



**Report Identification Number: SY-15-012**

**Prepared by: Syracuse Regional Office**

**Issue Date: 1/4/2016**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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	
<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		

**Case Information**



**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Broome  
**Gender:** Male

**Date of Death:** 03/23/2015  
**Initial Date OCFS Notified:** 03/24/2015

## Presenting Information

On 3/24/15 the SCR registered a report noting the following: the 4-month-old SC was left with the SM's paramour (PR) on 3/23/15; at 1:30pm the PR placed the SC on his back, on the floor, using a child's U-shaped pillow; at 3:30pm the PR gave the SC a baby bottle and blanket while the SC was in the same position; the PR left the room and closed the door; at 5:30pm the PR checked on the SC who had the blanket over his head and was unresponsive; the PR performed CPR; EMS transported the SC to the hospital, however the SC was deceased. The SM's role was listed as unknown.

Two duplicate reports were received on 3/24/15. Both reports contained similar information as the initial report. One of the duplicate reports alleged the SC died of suffocation due to bottle propping.

## Executive Summary

This fatality report concerns the death of a 4-month-old child. The SC was pronounced dead on 3/23/15 at 6:20pm. The autopsy listed the manner of death as accidental. The case of death was listed as, "probable asphyxiation, secondary to inappropriate bedding (supine, on U-shaped pillow, with a blanket over the face)."

The LDSS investigation revealed that the PR left the SC unsupervised on his back with his head on a U-shaped pillow, and a baby bottle propped to his mouth by a tightly wound blanket. Two hours later, the PR checked on the SC and found the SC unresponsive with the blanket over the SC's face and one arm sticking out of the top of the blanket. Both the SM and the PR were aware of the dangers of bottle propping, yet regularly practiced such with the SC.

On 10/22/15, the LDSS completed their investigation and substantiated the allegation of IG against the SM; and substantiated the allegations of IG, LS, and DOA/Fatality against the PR. The LDSS appropriately determined the allegations in the report; there were no surviving siblings, therefore ongoing services were not required. All casework activity was commensurate with case circumstances.

## 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:**

All case actions commensurate with case circumstances and the decision to close the case was appropriate.

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:**

All case actions commensurate with case circumstances and the decision to close the case was appropriate.

**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: 03/23/2015

Time of Death: 06:20 PM

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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: 05:36 PM

Did EMS to respond to the scene? Yes

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

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? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)

### LDSS Response

The LDSS investigation revealed that the SM left her apartment at approximately 1:30pm on 3/23/15 to go shopping. Before leaving, she saw the SC playing on a mat in his room, on the floor, with his toys. The PR was home from work as he was not feeling well. He slept until approximately 3:30pm and then checked on the SC in his room. The PR gave the SC a bottle of formula, burped him, then, he gave the SC a second bottle. The bottles were small and the SC was routinely given two bottles at a time. The PR laid the SC on his back, on the floor, with his head resting in the middle of a U-shaped pillow. The PR propped the bottle to the SC's mouth by wrapping a blanket around the bottle and tucking the blanket tightly under the pillow. The PR left the SC's room and closed the door. The PR took Dayquil, did household chores, and left the apartment to do laundry within the apartment building. At 4:30pm, the SM stopped at the apartment, but did not check on the SC, and subsequently left to go to her mother's home. The PR checked on the SC at 5:30pm and found the SC "completely smothered by his blanket." The PR attempted CPR and after getting no response, the PR rolled the SC over and hit the SC on his back. After getting no response, the PR called the SM and then called 911. EMS arrived on the scene and transported the SC to the hospital where the SC was pronounced dead at 6:20pm.

An autopsy was performed and the manner of death was listed as accidental. The cause of death was listed as, "probable asphyxiation, secondary to inappropriate bedding (supine, on U-shaped pillow, with a blanket over the face)." The autopsy report indicated that the SC had contusions on his left cheek, left upper abdomen, and had 5 fresh bruises under his scalp. The autopsy also indicated that the SC's core temperature was 85.6 degrees F at the time of death, meaning that the SC could have died up to 7 hours prior to being found. As the aforementioned findings were indicators of possible abuse and/or suspicious activity surround the SC's death, the LDSS referred the findings to Dr. Ann Botash, a medical consultant. Dr. Botash affirmed that the bruising was suspicious, and a possible indicator of abuse, but she could not state so definitely; nor could she relate the bruising to the SC's death. She also stated the SC's low core body temperature was possible due to the SC being on the floor and in a cool room at the time of death.

The SM and the PR denied being told not to prop a baby bottle with the SC. However, the LDSS discovered in the course of the investigation that the SC was brought to the pediatrician for a well-child visit at 2-months-old on 1/7/15. The pediatric note documented that the SM and PR reported that, "...sometimes they do prop the bottle up in the bed to feed him." The note further documents the pediatrician advised the SM and the PR, "...not to prop up his bottle in bed when he is feeding, but to hold him." The LDSS further found that the MGM talked to the SM about not propping the bottle because the SM talked to the MGM about bottle propping, and how the SM's PR said it freed one to do other things while the SC was feeding off of a propped bottle.

On 10/22/15, the LDSS completed their investigation and substantiated the allegation of IG against the SM for failing to ensure the PR safely fed the SC without propping the bottle. The LDSS substantiated the allegations of IG, LS, and DOA/Fatality against the PR, for propping the bottle to the SC's mouth with a tightly wound blanket, and for leaving the SC unsupervised for two hours behind a closed door; thus leading to the SC's asphyxiation and death. The LDSS



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appropriately determined the allegations in the report; there were no surviving siblings, therefore ongoing services were not required. All casework activity was commensurate with case circumstances.

## 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:** Medical Examiner

## 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?**Yes

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022841 - Deceased Child, Male, 4 Mons	022843 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
022841 - Deceased Child, Male, 4 Mons	022842 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
022841 - Deceased Child, Male, 4 Mons	022843 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated
022841 - Deceased Child, Male, 4 Mons	022843 - Mother's Partner, Male, 23 Year(s)	Lack of Supervision	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 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"/>



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<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<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"/>				
<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"/>				

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

**Explain:**

Bereavement services were offered to the SM and PR, but refused.

## 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? N/A
- 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 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 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 three years prior to the fatality.

**Known CPS History Outside of NYS**

No CPS history outside of New York.

**Services Open at the Time of 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.

**Required Action(s)**

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes No

**Foster Care Placement History**

There is no record of foster care placement 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**