



Report Identification Number: BU-15-040

Prepared by: Buffalo Regional Office

Issue Date: 4/22/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 11/16/2015
Initial Date OCFS Notified: 11/18/2015

Presenting Information

Subject mother gave birth to subject child on 11/16/15. Subject child was born prematurely at 22 1/2 weeks. Subject child lived for 2 1/2 hours and then died. Subject mother had a positive toxicology for THC and Cocaine. This drug abuse by subject mother is suspected to have been a contributing factor to the baby's death. Subject mother's drug use may have resulted in her going into labor earlier and a baby born at 22 1/2 weeks would not be expected to survive.

Executive Summary

This report involved the death of a subject child that was born with an estimated gestation of 159 days. An SCR report was made with allegations of DOA/Fatality, Inadequate Guardianship, and Parent's Drug/Alcohol misuse against subject mother stemming from her positive toxicology for marijuana and cocaine during birth of subject child. Subject child subsequently died within hours of being born while still in hospital care.

The investigation included appropriate case and collateral contacts, medical records information, criminal background and SCR history checks, and timely documentation of case work activities. There was no criminal investigation or charges.

Subject mother participated in regular pre-natal care, but tested positive for marijuana, amphetamine, and cocaine during pre-natal appointments throughout the pregnancy. Subject mother acknowledged her substance use during the pregnancy including crack cocaine use every two weeks, marijuana use every other day, as well as daily cigarette use. Subject mother had no SCR history in the NYS Registry. She had a criminal history including Assault, robbery, and harassment. Subject mother reported employment and family member assistance for income. She was not receiving Medicaid or other Social Services benefits.

Medical information noted a poor prognosis for subject child's survival at this early prematurity. Medical providers could not confirm that subject mother gave birth early or that the subject child's death was a result of subject mother's substance abuse during the pregnancy. They noted that the subject mother had a medical condition which could have been a contributing factor. There was no toxicology obtained for subject child. Per subject mother's request, no autopsy was performed on subject child.

On 01/13/2016, the allegations of DOA/Fatality, Inadequate guardianship, and Parent's Drug/Alcohol misuse were UNFOUNDED against subject mother. Basis of findings: There is no credible evidence to support the allegations. Subject mother admits to using marijuana and cocaine during the pregnancy. Some medical providers suspected that drug use may be a contributing factor to subject mother's early labor and subject child's death, but the attending physician also stated that subject mother's medical condition may have contributed to the early labor. No medical professional could definitely state that mother's substance abuse lead to subject child's death. There are no surviving siblings or other children in the home. Services are not required at the time of case closing. Case closed with no further CPS intervention required.



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

Explain:

The case work activity of case and collateral contacts is commensurate with the case circumstances for this fatality report.

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 Caseworker made appropriate case and collateral contacts that are commensurate with fatality 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: 11/16/2015

Time of Death: Unknown

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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



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Other: Died 2 1/2 hours after birth

Did child have supervision at time of incident leading to death? Yes

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	0 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)

LDSS Response

On 11/18/2015, Erie County Child Protective Services received an SCR report with allegations of DOA/Fatality, Inadequate Guardianship, and Parent's Drug/Alcohol misuse against subject mother stemming from her positive toxicology for marijuana and cocaine during birth of subject child. Subject child was born prematurely at 159 days and subsequently died within hours of being born while still in hospital care. There was no toxicology obtained for subject child.

The caseworker initiated the investigation making case and collateral contacts. Medical record information, criminal background and SCR history checks, and timely documentation of case work activities was well documented. There was no criminal investigation or charges.

Subject mother participated in regular pre-natal care, but tested positive for marijuana, amphetamine, and cocaine during pre-natal appointments throughout the pregnancy. Subject mother acknowledged her substance use during the pregnancy including crack cocaine use every two weeks, marijuana use every other day, as well as daily cigarette use. She claimed no physician advised her regarding the potential harmful effects of her use during the pregnancy and no warnings are documented in the medical information. Subject mother had no SCR history as a perpetrator or a victim in the NYS Registry. Subject mother had a criminal history including Assault, robbery, and harassment. Subject mother reported employment with a family member roofing business and family member assistance as her sources of income. She was not receiving Medicaid or other Social Services benefits.

Subject mother was resistive to identifying and reported conflicting names and information regarding subject child's bio-father. She claimed to have no contact information such as a telephone number or address. When the caseworker was able to track down and did speak to one person subject mother had named as subject child's father he reported having no knowledge of subject mother's on-going substance abuse. This individual did feel he was subject father's bio-father, but subject mother later disputed this and there is no father named on subject child's certified transcript of birth. Subject mother was also upset with the caseworker for discussing the report with this individual. A bio-father was listed in the



SCR report as Unknown, Unknown.

Subject child passed away within a few hours of birth. The estimated gestation was 159 days. The medical information noted a poor prognosis for subject child's survival at this prematurity. Medical providers could not confirm that subject mother gave birth early or that the subject child's death was a result of subject mother's substance abuse during the pregnancy. They noted that the subject mother had a medical condition which could have been a contributing factor. Per subject mother's request, no autopsy was performed on subject child.

On 01/13/2016, the allegations of DOA/Fatality, Inadequate guardianship, and Parent's Drug/Alcohol misuse were UNFOUNDED against subject mother. Basis of findings: There is no credible evidence to support the allegations. Subject mother admits to using marijuana and cocaine during the pregnancy. Some medical providers suspected that drug use may be a contributing factor to subject mother's early labor and subject child's death, but the attending Physician also stated that subject mother's medical condition may have contributed to the early labor. No medical professional could definitely state that mother's substance abuse lead to subject child's death. There are no surviving siblings or other children in the home. Services are not required at the time of case closing. Case closed with no further CPS intervention required.

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 investigation conducted by a Multidisciplinary Team (MDT)?Yes

Comments: Erie County's Multidisciplinary Team reviewed this fatality report.

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

Comments: Erie County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027181 - Deceased Child, Male, 0 Days	027182 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
027181 - Deceased Child, Male, 0 Days	027182 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
027181 - Deceased Child, Male, 0 Days	027182 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

CPS Fatality Casework/Investigative Activities



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

Additional information:

Subject child died at the hospital shortly after birth while being treated for premature birth at 159 days. There was no criminal investigation, first responders, or crime scene. No other surviving children were in the home.

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? 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				



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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 The Caseworker offered counseling services and substance abuse treatment services, but these were declined by subject mother. Caseworker did provide substance abuse treatment agency contact information in case subject mother decides to seek treatment in the future.

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:
 This was subject mother's first child. There were no other surviving children or siblings in the household.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 The caseworker offered counseling and substance abuse treatment to subject mother and this was declined.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No



Was there an open CPS case with this child at the time of death? No
 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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history within three years prior to the fatality.

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

There is no prior CPS history for subject mother or subject child.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
 Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of 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

Additional Local District Comments

We find that the facts describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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