



**Report Identification Number: AL-22-019**

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

**Issue Date: Nov 02, 2022**

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

<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:** 5 month(s)

**Jurisdiction:** Washington  
**Gender:** Female

**Date of Death:** 05/23/2022  
**Initial Date OCFS Notified:** 05/23/2022

## Presenting Information

An SCR report dated 5/23/2022, alleged the mother went to work at 4:30AM, and the subject child was left in the sole care of the father. The father checked on the child around 6:30 AM, and the child appeared alive and well. The father went outside to do some work and around 8:24AM, the father came inside to find the child unresponsive and cold to the touch. The father called 911 and the child was transported to the hospital, where she was pronounced deceased. The role of the mother was unknown.

## Executive Summary

This report concerns the death of a 5-month-old female subject child that occurred on 5/23/22. A report was registered with the SCR with allegations of Inadequate Guardianship and DOA/Fatality against the child's father. Washington County Department of Social Services (WCDSS) received the report and conducted a joint investigation with law enforcement.

At the time of the child's death, the child resided with her mother and father, in a camper on a relative's property. There were no surviving siblings. The investigation revealed that the child was born at thirty-one weeks gestation and diagnosed with a respiratory condition; the child remained in the Neonatal Intensive Care Unit for 6 weeks after birth. The parents reported they had taken the child on a road trip prior to the child's death. The parents reported they slept in the car and the child slept in her car seat with a blanket over her legs. The child fell asleep during the car ride home and after arriving home, the father placed the child in her bassinet, that hung above the parents' bed. The mother reported she left for work at 3:45AM and had not checked on the child before she left, but thought she heard the child make a noise. The father reported he woke up at 6:30AM, looked at the child in the bassinet, and she appeared to be sleeping, so he went outside to clean his truck. Around 8:20AM, the father found the child unresponsive in the bassinet and called 911. Law enforcement arrived at the residence and observed a black substance dried on the child's face prior to administering cardiopulmonary resuscitation (CPR). The black substance was determined to be from an iron supplement. Emergency Medical Services (EMS) arrived at the home and transported the child to the hospital where she was pronounced deceased.

Law enforcement obtained search warrants for the residence and reported to WCDSS, the camper the family was residing in had no clear pathways and feces was found throughout the camper. The child was sleeping in a handmade bassinet that was suspended from the camper ceiling over the parent's bed with a paracord and was 8.5 inches above the foot of the bed. Law enforcement observed several blankets from inside the bassinet that were laid across the slats that acted as a mattress. Additionally, there was piles of clothing, a stuffed animal, and a wallet found in the bassinet.

WCDSS contacted the medical examiner, that reported there was an autopsy done and there was nothing significant noted and no obvious signs of trauma to the child. At the writing of this report the autopsy and toxicology reports were pending. The medical examiner reported to WCDSS the child had no sign of choking or asphyxiation. The medical examiner completed the Sudden Unexplained Infant Death Investigation (SUIDI) form. There were no current criminal charges pending and law enforcement planned to keep the case open until they learned the outcome of the toxicology reports.

The investigation was unfounded and closed on 7/22/22. WCDSS did not find a fair preponderance of evidence to substantiate the allegations of Inadequate Guardianship or DOA/Fatality against the father. The family declined grief counseling, burial assistance and family planning that was offered by WCDSS.



**Child's activity at time of incident:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- 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	Female	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)

**LDSS Response**

WCDSS investigated the child's death by reviewing SCR history, notifying the DA's office of the child's death, and speaking to the source of the report, the pediatrician, and law enforcement. They interviewed the mother, father, paternal grandmother, maternal great grandmother, maternal aunt and reviewed records from law enforcement, the pediatrician and the 911 recording.

WCDSS interviewed the mother and father separately, at the law enforcement office regarding the report. Both parents reported they had gone away for the weekend with the child and had slept in the car at night. The child slept in her car seat and the parents covered her legs with a blanket. When the parents returned home, the child was asleep in the car. The mother had gone to bed and the father had placed the child in the homemade bassinet that hung above the parent's bed with a paracord. The mother had left for work at 3:45AM and had not checked on the child prior to leaving the camper. The father got up at 6:30AM, looked at the child in the bassinet and reported he thought she was still sleeping; he went outside to clean out his truck. The father stated the door to the camper was open and he was able to hear the child if she had made noise. Approximately, 2 hours later the father had checked on the child in the bassinet and the child was unresponsive and not breathing. The father called 911; LE arrived at the home and began CPR, EMS arrived and transported the child to the hospital where she was pronounced deceased.

The parents reported the child was born two months premature and had been hospitalized twice after coming home. The parents reported feeding the child a mixture of oatmeal, fruit, water, and baby formula that the pediatrician suggested to keep the child fuller longer. Relatives were interviewed and reported concerns the parents were not feeding the child often enough. The pediatrician was contacted and denied this was something their office would have recommended; however, there was a discussion at the 4-month visit to add a teaspoon of rice to the child's bottle.

The mother reported having mental health diagnosis and was attending counseling weekly. Relatives were interviewed and expressed concerns for the mother's mental health.

WCDSS discovered the camper was on the property of the paternal grandmother. LE obtained warrants for the camper and the parent's vehicles and conducted a crime scene investigation. WCDSS learned the camper had no clear paths, there was animal feces throughout, and several items and articles of clothing that had either animal or human feces on them. The



bassinet hung 24 inches from the ceiling and 8.5 inches above the foot of the parents bed. The camper was deemed an unlawful structure on the property.

WCDSS spoke with the ME regarding the child's death. The autopsy revealed there was nothing significant found and no obvious signs of trauma to the child. At the writing of this report the final autopsy and toxicology reports were pending.

WCDSS offered the parents grief services, family planning and burial assistance; however, the family declined the services. Based on the condition of the camper and that the child was unable to crawl at 5-months-old, the allegation of IG against the father was unsubstantiated. The allegation of DOA/Fatality against the father was unsubstantiated and the case was closed. The law enforcement investigation remained open at the closing of the investigation and no criminal charges had been filed.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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?** No

**Comments:** Washington County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060570 - Deceased Child, Female, 5 Mons	060572 - Father, Male, 21 Year(s)	DOA / Fatality	Unsubstantiated
060570 - Deceased Child, Female, 5 Mons	060572 - Father, Male, 21 Year(s)	Inadequate Guardianship	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 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"/>



# Child Fatality Report

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

There were no surviving siblings.

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

Explain:

WCDSS offered the parents services and were declined.

## History Prior to the Fatality

### Child Information

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/29/2022	Deceased Child, Female, 1 Months	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	Deceased Child, Female, 1 Months	Mother, Female, 22 Years	Inadequate Guardianship	Far-Closed	
	Deceased Child, Female, 1 Months	Father, Male, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	



Deceased Child, Female, 1 Months	Father, Male, 21 Years	Inadequate Guardianship	Far-Closed
----------------------------------	------------------------	-------------------------	------------

**Report Summary:**

An SCR report was tracked FAR which alleged the subject child was born premature and spent 6 weeks in the hospital before she was discharged. The parents left the child in a car for 10-15 minutes, while the car was running and had a propane cylinder in the backseat with the child. The family resided in a camper that was unsanitary, cluttered, and smelled like ammonia from cat feces throughout the camper. The camper was not appropriate for the weather and the child was cold to the touch. The parents failed to provide the child with a safe and sanitary home. The parent's were offered help with safe housing but refused.

**OCFS Review Results:**

WCDSS began their investigation and assessed the family was eligible for FAR. WCDSS met with the family, made home visits, and spoke with collateral contacts. WCDSS assessed the camper and there were no safety concerns, the camper was warm and clean, and safe sleep was observed for the SC. The 7-day Safety Assessment was completed appropriately, and notifications were made to the family in the required time frame. The FLAG was completed with the family and the parents were asked if they wanted any services that were offered by WCDSS, the parents declined needing any services.

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

**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**

The was no known history outside of New York State.

**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.

**Additional Local District Comments**

Washington County is in agreement with the comments related to this fatality. Information related to the final autopsy and toxicology report will be provided once received by the agency and noted in case file.

**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