and gathered information from pertinent collateral sources including the hospital, the medical examiner, and first responders.

The father was interviewed separately and reported he went to sleep around 7:00 PM on 3/4/2024. The father stated the mother and subject child were still awake when he went to sleep, and the mother put the subject child to sleep sometime thereafter. The father stated he woke around 6:30 AM on 3/5/2024 and checked on the subject child around 7:00 AM as he did not hear the subject child making any noise. The father observed the subject child was in his portable crib, on his back, with a blanket covering his face and head. The father removed the blanket and observed the subject child was stiff and unresponsive. The father alerted the mother and contacted 911; however, could not speak to the 911 operator as he was upset. The father reported the subject child normally slept on his back in his portable crib and the parents left multiple items in the crib for their convenience including wipes, a diaper, extra clothes, a pacifier, and a bottle. The father stated they also placed a large blanket in the portable crib for the subject child. The father was unaware of proper safe sleep practices and OCDCFS educated the father regarding such.

The mother was interviewed separately and reported she put the subject child in his portable to sleep sometime between 7:00 PM and 9:00 PM on 3/4/2024. The mother stated the father was already asleep at that time. The mother stated she woke sometime between 7:30 AM and 7:40 AM on 3/5/2024 when she heard the father screaming. The mother spoke with the 911 operator who directed her to perform CPR, which she did until first responders arrived at the home. The mother stated she and father regularly put the subject child to sleep on his back in the portable crib with the extra items inside for their convenience. The mother performed a death scene reenactment during which a blanket, diaper, a pack of wipes, and some clothing were inside the crib. The mother was unaware of proper safe sleep practices and OCDCFS educated her regarding such.

The case record included multiple differing timelines regarding when the subject child was put in his crib to sleep on 3/4/2024 and when the parents woke up and checked on the child on 3/5/2024. The mother and father provided conflicting information regarding the timeline of the morning of 3/5/2024; however, the record was clear that 911 was contacted at 7:36 AM.



OCDCFS interviewed multiple family members of the mother and father, all of whom reported no concerns for the subject child in the care of the parents.

OCDCFS gathered obstetric, birth, hospital, and pediatric records which noted no concerns for the subject child.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

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 an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
067512 - Deceased Child, Male, 3 Month(s)	067514 - Father, Male, 20 Year(s)	DOA / Fatality	Pending
067512 - Deceased Child, Male, 3 Month(s)	067514 - Father, Male, 20 Year(s)	Inadequate Guardianship	Pending
067512 - Deceased Child, Male, 3 Month(s)	067513 - Mother, Female, 18 Year(s)	DOA / Fatality	Pending
067512 - Deceased Child, Male, 3 Month(s)	067513 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Pending

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"/>



Child Fatality Report

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 at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Funeral arrangements	<input checked="" 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? Yes

Explain:

OCDCFS referred the mother and father to bereavement counseling. Both parents reported they wished to engage with counseling; however, at the time this report was written they had not yet engaged with the services. OCDCFS provided the parents with information for burial assistance.

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

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

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 investigative history more than three years prior to the fatality.

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