



**Report Identification Number: AL-20-005**

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

**Issue Date: Jun 24, 2020**

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		
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	
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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Schenectady  
**Gender:** Male

**Date of Death:** 03/10/2020  
**Initial Date OCFS Notified:** 03/10/2020

## Presenting Information

Schenectady County Department of Social Services received an SCR report on 3/10/20, stating that the mother had put the 2-month-old child in his crib around 3:00 PM. The mother checked on the child at 5:00 PM, and he was fine. The mother checked on the child again around 6:00 PM, and realized he was not breathing. The mother called 911 and EMS arrived on scene at 6:17 PM. When EMS arrived, the child was not breathing, had dry blood stains around his mouth and nose, and was in cardiac arrest. The report was a subsequent to an open investigation.

## Executive Summary

This report concerns the death of a 2-month-old child. Schenectady County Department of Social Services (SCDSS) received an SCR report regarding the death on the day that it occurred, 3/10/20. SCDSS had a previously open investigation due to the mother and child having a positive toxicology for marijuana at the time of the child's birth. There were no surviving siblings or other children in the home.

On 3/10/20, at approximately 6:00 PM, the mother found the child unresponsive in his crib. The mother alerted the father to the child's condition and 911 was called. The father began CPR and stopped when he noticed blood coming from the child's mouth. Emergency medical services arrived at the home within minutes of being contacted and took over attempts to resuscitate the child. The child was transported to the hospital and later pronounced dead.

SCDSS conducted their investigation into the incident in conjunction with law enforcement. The family, emergency responders, and hospital staff were all interviewed during the investigation. SCDSS offered the family grief counseling and the family accepted grief counseling.

During the investigation the mother and father were interviewed at the police station. The mother disclosed that she had put the child down to sleep at approximately 3:00 PM that day. The mother stated that the child would only sleep with a blanket covering his mouth and nose and had placed him down in the crib with the blanket covering his mouth and nose that day. The mother stated she had checked on him at 5:00 PM and he was fine. The mother stated that she then checked on him again at 5:59 PM and found him unresponsive on his stomach with his head fully covered by a blanket and against a crib bumper. The father disclosed that he had witnessed the child roll and did not like the crib bumper in the crib and had removed it multiple times. The father stated that the mother and maternal grandmother would then put it back in the crib. The father identified that he was sleeping when the mother woke him to tell him the baby was unresponsive. The 911 operator instructed him to place the child on the floor and begin CPR. The father disclosed that he did not place the child on the floor and started CPR on the couch because placing the child on the floor was disrespectful and he felt the baby was already gone.

SCDSS indicated the allegations of Inadequate Guardianship, Lack of Medical Care, and DOA/Fatality against both the mother and the father regarding the deceased child. A neglect petition was filed in family court on behalf of the deceased child.

### PIP Requirement

For issues identified in historical cases, SCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS will review the plan and revise as needed to address for 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? 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

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:

SCDSS made an appropriate determination and decision to close the case.

## 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: 03/10/2020

Time of Death: 07:02 PM

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

County where fatality incident occurred: Schenectady

Was 911 or local emergency number called? Yes

Time of Call: 06:15 PM

Did EMS 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?** Yes

**How long before incident was the child last seen by caretaker?** 1 Hours

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

**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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	67 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)

### LDSS Response

On 3/10/20, SCDSS received the fatality report from the SCR and initiated their investigation. The PGF also lived in the home and was present when the SC passed away and there were no surviving siblings.

SCDSS coordinated their investigation with LE and notified the DA and ME of the child's death. SCDSS conducted their first casework contacts on 3/11/20 at the home. SCDSS offered burial, shelter, and grief counseling services at this time. The SM gave an account of what happened during this home visit. The SM identified she put the SC down for a nap in his crib at 3:00 PM. She checked on the SC around 5:00 PM and he was fine. The SM stated she checked on the child again at 5:59 PM and the SC was blue. The SM contacted 911, the SF began CPR, and EMS took over upon their arrival. SCDSS conducted a home visit on 3/12/20 with LE. The home was observed to be cluttered with food containers, hookahs and marijuana pipes, ash trays, a television in the SC's portable crib, bags of garbage, and beer cans observed throughout the home. An odor of marijuana, animal feces and urine, and cigarette smoke was present in the home. The SC's crib was observed to have blankets and sheets in it. Another blanket was draped over the back of the crib as a decoration. The crib bumper and blanket the SC was found in were previously taken as evidence by LE.

The SM and the SF were interviewed by SCDSS and LE. The SF stated he had seen the baby roll previously and believed he had caught it on video. On the date of the fatal incident, the SF identified he had been asleep when the SM woke him up and told him something was wrong with the SC. The SF stated the SC was in the SM's arms and not breathing. The SF started CPR while the SM contacted 911. The SF identified that both he and the SM smoked marijuana regularly. It was not determined if the SF and the SM had smoked marijuana that day. The SF identified having knowledge of safe sleep guidelines and that he has removed the crib bumper from the crib on multiple occasions and it was put back in by the SM and her mother. The SF identified that the SC would sleep with a blanket over him and had seen it covering his face in the past.

The SM informed SCDSS and LE that she, the SF, and the SC had been up until 5:00 AM that day. Around 2:00 PM the SC fell asleep on her chest, and that at 3:00 PM she placed the SC in his crib. The SM demonstrated how she placed the SC in the crib on his back with a blanket on the crook of his neck, covering his mouth and nose. The SM identified that she checked on the SC and he was fine, and when she checked again at 5:59 PM, he wasn't breathing. The SM stated she



found the SC face down with his face completely in the blanket and against the bumper. SCDSS reviewed safe sleep with the SM and the SM stated, “So if I didn’t give him this (blanket) he’d still be here?” The SM also disclosed smoking marijuana regularly in the home with the maternal grandmother. The SM stated she did not smoke in the presence of the SC. It was not determined if the SM had smoked the day of the SC's death.

SCDSS interviewed EMS responders, medical and nursing staff that were present and working on the child when brought to the hospital, and family members during the investigation period. It was determined through the contacts that the SM found the SC unresponsive at 5:59 PM, 911 was contacted at 6:15 PM, CPR was started and stopped by the SF, and the mother had untreated mental health concerns. The home was unkempt, unsanitary, and unsafe. Drug paraphernalia, pill bottles, guns, and ammunition were throughout the home, rotting food and dirty baby bottles were observed throughout the home, and animal feces, garbage and marijuana could all be smelled in the home. The crib had multiple sets of sheets in it, crib bumpers, and a blanket draped over it for decoration. All allegations in the report for the SM, the SF, and the PGF were indicated and a neglect petition was filed through family court.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** SCDSS conducted the investigation in coordination with an MDT response.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** No

**Comments:** SCDSS does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053546 - Deceased Child, Male, 2 Mons	053547 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
053546 - Deceased Child, Male, 2 Mons	053547 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
053546 - Deceased Child, Male, 2 Mons	053547 - Mother, Female, 26 Year(s)	Lack of Medical Care	Substantiated
053546 - Deceased Child, Male, 2 Mons	053548 - Father, Male, 34 Year(s)	DOA / Fatality	Substantiated
053546 - Deceased Child, Male, 2 Mons	053548 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
053546 - Deceased Child, Male, 2 Mons	053548 - Father, Male, 34 Year(s)	Lack of Medical Care	Substantiated
053546 - Deceased Child, Male, 2 Mons	053549 - Grandparent, Male, 67 Year(s)	DOA / Fatality	Substantiated
053546 - Deceased Child, Male, 2 Mons	053549 - Grandparent, Male, 67 Year(s)	Inadequate Guardianship	Substantiated



### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### 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?

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	053547 Mother Female 26 Year(s)	
<b>Comments:</b>	SCDSS filed a neglect petition in family court against the SM and the SF.	

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
Pending	There was not a fact finding	There was not a disposition



<b>Respondent:</b>	053548 Father Male 34 Year(s)
<b>Comments:</b>	SCDSS filed a neglect petition in family court against the SM and the SF.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>

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

**Explain:**  
 Services were offered for burial assistance, counseling, and alternate shelter. Burial assistance was accepted by the family.

### 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? No

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

**Infant was born:**

- Drug exposed  With fetal alcohol effects or syndrome
- With neither 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)
01/08/2020	Deceased Child, Male, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Father, Male, 34 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

The SC and the SM tested positive for marijuana at the time the SC was born. The source of the report also identified concerns for the SM's ability to care for the child due to a cognitive impairment or mental health concern and that the MGM that lived in the apartment above her had left the hospital multiple times to smoke marijuana.

**Report Determination:** Indicated**Date of Determination:** 04/08/2020**Basis for Determination:**

SCDSS met with the mother in the hospital and reviewed the concerns in the report. The SM identified that she had smoked marijuana earlier in her pregnancy and stopped. A plan of safe care was made with the mother and identified that she would receive assistance from the MGM. The SM identified being in mental health treatment while meeting with SCDSS. The SM was discharged from the hospital and SCDSS documented unsuccessful efforts to meet with the mother in the home. The allegations in the report were indicated due to the SM's positive urine screen for marijuana as that showed ongoing and recent marijuana use and the SM not being in MH treatment as reported.

**OCFS Review Results:**

SCDSS met with the SM and MGM in the hospital. SCDSS developed a Plan of Safe Care with the SM. The Plan of Safe Care included utilizing the MGM for assistance with caring for the child despite her reported marijuana use while at the hospital. That concern was not addressed with the MGM. The SM did not sign the plan. SCDSS did not review safe sleep with the SM while meeting in the hospital per 13-OCFS-ADM-02 that outlines guidelines for reviewing safe sleep with families. The hospital identified additional concerns to SCDSS that the mother was unable to care for the child due to a cognitive impairment or mental health diagnosis. That concern was not addressed with the SM prior to discharge.



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

**Issue:**

Failure to provide safe sleep education/information

**Summary:**

SCDSS met with the SM in the hospital prior to discharge. SCDSS failed to review safe sleep per 13-OCFS-ADM-02 with the SM. SCDSS did not go to the home to assess the child's sleep environment prior to or following the SM's discharge from the hospital.

**Legal Reference:**

13-OCFS-ADM-02

**Action:**

SCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care. In all CPS investigations with an infant in the home, caregivers must be provided with safe sleep information per 13-OCFS-ADM-02 guidelines.

**Issue:**

Failure to complete, document, and monitor a Plan of Safe Care

**Summary:**

SCDSS failed to document & monitor a Plan of Safe Care to address the health and substance use disorder treatment needs of both the infant and affected caregiver despite knowledge the infant was identified as being born exposed to substances. SCDSS did develop a Plan of Safe Care, however there is no documentation the mother agreed to the plan or that it was monitored following discharge.

**Legal Reference:**

17-OCFS-LCM-03 & 18-OCFS-LCM-06

**Action:**

SCDSS will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. SCDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family. SCDSS will document that all parties sign and agree to the Plan of Safe Care.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Multiple progress notes were not entered contemporaneously during the investigation, and were documented 2 months after the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

All progress notes will be entered as contemporaneously as possible to their event dates.

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was not completed on time and was one day late.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

SCDSS will complete all safety assessments within the required time frame.

**Issue:**



## Contact/Information From Reporting/Collateral Source

### Summary:

The Source identified concerns for the SM having a potential cognitive impairment or mental health diagnosis preventing her from caring for the baby. The SM stated to SCDSS that she was in mental health treatment. SCDSS failed to obtain a release to speak with a provider at the time the child was born, failing to assess the SM's mental capacity to care for the SC effectively.

### Legal Reference:

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

### Action:

SCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations. SCDSS did obtain a release to speak with the SM's mental health provider following the death of the SC. It was then learned that the SM had not been in treatment since 2017, and had multiple mental health diagnoses.

### CPS - Investigative History More Than Three Years Prior to the Fatality

There was no history three years prior to the fatality

### Known CPS History Outside of NYS

There was no known history outside of NYS.

### 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