



Report Identification Number: RO-16-024

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

Issue Date: May 09, 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

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 12/03/2016
Initial Date OCFS Notified: 12/03/2016

Presenting Information

On 12/3/16, at 9:27AM, SC, 7-months-old, was pronounced dead. On 12/2/16, SC was sleeping in the same bed with SM, SF, and 4 year-old SS. SC was sleeping between SM and the wall. When SM woke up to change SC's diaper at approximately 8:45AM, she carried SC to the bathroom, which was when she noticed SC was not breathing. MGM contacted 911.

Executive Summary

This fatality report concerns the death of 7-month-old male SC that occurred on 12/3/16. At the time of this report, a death certificate was not yet available, and a final autopsy report had not yet been completed or issued. The preliminary autopsy findings noted the cause and manner of death as "pending".

An SCR report was received on 12/3/16 with allegations of IG and DOA/Fatality against SM and SF, regarding SC. At the time of SC's death, SM, SF, and the 4 y/o SS were residing with MGM and MGF in a one-bedroom apartment. Monroe County Department of Social Services (MCDSS) gathered information about the circumstances of SC's death from the parents, relatives, and other collateral contacts. MCDSS' investigation revealed on the day of SC's death, SM, SF, SC, and SS had all been sharing a queen-sized air mattress to sleep on; SC was closest to the wall, SM was in the middle, SF on the end, and SS was sleeping at the foot of the bed. SM and SF reported SC was placed to sleep on his back, on a pillow with a blanket. SM reported when she awoke that morning, she found SC on his stomach with his face sideways on the pillow, and he would not wake up. Emergency services were called and SC was transported by ambulance to the hospital, where SC was pronounced dead at 9:27AM.

SM had a normal, healthy pregnancy, and received regular prenatal care throughout. SC was born healthy with no medical concerns. SC had recently been diagnosed with an ear infection one week prior to his death, and had been taking antibiotics as prescribed.

From the time the investigation began to the writing of this report, MCDSS met regularly with SM, SF, and SS, frequently assessed the safety of SS and the home environment, and followed up with appropriate collateral contacts. LE deemed SC's death as "non-criminal", and there were no charges against any of the adults in the household. The investigation remained open at the time of this writing, and the allegations had not yet been determined.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment** Yes



appropriate?

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The investigation remained open at the time of this report; however, MCDSS had sufficient evidence and information to make a determination and complete a final Safety Assessment.

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 report.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	A 24 Hour Safety Assessment was due on 12/4/16, but not completed in CONNECTIONS until 12/5/16.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	MCDSS will complete timely 24 Hour Assessments in CONNECTIONS.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 7 Day Safety Assessment was due 12/10/16, but not completed in CONNECTIONS until 12/12/16.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	MCDSS will complete timely 7 Day Safety Assessments in CONNECTIONS.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/03/2016

Time of Death: 09:27 AM

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



County where fatality incident occurred: MONROE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to 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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

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	Male	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	52 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

LDSS Response

On 12/3/16, MCDSS received a State Central Register (SCR) report regarding the death of SC. MCDSS initiated the investigation within 24 hours, and coordinated their efforts with LE; MCDSS also utilized their local Child Advocacy Center during the investigation. On this same date, MCDSS and LE assessed the home environment for the SS and took photos. MCDSS then met with SM and SS at the hospital. MCDSS noted the SS appeared healthy and appropriately attached to SM; no concerns noted. The SS was assessed to be safe, and this was documented in the progress notes.

MCDSS gathered detailed accounts of the events leading up to SC's death from both SM, SF, MGM, and MGF. SM and SF reported to LDSS that when they moved in with MGM and MFG, there was no room in the small space for the Pack and Play they owned, so they left it at their previous residence. SM reported this is why SC was co-sleeping with them the night before SC's death, and this was a regular practice since moving in with MGM and MGF.

Appropriate services were offered to the family throughout the investigation, including assistance with funeral costs and



emergency housing. Initially, the family accepted preventive and trauma services from the department, but later declined. MCDSS completed a CPS history check on all family members in New York State and the state of Florida, where the family previously resided. MCDSS also obtained information from LE regarding SM and SF’s previous criminal histories, and documented such in the case notes.

MCDSS followed up with appropriate collateral contacts, which included SS’ school, SM’s probation officer, SM’s MH treatment provider, SM’s prenatal care provider, hospital staff, and the children’s pediatrician. Concerns noted by collaterals were thoroughly and appropriately addressed. MCDSS completed home visits and assessed safety and risk of the SS throughout the duration of the investigation. Supervisor consults were documented with detail in the case notes.

MCDSS obtained provisional findings from the ME office, but at the time of this report, the autopsy remained incomplete. Provisional findings noted the manner and cause of death as “pending”. At the time of this writing, the CPS investigation remained open, as MCDSS was still waiting on the family to find permanent housing; no safety concerns noted.

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)?Yes

Comments: This fatality investigation was conducted by an MDT.

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

Comments: This case was reviewed by an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036761 - Deceased Child, Male, 7 Month(s)	036404 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
036761 - Deceased Child, Male, 7 Month(s)	036404 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending
036761 - Deceased Child, Male, 7 Month(s)	036403 - Father, Male, 39 Year(s)	Inadequate Guardianship	Pending
036761 - Deceased Child, Male, 7 Month(s)	036403 - Father, Male, 39 Year(s)	DOA / Fatality	Pending

CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to
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				Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

There was no removal necessary regarding the SS. The RAP was not yet completed at the time of this fatality report.

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

Additional information, if necessary:
 When initially offered, the family accepted services and completed an intake; however, after the intake, the family chose not to continue with services. SM reported they would continue with services she was already receiving with a community provider, and SS would receive needed counseling/services via his school. BF denied needing services. MCDSS assisted the family with funeral expenses.

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? No

Explain:
 MCDSS offered the family services, which included counseling for the SS, and the family initially accepted and completed an intake; however, after the intake took place, the family opted out of continuing the offered services, and chose rather to continue with services for the SS via his school.

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

Explain:
 MCDSS offered the family services, which included counseling, and the family initially accepted and completed an intake; however, after the intake took place, the family opted out of continuing the offered services, and chose rather to continue with community based providers to which they had already been engaged.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** 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?** No
- Was the child acutely ill during the two weeks before death?** Yes



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

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 is no CPS history for this family in NYS more than three years prior to the fatality.

Known CPS History Outside of NYS

SM is named as a child in seven CPS reports in the state of Florida between 1997-2009.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

- Yes
- No

Preventive Services History

A voluntary Preventive Services case was opened for SM, SC, and the SS on 8/23/16, due to the family recently becoming homeless. The services case was closed on 9/28/16 after the family found housing with a relative while SM continued to look for an apartment. Safe Sleep was discussed during this services case, and a Pack and Play was provided to the family. No safety concerns were noted at the time the case closed.

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