

Colorado Department of Human Services
Child Fatality Review
4/15/08

A. Identifying Information:

Child: Ezra Sprowes
DOB: 07/06/07
DOD: 12/28/07 (age 5 months)

Parents:
Mother: Kaziah Sprowes (age 23)
Father: Unknown

Other adults/caretakers living in the home at the time of Ezra Sprowes death:
Maternal Grandmother: Elizabeth Sprowes (age 59)

B. Involved County:

Adams County Department of Social Services (ACDSS)

C. Introductory Statement:

The Colorado Department of Human Services Child Fatality Review Team conducted the review of the circumstances surrounding the death of Ezra K. Sprowes. The purpose of the review is to examine existing practices and policies and how they currently affect the county child welfare programs. These findings should not be construed to link the county's actions to the fatality.

Statutory authority for this review is in Title 26-1-111, Colorado Revised Statutes. The Department of Human Services supervisory authority is outlined in the areas of child welfare and other programs as specified. It is in the capacity of supervision of the county's administration of child welfare programs that the state has the legal responsibility to require the corrective actions and to conduct follow-up reviews.

D. Case Summary:

On 12/29/07, the Adams County Coroners office contacted ACDSS to report that Ezra Sprowes died on 12/28/07 and the cause of death was being listed as suspicious. There were no visible signs of trauma to the child.

The Coroner reported that there were no visible/overt signs of abuse or neglect and reported finding several stuffed animals and blankets in the child's crib and that this may have been a contributor in the child's death. The cause of death as reported by the Coroner was "probable positional asphyxia".

Kaziah Sprowes, the mother of the infant, stated that she put the child down for a nap in his crib at approximately 1:00 PM and took a nap herself. He awoke and spit up/vomited and she turned him over onto his stomach in his crib and both went back to sleep. She awoke at approximately at 4:30 p.m. and he was not breathing. She reported performing CPR on him for approximately two hours before 911 was called.

When Kaziah's mother, Elizabeth Sprowes, returned home after 7:00 p.m. Elizabeth called 911 and initiated CPR.

A previous referral at the time of Ezra's birth resulted in the provision of community services through the Tri-County Health Department's Mother's First program.

Adams County DSS Findings related to the fatality: The ACDSS assessment was unfounded for physical abuse and ruled inconclusive for medical neglect.

E. Chronology:

Prior to the birth of the decedent there was DSS involvement with the mother that is not relevant to the death and therefore confidential.

Referral - 7/06/07:

A mandated reporter called ACDSS concerned that Kaziah Sprowes, who appeared to have developmental challenges, had given birth to Ezra Sprowes. The baby and mother appear to be bonding. An immediate DSS response occurred, and casework services were provided to Kaziah at the hospital. Kaziah lived with her mother, Elizabeth Sprowes. During a home visit the caseworker noted that the home was cluttered but there were no evident child protection concerns. The caseworker contacted Tri County Health for services and made a referral to Tri-County's Mother's First program.

A safety assessment identified no safety concerns at that time; however the risk assessment was determined to be moderate risk. The assessment was presented to the Adams County DSS Child Protection Team (CPT) for review. CPT found the response was timely, adequate and in compliance. The closing disposition of the assessment was unfounded for intra-familial neglect/injurious environment. The assessment was closed on 8/15/07 after receiving confirmation that Tri-County Health had made contact with the mother.

Referral - 12/29/07:

A mandated reporter called to report the death of Ezra Sprowes on 12/28/07. The reporting party stated that the mother, Kaziah Sprowes found the child dead in his crib and attempted CPR for nearly three hours before 911 was called. The reporting party noted that there were no visible signs of trauma to the child. An immediate county response occurred.

F. Policy Findings - Follow up Actions Required:

None