



**Report Identification Number: SY-16-053**

**Prepared by: Syracuse Regional Office**

**Issue Date: May 18, 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:** 2 month(s)

**Jurisdiction:** Lewis  
**Gender:** Female

**Date of Death:** 10/16/2016  
**Initial Date OCFS Notified:** 10/16/2016

## Presenting Information

For the past month, the BM and BF have been co-sleeping in their bed with the 2 month old SC despite there being a bassinet in the same room and the parents being fully aware of the risk of asphyxiation when sleeping in the same bed as the infant. On 10/15/16 at about 7:00 pm the parents were sleeping on a mattress placed on the floor in the bedroom with the SC lying between them. Around 2:30 am the BM woke up when she felt wetness against her back, which turned out to be blood from the infant's nose. The BM discovered that the SC was unresponsive and she attempted to revive the infant. EMS transported the infant to the hospital where she was pronounced dead at 3:26 am. It is unknown if the BM and BF were under the influence of any substances at the time of the infant's death.

## Executive Summary

This fatality report concerns the death of a 2 month old child which was reported to the SCR on 10/16/16 with allegations of DOA/Fatality, II, IG and PD/AM against the BM in regards to the SC and allegations of DOA/Fatality, II and IG against the BF in regards to the SC. On 10/15/16 the BM and BF fell asleep with the SC between them in their bed, which was noted to be a deep plush mattress, sometime around 10:30 pm. The BM admitted that both parents had been co-sleeping so that the SC could breastfeed on demand and that she had fallen asleep that night while breastfeeding. Around 2:30 am on 10/16/16 the BM and BF woke up and noticed wetness on the bed and the BF noted that the SC's hand was cold. When the light was turned on the parents saw that the SC was blue and blood tinged mucus was coming from her nose. The parents immediately called 911 and were instructed in performing CPR until EMS arrived. The SC was transported by EMS to the hospital where attempts were made to revive her including endotracheal intubation and epinephrine. The SC was pronounced dead at 3:26 am.

Lewis County DSS initiated their investigation on 10/16/16, the same day that the SCR report was registered, and determined that there were no surviving siblings. The investigation was conducted in conjunction with Law Enforcement. During the course of the investigation and through interviews with the SC's pediatrician it was determined that both parents had been made aware of the dangers of co-sleeping. A basket type bassinet was located in the same room the family was sleeping in and this had been used previously by the SC. The parents stated to multiple sources including law enforcement that they had been co-sleeping for the past month to facilitate breastfeeding as the infant was going through a growth spurt. It was also learned during the investigation that the SC and BM had tested positive for marijuana at the time of the SC's birth and that a FAR case had been opened in Jefferson County at that time. Medical documentation obtained from the hospital following birth indicated that the BM agreed not to smoke marijuana while breastfeeding. Both parents admitted to marijuana use following the birth of the SC but denied that it was in the presence of the infant and denied that they were the primary caregiver for the SC after their use. The BM disclosed that she had smoked marijuana on 10/13/16 but both parents denied the use of drugs or alcohol on the day or night of the death and stated that they never smoked in the house or in the presence of the SC. Both parents tested positive for marijuana the day after the SC's death however the SC's toxicology report at the time of death indicated no marijuana or any other illegal substance in her system.

Lewis County DSS obtained the autopsy results which listed the Cause of Death as Asphyxiation due to overlie with no other significant conditions and the Manner of Death was determined to be an accident. X-Rays showed an intact skeleton with no fractures or dislocations. There were no charges filed. The SCR report was appropriately indicated



on 1/17/17 and the allegations of DOA/Fatality, IG and PD/AM against the BM were substantiated and the allegations of DOA/Fatality, IG and the added allegation of PD/AM against the BF were substantiated. The basis for the determination was the parents' decision to co-sleep despite being made aware of the dangers of this practice and despite having a safe and suitable sleep environment available. The SC was born with a positive toxicology for marijuana and the BM had agreed not to smoke marijuana while breastfeeding. Both parents admitted to marijuana use following the SC's birth despite the fact that they had both stated that they would no longer be using following the closing of the previous FAR case. The allegation of II against both the BM and BF was unsubstantiated due to a lack of credible evidence.

## 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? Yes

### 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

### Explain:

The decision to close the case was appropriate. All required activities were completed.

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:

N/A

## 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: 10/16/2016

Time of Death: 03:26 AM

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



**County where fatality incident occurred:** LEWIS  
**Was 911 or local emergency number called?** Yes  
**Time of Call:** 02:33 AM  
**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:** Unknown if they were 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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)

**LDSS Response**

Lewis County DSS initiated their investigation on 10/16/16, the same day that the SCR report was registered. Upon receipt of the report, the caseworker coordinated with LE to determine the actions that would be taken and met with the BM and BF to verify that there were no surviving siblings. Interviews were conducted with the source of the report as well as with both parents and first responders and medical records were obtained. The caseworker followed up with the Jefferson County FAR worker to verify what information the parents had been given at birth in regards to safe sleep environments and the parents' use of marijuana following the SC's release from the hospital. Jefferson County verified that the parents had been provided with safe sleep information and the caseworker had observed the infant's basinet. The caseworker also noted that the parents recognized that they could not use marijuana while caring for their child. Toxicology reports for both parents and the SC were also received and reviewed. Casework activities were timely and appropriate based on case circumstances. Child Fatality Summary Reports and Safety Assessments were completed and documented as required. Bereavement counseling and financial assistance for funeral arrangements were offered.

Lewis County DSS gathered information throughout the investigation which revealed a history of marijuana use by both the BM and the BF. The SC was born with a positive toxicology for marijuana and the parents were counseled on the negative effects that continued marijuana use could have on the SC and on their ability to appropriately provide adequate



care and supervision for the infant. The final autopsy report was obtained along with medical records from the SC's birth and from follow up visits with the pediatrician and medical providers. This medical information included documentation that crib safety had been discussed with the parents and that the mother had agreed to stop using marijuana while breastfeeding. Based on all information received and reviewed, the case was appropriately indicated for the allegations of DOA/Fatality, IG and PD/AM against the BM and BF. The allegation of II against both the BM and BF was unsubstantiated as there was no credible evidence to substantiate this allegation.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Coroner

### 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
036865 - Deceased Child, Female, 2 Mons	036866 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
036865 - Deceased Child, Female, 2 Mons	036867 - Father, Male, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
036865 - Deceased Child, Female, 2 Mons	036867 - Father, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
036865 - Deceased Child, Female, 2 Mons	036866 - Mother, Female, 24 Year(s)	Internal Injuries	Unsubstantiated
036865 - Deceased Child, Female, 2 Mons	036866 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
036865 - Deceased Child, Female, 2 Mons	036866 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
036865 - Deceased Child, Female, 2 Mons	036867 - Father, Male, 21 Year(s)	Internal Injuries	Unsubstantiated
036865 - Deceased Child, Female, 2 Mons	036867 - Father, Male, 21 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
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				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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>

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



<b>Mental health services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster 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>Health 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>Legal services</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 planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A**

**Explain:**

There were no surviving siblings

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

**Explain:**

Parents were offered referrals for mental health and substance abuse treatment but they declined the services

### 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?** 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
- 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)
07/25/2016	15561 - Deceased Child, Female, 2 Months	15562 - Mother, Female, 24 Years	Inadequate Guardianship	Far-Closed	No
	15561 - Deceased Child, Female, 2 Months	15562 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	

**Report Summary:**

The report was received on 7/25/16 alleging that on 7/21/16 the BM gave birth to the SC and at the time of birth, both the BM and SC tested positive for marijuana. The BM and BF both admitted to smoking marijuana on a regular basis prior to the birth of the SC.

**OCFS Review Results:**

OCFS reviewed the records in this case and determined that the FAR report was handled appropriately. Safety and Risk were appropriately assessed. Both parents informed caseworker that they were no longer using marijuana and they understood that they could not care for the SC while inebriated. At no time during the interactions with the parents did they present to the caseworker as being under the influence. Safe sleep was discussed with the parents and the BM agreed to stop smoking marijuana while breastfeeding. There were no medical concerns for the SC at the time that the case closed.

**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 investigative history more than three years prior to the fatality.

### Required Action(s)

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

Yes  No

### 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.

### 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