



Report Identification Number: SY-22-032

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

Issue Date: Nov 28, 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**

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



Case Information

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

Jurisdiction: Onondaga
Gender: Male

Date of Death: 06/22/2022
Initial Date OCFS Notified: 06/22/2022

Presenting Information

Onondaga County Department of Children and Family Services (OCDCFS) learned of the death of the 1-year-old male child during an open CPS investigation regarding his medical needs. OCDCFS notified the Office of Children and Family Services of the death timely and completed a 7065 Agency Reporting Form.

Executive Summary

On 6/22/22, Onondaga County Department of Children and Family Services (OCDCFS) was notified that the 1-year-old child passed away at the hospital on the same day. At the time of the death, the child resided with his mother, twin sibling and 11-year-old sibling. The siblings were assessed to be safe in the care of the mother.

The medical examiner declined to perform an autopsy. The death certificate listed the cause of death to be cardiorespiratory arrest due to or as a consequence of an airway obstruction/mucous plug. The manner of death was natural. Law enforcement did not conduct an investigation.

Information was gathered from hospital staff that on 6/21/22, the child dislodged his feeding tube, and he was brought to the hospital. Hospital staff cleared the child's tube, replaced it, and he was sent home. The following morning, the mother noticed the child had dislodged his tracheostomy tube. She called 911 and the child was transported to the hospital where lifesaving measures were performed to no avail, and the child was pronounced deceased.

OCDCFS contacted collaterals including the child's specialist, nursing staff, and an emergency medical technician who had regular contact with the child. There were no concerns for the care the mother provided to the child. OCDCFS determined the child's death was not the result of abuse or maltreatment by the mother; therefore, the death was not reported to the SCR. The family was offered grief counseling services and the case was closed on 10/11/22.

PIP Requirement

OCDCFS will submit a PIP to the Syracuse Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDCFS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDCFS will review the plan and revise as needed to address ongoing concerns.

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? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The decision to close the case that was open at the time of death 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 notes a consultation took place, but no details noted.

Explain:

The casework was commensurate with casework activity regarding a non-SCR reported death.

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: 06/22/2022

Time of Death: 05:33 AM

Time of fatal incident, if different than time of death: 03:00 AM

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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	No Role	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	41 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

LDSS Response

Upon learning of the child’s death, OCDCFS notified OCFS through the required 7065 Agency Reporting Form, and investigated the circumstances surrounding the death. They spoke to hospital staff, the child’s specialist, and the child’s pediatrician. The siblings were assessed to be safe.

Hospital staff reported that on 6/21/22, the mother brought the child to the hospital where the tube was cleared and replaced. The child was then sent home. Around 3:00 AM on 6/22/22, the mother noticed the child pulled his tracheostomy tube out, which she immediately replaced. The mother called 911 as the child’s heart rate seemed irregular. The child was transported to the hospital where CPR was performed, yet unsuccessful. The child was pronounced deceased at 5:33 AM. The hospital’s social worker stated that the child’s extensive medical conditions contributed to the death and medical professionals did not believe the death was a result of the actions or inactions of the mother. The social worker said the mother ensured the child received all necessary medical care.

Staff at the medical examiner’s office spoke to the child’s pediatrician and were told the only concern for the child was that he was underweight and was unable to gain weight. Staff at the medical examiner’s office stated the death was a result of the child having a “mucous plug”, which was not uncommon for a child with breathing tubes.

The child’s pediatrician, specialist and the emergency medical technician did not have concerns for the care that the mother provided to the child and did not feel that the mother was responsible for the death.

The mother was interviewed face-to-face. She stated that the child’s death was unexpected and did not provide additional information regarding the death. The 11-year-old sibling also did not provide additional information regarding the death.

OCDCFS offered the mother and sibling grief counseling services and funeral assistance. The mother accepted the services; however, it remained unknown if she utilized the services. The family did not warrant further intervention and the case was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: Onondaga County has an OCFS approve Child Fatality Review Team.



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The siblings did not need to be removed as a result of the fatality.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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? Yes

Explain:

The mother was provided with bereavement information for the 11-year-old sibling.

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

Explain:

The mother was provided with information regarding bereavement services as well as funeral assistance.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
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?	Yes

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/07/2022	Sibling, Male, 11 Years	Mother, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 11 Years	Mother, Female, 41 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 1 Years	Mother, Female, 41 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 41 Years	Lack of Supervision	Unsubstantiated	



Deceased Child, Male, 1 Years	Mother, Female, 41 Years	Lack of Medical Care	Unsubstantiated
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Report Summary:

An SCR report alleged the SC had a tracheostomy tube and gastro-jejunal tube. The SC had a genetic condition and required 24-hour nursing. The BM was aware and did not follow through with 24-hour care for the SC. The BM was aware of how to care for the SC; however, the BM did not change the SC's diaper, and there were feces on his gastro-jejunal tube. The SC had humidified oxygen, so the tracheostomy tube did not dry out. The BM failed to fill the humidifier. The BM left the 11-year-old SS unsupervised to care for the SC and the SC's twin. The SS was not capable of caring for the SC due to the SC's medical needs. The BM was not able to provide adequate supervision to the children.

Report Determination: Unfounded**Date of Determination:** 10/11/2022**Basis for Determination:**

The allegations were unsubstantiated. The mother denied the allegations. The mother was sober and appropriate during home visits. The child was observed to be clean and there was water in the humidifier.

OCFS Review Results:

The investigation was initiated timely. The source was contacted. A CPS history check was documented. Home visits were made, and the family was interviewed. Information was gathered from collateral contacts. There were no documented attempts to interview the fathers. All adults were not provided with written notice of the SCR report. Safety Assessments were completed timely and accurately.

Are there Required Actions related to the compliance issue(s)? Yes No

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The record did not reflect attempts to interview the fathers of the children.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

OCDCFS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

Issue:

Failure to provide notice of report

Summary:

The record did not reflect the father of the 11-year-old sibling was provided with written notice.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

OCDCFS will make diligent efforts to contact absent parent(s) of children named in a report and will send a Notice of Existence letter if contact information is available within seven days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/07/2021	Deceased Child, Male, 8 Months	Mother, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report alleged the SC was medically fragile and required 24-hour care. On 6/7/21, the SC's heart rate was 182 beats per minute due to the SC being too hot. Had the SC's heart rate increased further, the SC could have suffered



respiratory failure and would have had a seizure. The SC's air conditioner was a fire hazard. When the BF attempted to leave and buy a new air conditioner, the BM took the car keys and prohibited him from leaving. The BF took another person's car to buy an air conditioner as the BM refused access to the car. The home had a cockroach infestation. The BM failed to address the situation. The BF attempted to address the infestation, but the BM stopped him.

Report Determination: Unfounded

Date of Determination: 09/15/2021

Basis for Determination:

The allegations were unsubstantiated. The child received appropriate medical care and there were 24-hour nurses in the home to provide the needed around the clock care. The home was observed to be clean, and the mother had obtained a new air conditioner.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was documented. The source was contacted. Home visits were made, and the family and collateral contacts were interviewed. The Safety Assessments were completed accurately. Written notice of the report was provided timely.

Are there Required Actions related to the compliance issue(s)? Yes No

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 is 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