Child Fatality Report

Report Identification Number: RO-25-003

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

Issue Date: Apr 18, 2025

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 had an open investigation or a CPS monitored services 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: 6 month(s)
Jurisdiction: Chemung
Gender: Male
Date of Death: 01/13/2025
Initial Date OCFS Notified: 01/13/2025

Presenting Information

An SCR report was received on 1/13/25, that alleged the subject child had been in the parent substitute's care since 1/8/25, and on 1/10/25 at an unknown time, the parent substitute found the child unresponsive. The parent substitute contacted the mother while she was at work and stated the child needed medical care. The mother arrived at the parent substitute's residence, and they drove the child to the hospital. The child was then flown to a different hospital. While in the care of the parent substitute, the child sustained an anoxic brain injury, a subdural hematoma, and a thoracic epidural hematoma. The parent substitute had no explanation for the child's injuries. The child ultimately could not be saved and was pronounced deceased on 1/13/25 at 5:59PM.

Executive Summary

This report concerns the death of the 6-month-old subject child the occurred on 1/13/25. Chemung County Department of Social Services (CCDSS) received an SCR report with initial concerns for the child's injuries on 1/10/25. As a result of the injuries, the child passed away on 1/13/25. The child resided with the mother, maternal grandmother, maternal step-grandfather, maternal aunt, and a 16-year-old surviving maternal uncle. The child would often be cared for at the parent substitute's home, where the parent substitute's sister also resided. CCDSS assessed the surviving uncle to be safe in the care of the maternal grandparents.

The child had been at the parent substitute's home from 1/8/25 until 1/10/25. On 1/10/25, the parent substitute contacted the mother via phone and stated the subject child was hyperventilating and needed medical attention. The parent substitute picked the mother up and began driving the child to the hospital. On the way to the hospital, the child became unresponsive. After arriving at the hospital, the child was airlifted to a different hospital. The child was found to have several brain bleeds and hematomas. Medical staff determined the child's injuries could not have been caused by a pre-existing medical condition. The child was placed on a ventilator until 1/13/25, until he was pronounced deceased.

CCDSS coordinated their efforts with law enforcement and joint interviews were conducted. The medical examiner refused communication with CCDSS; however, the ADA informed CCDSS of the provisional autopsy findings being, complications of (blunt force trauma to the head): abraded contusion to the left temple and subdural hemorrhage, mainly located over the left posterior cerebrum. At the time of case closure, law enforcement was waiting for the final autopsy report to proceed.

CCDSS provided the family with resources for bereavement counseling. The family declined assistance for funeral expenses.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Approved Initial Safety Assessment?** Yes
  - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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:
CCDSS appropriately substantiated the allegations of IG, II, L/B/W, and DOA/Fatality against the PS and the PS's sister.

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:
Casework activity was commensurate with 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: 01/13/2025 **Time of Death:** 05:59 PM

Date of fatal incident, if different than date of death: 01/10/2025

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

County where fatality incident occurred: Chemung

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used and/or ingested alcohol or drugs? Unknown

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	Aunt/Uncle	No Role	Female	25 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	45 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	43 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Deceased Child's Household	Other Child - SC's Uncle	No Role	Male	16 Year(s)
Other Household 1	Other Adult - Parent Substitute's Sister	Alleged Perpetrator	Female	22 Year(s)
Other Household 1	Other Adult - Parent Substitute	Alleged Perpetrator	Female	22 Year(s)

LDSS Response

On 1/13/25, CCDSS received an SCR report regarding the death of the subject child. CCDSS initiated their investigation within 24 hours and coordinated their efforts with law enforcement. CCDSS contacted the source of the report, completed a CPS history review, and informed the DA and CAC of the fatality.

CCDSS interviewed the PS, the PS's sister, and the mother about events leading up to the fatal incident. The mother reported having a video call with the subject child on the morning of 1/10/25. The child appeared to be acting normal and did not appear to have any marks or bruises. The PS and PS's sister reported conflicting information regarding the timeline of events and details of the day leading to the child being hospitalized. On more than one occasions, the PS and PS's sister contradicted their own details. Neither was able to provide an explanation for the subject child's injuries.

Medical providers reported that the child's injuries did not occur naturally and were suspicious. Following this, CCDSS received the provisional autopsy findings from the ADA and as a result, CCDSS appropriately substantiated the allegations of Inadequate Guardianship, Internal Injuries, Lacerations, Welts and Bruises, and DOA/Fatality against the PS and the PS's sister.

CCDSS completed a thorough investigation with clear and detailed documentation, spoke with or attempted to speak with

all collaterals, completed all safety assessments and the Risk Assessment accurately and provided the family with resources.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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 referred to an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
070483 - Deceased Child, Male, 6 Month(s)	070486 - Other Adult - Parent Substitute's Sister, Female, 22 Year(s)	DOA / Fatality	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070486 - Other Adult - Parent Substitute's Sister, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070486 - Other Adult - Parent Substitute's Sister, Female, 22 Year(s)	Internal Injuries	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070486 - Other Adult - Parent Substitute's Sister, Female, 22 Year(s)	Lacerations / Bruises / Welts	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070485 - Other Adult - Parent Substitute , Female, 22 Year(s)	DOA / Fatality	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070485 - Other Adult - Parent Substitute , Female, 22 Year(s)	Inadequate Guardianship	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070485 - Other Adult - Parent Substitute , Female, 22 Year(s)	Internal Injuries	Substantiated
070483 - Deceased Child, Male, 6 Month(s)	070485 - Other Adult - Parent Substitute , Female, 22 Year(s)	Lacerations / Bruises / Welts	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	☒	☐	☐	☐
When appropriate, children were interviewed?	☒	☐	☐	☐
Alleged subject(s) interviewed face-to-face?	☒	☐	☐	☐

All 'other persons named' interviewed face-to-face?	☒	☐	☐	☐
Contact with source?	☒	☐	☐	☐
All appropriate Collaterals contacted?	☒	☐	☐	☐
Was a death-scene investigation performed?	☐	☐	☐	☒
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)?	☒	☐	☐	☐
Coordination of investigation with law enforcement?	☒	☐	☐	☐
Was there timely entry of progress notes and other required documentation?	☒	☐	☐	☐

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	☒	☐	☐	☐
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?	☒	☐	☐	☐
At 7 days?	☒	☐	☐	☐
At 30 days?	☒	☐	☐	☐
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	☒	☐	☐	☐
Are there any safety issues that need to be referred back to the local district?	☐	☒	☐	☐
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?	☐	☐	☒	☐

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	☒	☐	☐	☐

During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	☒	☐	☐	☐
Was there an adequate assessment of the family's need for services?	☒	☐	☐	☐
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?	☐	☒	☐	☐
Were appropriate/needed services offered in this case	☒	☐	☐	☐

Explain:
The Risk Assessment was completed accurately and reflected the information in the case record. No service needs were identified regarding the surviving child. The mother engaged in counseling after the fatal incident.

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?	☐	☒	☐	☐
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	☐	☒	☐	☐

Legal Activity Related to the Fatality

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

Services at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	☐	☐	☒	☐	☐	☐
Economic support	☐	☐	☐	☐	☐	☒
Funeral arrangements	☐	☒	☐	☐	☐	☐
Housing assistance	☐	☐	☐	☐	☐	☒
Mental health services	☒	☐	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☒
Health care	☐	☐	☐	☐	☐	☒
Legal services	☐	☐	☐	☐	☐	☒

Family planning	☐	☐	☐	☐	☐	☒
Homemaking Services	☐	☐	☐	☐	☐	☒
Parenting Skills	☐	☐	☐	☐	☐	☒
Domestic Violence Services	☐	☐	☐	☐	☐	☒
Early Intervention	☐	☐	☐	☐	☐	☒
Alcohol/Substance abuse	☐	☐	☐	☐	☐	☒
Child Care	☐	☐	☐	☐	☐	☒
Intensive case management	☐	☐	☐	☐	☐	☒
Family or others as safety resources	☐	☐	☐	☐	☐	☒
Preventive Services	☐	☐	☐	☐	☐	☒
Other	☐	☐	☐	☐	☐	☒

Additional information, if necessary:
The family was provided with resources for bereavement counseling. The family declined assistance for the funeral expenses.

Were services offered to and/or received by siblings or other children in the household at the time of and/or in response to the fatality? Yes
Explain:
The family was provided with resources for bereavement services.

Were services offered to and/or received by parent(s) and other care givers at the time of and/or in response to the fatality? Yes
Explain:
The family was provided with resources for bereavement services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- ☒ Had medical complications / infections
- ☐ Had heavy alcohol use
- ☐ Misused over-the-counter or prescription drugs
- ☐ Smoked tobacco
- ☐ Experienced domestic violence
- ☐ Used illicit drugs
- ☐ Had a positive toxicology at the time of delivery
- ☐ Used prescription drugs

☐ Used marijuana

☐ Was not noted in the case record to have any of the issues listed

Infant was born:

☐ With a positive toxicology

☐ With fetal alcohol effects or syndrome

☐ Exhibiting withdrawal symptoms

☒ With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/10/2025	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute, Female, 22 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute, Female, 22 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute, Female, 22 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute's Sister, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute's Sister, Female, 22 Years	Internal Injuries	Substantiated	
	Deceased Child, Male, 6 Months	Other Adult - Parent Substitute's Sister, Female, 22 Years	Lacerations / Bruises / Welts	Substantiated	
	Deceased Child, Male, 6 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 6 Months	Mother, Female, 22 Years	Internal Injuries	Unsubstantiated	
	Deceased Child, Male, 6 Months	Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:
An SCR report was received on 1/10/25, that alleged the SC was cared for by the SM, PS and PS's sister regularly. The SC had been in the care of the PS and PS's sister since 1/8/25. The SC was not feeling well that day. As a result, the PS gave the SC medication. Later that day, the SC was experiencing difficulty breathing and was taken to the hospital. The SC had a bruise on his forehead and three brain bleeds. The caregivers had no explanation for the SC's injuries. Three subsequent reports were received on the same day. Additional information included, the SC had sustained a hematoma and bruising to the face and the SC was unresponsive, resuscitated, intubated and on a ventilator.

Report Determination: Indicated

Date of Determination: 03/12/2025

Basis for Determination:
CCDSS substantiated the allegations of IG, II, and L/B/W against the PS and PS's sister and unsubstantiated the same allegations against the SM. Upon entering the hospital unresponsive, the SC had a bruise on his face and spine. It was

determined by hospital staff that the SC had three brain bleeds that were not from a pre-existing medical condition and were caused by trauma. The established timeline of the injuries determined the SC would have sustained the injuries while in the care of the PS and PS's sister. None of the caretakers were able to provide an explanation for the injuries.

OCFS Review Results:
CCDSS completed a thorough and detailed investigation. They began the investigation within 24 hours, completed a CPS review, and contacted all the sources. CCDSS interviewed all the family members and subjects, documented detailed interviews, and assessed the surviving uncle and his home to be safe. CCDSS completed accurate safety and risk assessments, contacted all relevant collaterals and gathered appropriate documentation.

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.

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