



Report Identification Number: SY-18-010

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

Issue Date: Jul 11, 2018

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		



Case Information

Report Type: Child Deceased
Age: 15 day(s)

Jurisdiction: Chenango
Gender: Female

Date of Death: 03/07/2018
Initial Date OCFS Notified: 03/07/2018

Presenting Information

On 3/7/18 the SM and SF laid the 2-week-old SC down for a nap. The SC then turned blue and became unresponsive for unknown reasons. The parents called 911 and the SC was taken to the ER. The SC died at the hospital. She was an otherwise healthy child with no preexisting medical conditions.

Executive Summary

This report concerns the death of the 2-week-old female SC. Chenango County Department of Social Services (CCDSS) received an SCR report regarding the fatality on 3/7/18. The SC died suddenly, after becoming unresponsive at home. The SM and SF had no explanation for the SC's death. The SC had no SS and there were no other children residing in the home.

On the afternoon of 3/7/18, the SM attempted to feed the SC a bottle with formula, for the first time. Previously, the SM had been breast feeding the SC, but the SC had been struggling with feedings. The SC would not suckle the bottle and the SM was dripping the formula in her mouth in the hopes she would taste the formula and start feeding independently. The SC spontaneously stopped breathing and 911 was called. CPR was performed by a friend of the SM as well as EMS. The SC died at the ER.

The ME conducted an autopsy and found no evidence of abuse. The ME did find evidence that the SC was malnourished and stated this was likely a factor in the cause of the SC's death. The ME reviewed the SC's medical records and found the SC was born healthy and was feeding well at the time she was discharged from the hospital after birth. The ME noted that the SC had an appointment the day after discharge and there were concerns over the SC's weight loss, so a follow up appointment was made for 3 days later. SM and SF missed the appointment for the SC to be weighed. The autopsy report had not been completed at the time of this writing, therefore the cause and manner of death were pending.

LE conducted their investigation jointly with CCDSS. LE was waiting to review the final autopsy report before they closed the criminal investigation. LE had no plan to pursue criminal charges based on the information they had at the time of this writing.

CCDSS appropriately substantiated the allegations of DOA/Fatality, IG, LM and M/FTTH against the SM and SF regarding the SC. Through evidence gathered during the investigation, CCDSS concluded the SM and SF were not adequately feeding the SC and as a result she was malnourished. The SC's weight loss was a concern and the parents failed to bring the SC to follow up medical appointments to address the issue. The SM and SF reported in the time leading up to the fatality the SC's color was changing and her cries were diminished, yet they failed to seek medical intervention for the SC.

CCDSS referred the SM and SF for bereavement counseling, MH evaluations, and parenting classes. Additionally, CCDSS offered assistance with applying for health insurance. CCDSS explained that although there are no surviving children, the SM and SF have some issues they need to address if they are planning on having children in the future. At the closing of the investigation, the SM and SF agreed to follow through with these services. Additionally, the SM was offered assistance with transportation to DV counseling and she 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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

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:

It was appropriate to conclude the investigation.

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: 03/07/2018

Time of Death: Unknown

Time of fatal incident, if different than time of death: 12:30 PM

County where fatality incident occurred: Chenango

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

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	Female	15 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)

LDSS Response

On 3/7/18 CCDSS received an SCR report regarding the death of the SC and initiated contact with the source, LE, ER staff and the coroner. CCDSS jointly interviewed SM and SF with LE. The SC had no SS, and there were no other children living in the home.

On 3/6/18, SF went to bed at 1:00AM and SM was still awake breast feeding the SC. SC detached and screamed, as she regularly cried during feedings. SM joined SF in bed after feeding the SC, while the SC was placed in her bassinet to sleep. SF woke at around 12:30PM on 3/7/18 to the SC crying and SM tended to her. SF went outside and stated the SC was full of life and happy with the SM. A short time later, SM told SF that the SC was gasping for air. The SM was holding the SC and squirting formula into her mouth. SF denied seeing the SC choking or gagging. SF stated that was the first time the SC had formula. He reported the SC was supposed to wake every 3 hours to eat and on 3/7/18 she slept longer than she should have, or he may not have heard her cries in the night. SM changed the SC and she looked drained and was cold to the touch. SF recalled the SC expelling a weak cry. SF told SM to call 911 and her response was that she had made a Dr. appointment for the SC already. The 911 call was delayed for 3-4 minutes. SF disclosed smoking marijuana the evening before and morning of the SC's death.

SM called the SC's Dr. on 3/7/18 for an appointment, and received one the same day, but missed it due to lack of transportation. SM planned on seeing the lactation specialist after the appointment to address concerns with the SC's difficulties feeding. SM described the SC's cry as weak in the days preceding her death. SM breast fed the SC between 5:00-6:00AM on 3/7/18; the SC ate and then fell asleep. SM and SC woke a little after noon on 3/7/18. The SC did not cry while SM gave her a bath and changed her diaper that morning. SM thought the SC may be hungry, and tried to breast feed her. SC would not latch on, so SM tried a bottle with formula. The SM squirted a bit of formula into the SC's mouth, because the SC did not suckle the bottle. The SC initially swallowed the formula. SF came into the room and they noticed the SC wasn't breathing, so they called 911. SF ran to a friend's apartment (OA2) and OA2 responded to the apartment and performed CPR on the SC. SC began breathing again, but was gasping for air. EMS then responded and took the SC to the ER. SM denied any alcohol or drug use. SM stated the SC slept in a bassinet next to her bed and denied any other items were in the bassinet.

CCDSS spoke with friends (OA and OA2) that were present in the home on 3/7/18. OA stated the morning of 3/7/18, SM gave the SC formula in a bottle and then threw her phone at the SF and told him the SC was not breathing. OA reported the SM slept late that day and the SF thought she should have been up earlier to feed the SC. OA2 had no information to



provide other than what OA had told CCDSS.

ER personnel said the SC was in cardiac arrest when she arrived at the hospital, and life saving measures were continued, but were unsuccessful. The SC appeared underweight with a feeling of dryness in her skin and moisture in her eyes, leading them to conclude the SC was malnourished when she arrived at the ER. ER staff was told that the SC had not eaten regularly in the last 24 hours and had been lethargic in the time leading up to her death.

The SC's Dr. told CCDSS the SC weighed 7lbs and 9oz. at birth, and at a 2/23/18 appointment the SC weighed 6lbs. 5oz. There was a concern the SC had lost a significant amount of weight since birth, and SM expressed she was having trouble getting the SC to breastfeed. SM followed up with a lactation specialist, then called the Dr. on 2/28/18 and left a message that the SC was nursing. The Dr. tried to call SM back to ask that she come to the office again to weigh SC, but were unable to contact her. On 3/2/18 they attempted to call the SM again to no avail.

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

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
046560 - Deceased Child, Female, 15 Days	046561 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
046560 - Deceased Child, Female, 15 Days	046562 - Father, Male, 19 Year(s)	Lack of Medical Care	Substantiated
046560 - Deceased Child, Female, 15 Days	046562 - Father, Male, 19 Year(s)	Malnutrition / Failure to Thrive	Substantiated
046560 - Deceased Child, Female, 15 Days	046561 - Mother, Female, 20 Year(s)	Lack of Medical Care	Substantiated
046560 - Deceased Child, Female, 15 Days	046562 - Father, Male, 19 Year(s)	DOA / Fatality	Substantiated
046560 - Deceased Child, Female, 15 Days	046561 - Mother, Female, 20 Year(s)	Malnutrition / Failure to Thrive	Substantiated
046560 - Deceased Child, Female, 15 Days	046562 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
046560 - Deceased Child, Female, 15 Days	046561 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated

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"/>
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"/>

Additional information:

Although there is no documentation that CCDSS contacted First Responders, several ER and hospital staff were interviewed and provided sufficient information regarding the fatal event.

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



Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input 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"/>

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 or other children in the home.

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

Explain:

Burial Assistance, Mental Health Counseling and Parenting Classes were offered to the SM and SF.

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? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

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

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 more than 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS 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

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