



## Report Identification Number: RO-17-044

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

Issue Date: Apr 26, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Monroe  
**Gender:** Male

**Date of Death:** 11/17/2017  
**Initial Date OCFS Notified:** 11/20/2017

## Presenting Information

The 2yo SC had been having respiratory issues for approximately two days. On the night of 11/16/2017, the SM purchased generic Tylenol and gave it to the SC. The SM slept with the SC on her chest until approximately 6:00AM the morning of 11/17/2017, at which time she laid him on the bed. At about 7:00AM, the SM discovered the SC was unresponsive. The SM tried to arouse the SC and brought him outside for fresh air. The SC remained unresponsive, the SM called 911. The SC passed away at 9:06AM on 11/17/2017, at the hospital. The MGGM and the BF had unknown roles.

## Executive Summary

Monroe County Department of Human Services (MCDHS) received an SCR report on 11/17/2017 and a duplicate on 11/20/2018, about the fatality. The SC died from unknown causes. The allegations were against the SM and the MGGM for DOA/Fatality, IG and P/Nx for the SC. There was concern the SC may have ingested a poison that was put down on the carpet to address a bedbug infestation.

Within the first 24hrs, MCDHS determined there were no SS. MCDHS completed a SCR and criminal history check. MCDHS interviewed both parents about alcohol/drug misuse. Both parents denied misusing drugs/alcohol.

An autopsy was performed by the ME on 11/17/2017. The ME's preliminary findings were the SC had no signs of abuse or maltreatment. The ME said that the esophagus showed no changes which met there was nothing corrosive ingested by the SC. The ME's final report was still pending at the time of the writing of this report. MCDHS confirmed that the bedbug treatment that was used was non-toxic per contact with the product manufacturer and poison control. There were no arrests.

MCDHS requested and reviewed all pertinent medical records of the SC. MCDHS completed the 24hr safety assessment and child fatality reports timely.

MCDHS made referrals for bereavement counseling and made arrangements for the Family Advocate from the CAC to reach out to the SM. MCDHS Unsub the allegations, there was no evidence that the SM or the MGGM caused the death of the SC. The case was UNF and closed.

## 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

**Explain:**

There were no SS.

**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:**

MCDHS gathered sufficient information to make a determination.

### 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:** 11/17/2017

**Time of Death:** 09:06 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:** 08:17 AM

**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	Male	2 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	65 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)

### LDSS Response

MCDHS conducted a joint investigation with LE. MCDHS determined there were no SS within the first 24 hours of the reported fatality. The parents were questioned about alcohol and drug misuse. The parents denied substance misuse.

MCDHS interviewed the SM and the MGGM separately about the events leading up to the death of the 2yo SC. Through interviews with the SM, MGGM and the BF, MCDHS learned that the SM and the SC had resided with the BF prior to the fatality. All parties told MCDHS that due to an argument with BF, the SM and the SC went to stay with the MGGM. The SM stated she had also moved in with the MGGM to assist her with cleaning and rearranging things, which was why they were sleeping in the living room. The SM told MCDHS that the SC had cold systems for a couple of days prior to the SC's passing. The SM said she had been giving the SC acetaminophen, 1 5mg dose twice a day. The SM said she did not give any medication to the SC the day he passed away. The SM said the SC had some hives the night before he passed. She was not concerned as the SC had a history of getting hives when he was sick. The SM said on the evening of 11/16/2017, she had given the SC a bath to soothe the hives and some acetaminophen.

LE told MCDHS that the MGGM put down "Diatomaceous Earth," on her bedroom carpet to kill the bedbugs prior to the fatality. There was concern that the SC may have ingested this and the MGGM said she had found the SC in the bedroom with a spoon on 11/16/2017. MCDHS asked the SM about this information. The SM did not know if the SC had ingested any of the powder. They slept on a mattress in the living room, where there was no powder on the floor. The SM and the MGM were not able to recall the time line of events, but stated that sometime about 2AM, the SM went to sleep on the air mattress with the 2yo SC on her chest. When the SM and the MGGM awoke in the morning the SC was found next to the SM unresponsive and the SM called 911. MCDHS interviewed the BF and he had no concerns for the care provided to the SC by the SM and the MGGM.

MCDHS obtained the 911 call, that was made at 8:19AM. The SC was transported to the hospital and the SC was pronounced dead at 9:06AM, according to EMS and hospital records obtained and review by MCDHS. In speaking with LE, MCDHS learned the information about the "Diatomaceous Earth" was provide to the ME's office.

ME's preliminary autopsy findings were the cause and manner of death were undetermined. The SC had no physical signs of abuse or maltreatment. The ME reported that the esophagus had no changes, which meant there was nothing corrosive ingested by the SC. The final autopsy results were still pending at the time of the writing of this report. There were no arrests.

Contact with the product manufacturer and poison control confirmed that the powder that was used to address the bedbug infestation was non-toxic.

MCDHS interviewed all appropriate collateral contacts such as first responders, LE, and hospital personnel about the



events of that morning. MCDHS contacted the SC's pediatrician and the SC was up to date on well child checks as well as immunizations. There were no noted concerns for the SC's care.

MCDHS offered bereavement services and made a referral for a family advocate from the CAC to reach out to the SM. The SM agreed to the referral. After a thorough investigation allegations of IG, DOA/fatality and P/Nx against the SM and MGGM for the SC were Unsub. There was no evidence that the persons legally responsible caused the death of the SC. The case was closed and UNF.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045470 - Deceased Child, Male, 2 Yrs	045471 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
045470 - Deceased Child, Male, 2 Yrs	045472 - Grandparent, Female, 65 Year(s)	Poisoning / Noxious Substances	Unsubstantiated
045470 - Deceased Child, Male, 2 Yrs	045471 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
045470 - Deceased Child, Male, 2 Yrs	045471 - Mother, Female, 25 Year(s)	Poisoning / Noxious Substances	Unsubstantiated
045470 - Deceased Child, Male, 2 Yrs	045472 - Grandparent, Female, 65 Year(s)	DOA / Fatality	Unsubstantiated
045470 - Deceased Child, Male, 2 Yrs	045472 - Grandparent, Female, 65 Year(s)	Inadequate Guardianship	Unsubstantiated

### 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 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"/>
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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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"/>



<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**

MCDHS offered bereavement services to the family and made a referral to the CAC. There were no SS.

**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 SS.

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

**Explain:**

MCDHS offered bereavement services to the family.

## 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

## 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

FAR case 11/30/2013, the SM was listed in this case as an aunt-role FAR recipient. The SM resided in a separate household.

## Known CPS History Outside of NYS

There was no known 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