



Report Identification Number: SY-20-012

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

Issue Date: Aug 20, 2020

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

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		
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	
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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 8 year(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 03/14/2020
Initial Date OCFS Notified: 03/14/2020

Presenting Information

An SCR report was received by Onondaga County Department of Social Services (OCDSS) on 3/14/20. The report stated that the 8-year-old child went to bed at 10:00 PM on 3/13/20. On 3/14/20 at 9:30 AM, the child was found unresponsive in her bedroom by her father. The adults contacted 911 and there was no explanation for the child's death. The child had no visible trauma.

Executive Summary

This report concerns the death of an 8-year-old female child that occurred in the home of her biological father and his fiancé. Onondaga County Department of Social Services received an SCR report regarding the child's death as it was considered suspicious. The child was the only child in the home and had no surviving minor siblings.

The mother and the father had joint custody of the child. The mother dropped the child off at her father's home on 3/13/20. The child, her father, and his fiancé had dinner. The child and her father then went to the basement area and were playing video games. Around 9:45 PM, the father brought the child upstairs and was in bed with her talking. The father left the bedroom around 10:00 PM and the child fell asleep. On the morning of 3/14/20, the father awoke and went to the gym. Upon returning, he checked on the child and thought she was still asleep. The father then started to make breakfast and went to wake the child up when it was ready. The father then noticed the child was cold and unresponsive and yelled for his fiancé to contact 911.

Onondaga County Department of Social Services coordinated their investigation with law enforcement and interviewed all members of both the father and the mother's households. The child was otherwise healthy. An autopsy was completed and showed no trauma. Toxicology reports showed nothing in the child's system that would have contributed to her death. The cause of death was identified as Sudden Unexplained Death Syndrome (SUDS). A blood sample was sent to a SUDS foundation for further analysis. Law enforcement identified that they would continue to follow the case until that analysis came back. The CPS investigation remained ongoing at the time of this writing.

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 N/A appropriate?

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 case 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: 03/14/2020

Time of Death: Unknown

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 11 Hours

At time of incident supervisor was: Not impaired.

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	8 Year(s)



Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Father's Partner	Alleged Perpetrator	Female	40 Year(s)
Other Household 1	Adult Sibling	No Role	Female	21 Year(s)
Other Household 1	Mother	No Role	Female	40 Year(s)
Other Household 1	Stepfather	No Role	Male	50 Year(s)

LDSS Response

Onondaga County Department of Social Services (OCDSS) received an SCR report on 3/14/20 regarding the suspicious death of an 8-year-old child (SC). The SC had been in the care of her father (SF) and was found unresponsive in her bed on 3/14/20.

The SF and his fiancé were interviewed in their home. The SF identified that he and the child's mother (BM) shared custody and he had visits 2 nights a week and every other weekend with the child. The SF identified a good relationship with the BM. The SF identified that the BM dropped the child off to his home the night before, prior to dinner. The SF identified that they ate dinner and then he and the SC went to the basement and played an arcade game and made bullets. The SF stated that around 9:45 PM, he brought the SC up to bed and stayed with her talking until 10:00 PM. The SF then left the room and the SC was asleep. The SF stated he woke up at 6:00 AM and went to the gym. The SF stated that he returned home around 9:00 AM and checked on the SC. The SF stated it was unusual for the SC to be asleep this late and he began to make breakfast. The SF stated that when breakfast was finished, he went to the SC's bedroom to wake her up and found the SC not breathing, cold, and unresponsive. The SF yelled for his fiancé to call 911. The SF said the SC took medication for clinical and medical conditions. The SF and his fiancé denied that they took any medication. The SF and his fiancé explained the SC had complained of leg pain and had a fall off her bike in September 2019. The SF also identified an incident on Halloween 2019 in which the SC was trick or treating with he, his fiancé, and the BM. After trick or treating, the SC became "loopy and uncoordinated." The SC was brought to the hospital by the BM. The SC was hospitalized for 5 days and a toxicology report came back that she had a controlled substance in her system. All denied that they were prescribed a controlled substance and the incident was attributed to something possibly being in the candy she consumed during and after trick or treating. The SC's bedroom was observed by OCDSS. A queen size bed was observed in the room. The sheets and blankets had been removed by law enforcement.

The BM and stepfather were interviewed in their home. The BM stated she dropped the SC off with her father on 3/13/20 for their weekend visit. The BM had no concerns for the safety of the SC in the care of the SF. The BM stated that the SC fell off her bike in September 2019 and was brought to the hospital for stitches. The BM also described the incident that occurred on Halloween 2019. The BM said that the SC had been complaining of leg pain off and on the last few months. The BM explained there was no swelling or redness, and the SC was an active child and attributed the pain to growing pains and did not feel medical attention was necessary. The adult surviving sibling was interviewed by phone. She identified no concerns for the SC in the care of the SF or BM and all identified the SC was otherwise healthy.

Requests for collateral information were sent by OCDSS and not all had been returned at the time of this writing. LE identified a concern that the SF's fiancé was prescribed a controlled substance and filled the prescriptions but was not taking the medication and kept it in the home despite denying being prescribed it previously. LE identified that the initial autopsy results did not determine a cause of death and was pending a toxicology report. The toxicology report later showed that no substances were in the SC's system that contributed to her death. The cause of death was listed as Sudden Unexplained Death Syndrome (SUDS). A blood sample was sent to a SUDS foundation for further testing and LE would continue to follow the case until that analysis was complete.

Official Manner and Cause of Death



Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: OCDSS conducted their investigation with an MDT response.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: Onondaga County has an approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054245 - Deceased Child, Female, 8 Yrs	054246 - Father, Male, 39 Year(s)	DOA / Fatality	Pending
054245 - Deceased Child, Female, 8 Yrs	054246 - Father, Male, 39 Year(s)	Inadequate Guardianship	Pending
054245 - Deceased Child, Female, 8 Yrs	054247 - Father's Partner, Female, 40 Year(s)	DOA / Fatality	Pending
054245 - Deceased Child, Female, 8 Yrs	054247 - Father's Partner, Female, 40 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional information:

OCDESS made appropriate collateral contacts in relation to the fatality investigation.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

Explain:
Bereavement services were offered by OCDSS to the family. Services were initially declined by the family and the family identified they would reach out to OCDSS if services were needed later.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	No
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

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The BM and SF have one historical case which alleged the SF threatened to shoot someone in the presence of the SC and the BM used alcohol and narcotics. All allegations were unfounded.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No