



## Report Identification Number: SY-22-001

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

Issue Date: Mar 14, 2022

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                 | ASTO-Allowing Sex Abuse to Occur            |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Cortland  
**Gender:** Male

**Date of Death:** 01/01/2022  
**Initial Date OCFS Notified:** 01/01/2022

## Presenting Information

Cortland County Department of Social Services (CCDSS) received an SCR report on 1/1/22 alleging on the same date, at 9:14am, the subject father discovered the subject child in his crib, face down unresponsive. The subject child had his own bedroom across the hall from his parents' bedroom. The subject father called 911. Police and emergency medical services responded to the home. The subject child was pronounced deceased at the scene. It was noted that there were pillows, toys, and blankets in the crib. It was unknown if this contributed to the subject child's death. The subject child did not have any known preexisting medical conditions and there were no marks or bruises noted on his body. There was no plausible reason for the subject child's death. The subject child was transported to the hospital.

## Executive Summary

This fatality report concerns the death of a seventeen-month-old male subject child that occurred on 1/1/22. A report was registered with the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother and father. CCDSS received the report and investigated the child's death.

An autopsy was completed; the preliminary summary "did not reveal an anatomic cause of death. There was no gross evidence of pneumonia or myocarditis. No traumatic injuries were present. The cause and manner of death was pending microscopic exam of the tissues and toxicology testing." A law enforcement investigation was conducted and remained open pending results of the final autopsy report.

At the time of the child's death, he resided with his mother and father. There were no surviving siblings or other children in the household. The investigation revealed that on 12/31/21, at approximately 7:00PM, the father fed the subject child a bottle then placed him in the crib to sleep. The record did not reflect in which position the child was placed. At 10:00PM, the father observed the child awake, took him out of his crib and rocked him. Shortly after, the father placed him back in his crib. At midnight the mother checked on the subject child and then went to bed. The next morning, at approximately 9:15AM, the father found the subject child face down in his crib and unresponsive. Emergency services were called, the subject child was pronounced dead at the scene and transported to the hospital; the record did not reflect why.

CCDSS spoke with the parents, family members and collateral sources, including law enforcement, medical staff, day care providers, and first responders. Grief counseling was offered to the family, and the investigation was unfounded 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?** Yes

### Determination:



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- **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:**  
The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### 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:** 01/01/2022

**Time of Death:** Unknown

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

**County where fatality incident occurred:** Cortland

**Was 911 or local emergency number called?** Yes

**Time of Call:** 09:15 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

**How long before incident was the child last seen by caretaker?** 9 Hours

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other:



**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   | 1 Year(s)  |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 28 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 28 Year(s) |

**LDSS Response**

On 1/1/22, CCDSS received the SCR report regarding the death of the subject child which occurred on the same date. Within the first 24 hours, they spoke with law enforcement, the source of the report, notified the medical examiner and the district attorney. CCDSS learned there were no surviving siblings or other children residing in the home.

On 1/2/22, CCDSS met with the parents at their residence. The home was observed, and no safety hazards were noted. Both parents stated the 17-month-old subject child always slept in his crib. The subject mother said that in the crib was a blanket, a crib sheet, 2 different pillows and a stuffed animal that subject child loved to cuddle with. The subject mother explained the subject child was lethargic during the afternoon of 12/31/21 and that she felt something was off, as he "looked weird." The record did not reflect what the mother meant by weird. She took his temperature and it was normal. Both parents said the subject child had been teething so they gave him 2.5 ml of infant Tylenol between 5:45PM- 6:00PM. The subject child had not experienced any recent illness or other concerns. The subject mother said that at 7:00PM, the subject father fed the subject child a bottle and then put him to bed in the crib without issue. The subject father said he checked in on the subject child at 10:00PM and the subject child popped his head up. The subject father said he picked up the subject child, rocked him and put him back to bed. The subject mother said she checked on the subject child around midnight. She saw that his buttocks was in the air, but that this did not appear abnormal, as he moved around a lot while he slept. The subject mother then went to bed. The subject father went in at 9:11AM to check on the subject child and found him face down in the crib and unresponsive. The record reflects the subject child was found deceased, face down with his head in the pillow. The subject father immediately called 911.

CCDSS spoke with law enforcement, who corroborated the parents' timeline of events. At this time there are no criminal charges, but the case will remain open until the official cause of death is determined. CCDSS received the preliminary autopsy report stating "the examination did not reveal any anatomic cause of death. There was no gross evidence of pneumonia or myocarditis. No traumatic injuries were present. The cause and manner of death was pending microscopic exam of the tissues and toxicology testing."

Throughout the investigation, CCDSS spoke with collateral sources including law enforcement, family members, babysitters, and the subject child's pediatrician; there were no concerns expressed. CCDSS offered the parents services in the response to the fatality, but they declined. There was no evidence found that the parents' actions or inactions placed the subject child at risk of harm. CCDSS unsubstantiated the allegations and closed the case.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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



### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes

**Comments:** This investigation was conducted by the Cortland County Multi-disciplinary Team.

**Was the fatality referred to an OCFS approved Child Fatality Review Team?** No

**Comments:** Cortland County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                    | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|--------------------------------------|-------------------------------------|-------------------------|--------------------|
| 059675 - Deceased Child, Male, 1 Yrs | 059676 - Mother, Female, 28 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 059675 - Deceased Child, Male, 1 Yrs | 059676 - Mother, Female, 28 Year(s) | Inadequate Guardianship | Unsubstantiated    |
| 059675 - Deceased Child, Male, 1 Yrs | 059677 - Father, Male, 28 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 059675 - Deceased Child, Male, 1 Yrs | 059677 - Father, Male, 28 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 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"/> |
| 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:**

CCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

### Fatality Safety Assessment Activities



# Child Fatality Report

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

**Additional information, if necessary:**

CCDSS offered the family services in response to the child's death; however, they declined.

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 household.

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

**Explain:**

CCDSS provided the parents with referrals for grief and bereavement counseling.

### History Prior to the Fatality

#### Child Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| <b>Did the child have a history of alleged child abuse/maltreatment?</b>                    | No  |
| <b>Was the child ever placed outside of the home prior to the death?</b>                    | No  |
| <b>Were there any siblings ever placed outside of the home prior to this child's death?</b> | N/A |
| <b>Was the child acutely ill during the two weeks before death?</b>                         | 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

There was no CPS investigative history more than three years prior to the fatality.

#### Known CPS History Outside of NYS

There was no known CPS history outside of New York.

### 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