



**Report Identification Number: SY-17-046**

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

**Issue Date: Dec 13, 2017**

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		
<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	
<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:** St. Lawrence  
**Gender:** Female

**Date of Death:** 09/26/2017  
**Initial Date OCFS Notified:** 09/27/2017

## Presenting Information

An SCR report was received on 9/26/17. The report stated the SM and SF were sleeping in the same bed with the 1-month-old SC. The SF was sleeping by the wall, SM in the middle and the SC was on the outside next to SM. Both parents fed the SC at around 2:00 am on 9/26/17 and everyone went back to sleep. At around 05:22 am on 9/26/17, the parents found the SC unresponsive and called 911. Within half an hour, law enforcement and Emergency Medical Services (EMS) responded to the location. EMS found the SC unresponsive and immediately transported her to the hospital. On 9/26/17 at 07:08 am, the SC was pronounced dead by ER staff.

## Executive Summary

This report concerns the death of a 1-month-old female child. The death of the SC occurred during an open CPS investigation and a subsequent SCR report about the fatality was received on 9/26/17 by St. Lawrence County Department of Social Services (SLCDSS). The subsequent report alleged the SM and SF slept in the same bed with the SC and later awoke to find her unresponsive. The SC was taken to the ER for treatment after a 911 call was placed. Despite efforts to resuscitate the SC, she was pronounced deceased at 7:08AM on 9/26/17. The SC had no SS, as she was the only CH of both the SM and SF.

The ME performed an autopsy and the final report was not complete at the time of this writing; therefore, the cause and manner of death are unknown. Toxicology reports done on the SC were negative. LE investigated the fatality jointly with SLCDSS. At the time of this report there were no criminal charges filed against the SM or SF regarding the death of the SC; however, LE had filed criminal charges unrelated to the fatality against the SM.

SLCDSS contacted family members, first responders, ER staff that treated the SC, and the SC's pediatrician during the investigation. SLCDSS walked through and photographed the SC's home to observe the living environment. SLCDSS learned that the SC regularly slept in the bed with the SM and SF as she did the night of the fatality. The SM and SF had a crib and portable crib, yet chose to put the SC in their bed. The SM discovered the SC unresponsive the early morning hours of 9/26/17 and 911 was contacted. EMS responded and the SC was taken to the hospital where life saving measures continued. The SC was unable to be revived and was pronounced deceased at the ER.

At the time this report was written, a determination had not been made and the CPS investigation remained open. SLCDSS was waiting for the autopsy results. SLCDSS repeatedly offered the SM and SF referrals for a variety of services, but the SM and SF declined.

## 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 issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Was the decision to close the case appropriate?** Unknown  
**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 investigation remained open at the time of this writing.

**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:** 09/26/2017      **Time of Death:** 07:08 AM

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

**County where fatality incident occurred:** St. Lawrence

**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 alcohol or drugs?** No

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

<input checked="" type="checkbox"/> Sleeping	<input type="checkbox"/> Working	<input type="checkbox"/> Driving / Vehicle occupant
<input type="checkbox"/> Playing	<input type="checkbox"/> Eating	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other		

**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 2 Hours  
**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:**

<input type="checkbox"/> Drug Impaired	<input type="checkbox"/> Absent
<input type="checkbox"/> Alcohol Impaired	<input checked="" type="checkbox"/> Asleep
<input type="checkbox"/> Distracted	<input type="checkbox"/> 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	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

**LDSS Response**

SLCDSS began an investigation into the death of the SC on 9/26/17, after receiving an SCR report concerning the fatality. SLDSS contacted LE and jointly they interviewed the SM and SF at the SC's home and at the police barracks. The SC had no SS and there were no other children in the home.

The SM and SF told SLCDSS the day before the fatality they woke up and drove the SC to the PGM and PGF's house. The SM went to work and the SF went to a camp for the day, while the grandparents watched the SC. The SM worked until 1:30PM, picked up the SC and they both went to get the SF at camp. They reported the SC was acting completely normal. The SM, SF and SC stayed at the camp until about 9:00PM, before leaving to go home. The SM, SF and SC arrived home about 9:30PM and fed and changed the SC at 10:00PM. The SM then placed the SC in her portable crib to sleep in the living room. The SM and SF also fell asleep in the living room. The SM awoke in the living room at 2:00AM on 9/26/17 and the SF and SC were still asleep. The SM prepared the SC a bottle before waking the SF. The SM, SF and SC went upstairs to their bedroom. The SF immediately fell asleep again and the SM fed the SC, burped her and laid her in the bed. The SM reported the SC went right back to sleep. The SM stayed awake for a half an hour watching television and then went to sleep in the bed. The SF slept against the inside wall and the SM slept next to him in the bed. The SC slept on the outside of the bed next to the SM. There was about 3 feet of space and a blanket between the SM and SC and no pillows or blankets near the SC, other than the blanket she was swaddled in. The SM and SF report the SC regularly slept in their bed, and the SM and SF's sleep positions the night of the fatal incident were the norm. The SM woke again at 5:00AM and looked over at the SC. The SC was laying on her side facing the wooden stand against the bed. The SM reported she had just started laying on her side, but normally slept on her back. The SM observed a shadow on the SC's face and picked her up and turned on the light. The SM reports she then saw wet blood coming from the SC's nose and she was not breathing. The SM woke the SF and told him to call 911. The SM began CPR on the SC until the SF took over CPR and compressions as instructed by the 911 operator. The SC was reportedly warm to the touch. EMS responded and the SC was taken to the ER via an ambulance. The SF and SM followed in a car. Both the SM and SF denied the possibility the SC could have ingested anything, got caught on anything or was rolled on. The SM and SF were informed by ER staff about an hour after arriving at the hospital that the SC did not survive.

SLCDSS and LE walked through the home. They saw the portable crib in the living room, a crib in a bedroom and a mattress on the floor of another bedroom where the SM, SF and SC slept.

The SM and SF were drug tested by SLCDSS at their home the day the investigation began. They were both positive for illicit substances. They both admitted to using drugs on 9/23/17 at a friend's house, while the SC was with the MA and MGM. Both the SM denied any drug or alcohol use the day or night before the fatality. The SM reported the SF had used



marijuana but not in her presence. The SF said he drank about 7 beers, the last one was at 4:00PM. The SM and SF denied they were impaired at the time of the fatality, or have ongoing substance abuse issues requiring treatment.

ER staff reported the SC was warm with no pulse upon arrival to the ER. ER staff performed CPR for an hour before pronouncing the death of the SC. ER staff also said the SC had blood in her bowels and oral cavity, but no conclusion was offered. EMS said the SF was performing CPR when they arrived. They continued CPR in the ambulance while driving to the hospital. The SC was regularly seen at the pediatrician and no concerns were noted.

The PGM and PGF had no concerns for the care of the SC.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
041342 - Deceased Child, Female, 1 Mons	041343 - Mother, Female, 21 Year(s)	DOA / Fatality	Pending
041342 - Deceased Child, Female, 1 Mons	041343 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Pending
041342 - Deceased Child, Female, 1 Mons	041344 - Father, Male, 24 Year(s)	DOA / Fatality	Pending
041342 - Deceased Child, Female, 1 Mons	041344 - Father, Male, 24 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:**

LE was in contact with the ME and kept SLCDSS apprised of the status of the autopsy and any associated tests.

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



# Child Fatality Report

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

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

Parents were offered bereavement counseling, substance abuse and mental health services but declined.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** 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?** 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
- 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 fetal alcohol effects or syndrome
- With neither 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)	Status/Outcome	Compliance Issue(s)
08/28/2017	Deceased Child, Female, 1 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Pending	No
	Deceased Child, Female, 1 Months	Mother, Female, 21 Years	Inadequate Guardianship	Pending	

**Report Summary:**

An SCR report was received with allegations of IG and PD/AM against the SM regarding the SC. The report alleged that on 8/26/17, the SM gave birth to the SC and the SC tested positive for marijuana. There were no test results for the SM and the SM denied knowledge of the cause of the SC's positive toxicology.

**Determination:** Undetermined

**OCFS Review Results:**

St. Lawrence County DSS made appropriate casework and collateral contacts throughout the investigation. The presenting issues were addressed timely and appropriately. The parents were offered services as needed.

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

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

There is no CPS history more than 3-years preceding the fatality.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Casework Contacts**

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**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