



Report Identification Number: NY-20-017

Prepared by: New York City Regional Office

Issue Date: Jul 30, 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: 15 day(s)

Jurisdiction: New York
Gender: Female

Date of Death: 02/04/2020
Initial Date OCFS Notified: 02/04/2020

Presenting Information

An SCR report alleged that on 2/4/20, the SM awoke at approximately 8:00 AM and found the newborn SC unresponsive. The SM was co-sleeping with the SC, the two and six-year-old siblings, and the seventeen-year-old MA on a full size bed. The report alleged the SC was placed in an unsafe sleep environment. The SC was taken by EMS to Metropolitan Hospital where she was pronounced dead at 9:35 AM on the reported date. The SC had no known medical conditions; however, she required special formula.

Executive Summary

The SCR registered a report that alleged that on 2/3/2020, the SM placed the SC to sleep in an adult bed with three children and the following morning she awoke to find the SC unresponsive. EMS transported the SC to the hospital where was pronounced dead by medical staff.

ACS completed a clearance that revealed an open CPS investigation was registered on 1/21/2020, because the SM had tested positive for marijuana at the time of the SC's birth; however, the SC tested negative. The SC was born at 35 weeks of gestation. The SC was placed in the Neonatal Intensive Care Unit where she was treated for a medical condition. During that investigation, the ACS Specialist visited the MGM's home where the SM and her two and six-year-old children were residing with the MGM, two maternal aunts, ages 17 and 20 years old. The Specialist documented the SS was safe and gave the SM provisions for the SC that included a Pack n Play and the SM was provided information on safe sleep just before the SC's discharge.

On 2/4/2020, ACS responded to the hospital and interviewed the staff regarding the incident. ACS also contacted LE, FDNY and the office of the ME. The FDNY Liaison reported they received the call for an unresponsive newborn at 9:02 AM and they arrived at the case address at 9:09 to find the SC with no heartbeat. The attending Dr. reported the SC arrived at the ER with no pulse and they found no sign of abuse or neglect.

LE reported the SM said she last saw the SC alive between 4:00 and 5:00 AM when she fed her; the SM awoke after 8:00 AM to feed the SC and found her not breathing. She alerted the MA who then called 911. All of the family members reported the SC was co-sleeping with the SM, SS, and MA on the full size bed; however, the SM initially stated the SC slept in the Pack n Play then she later recanted. LE reported the Pack n Play was used to store clothes. At the time of discovery, the family was asleep, including a visitor (family friend), who slept on the sofa; the MGM was not at home. The home was documented to be cluttered but there were no safety hazards.

ACS learned from the hospital SW that the SC's last well-baby visits were on 1/27/2020 and 2/3/2020. The SC had gained weight, was deemed healthy with no medical concerns. The SW counseled the SM on the importance of safe sleep, feeding, burping and accident prevention for the SC. The SC's pediatrician recalled that during the last visit, the SM reported the SC drank two ounces of formula every two hours and she had no problem with bowel movements.

The BF reported he visited the home on 2/3/2020, and when he left the home at 1:00 AM the following morning, the SC was well. He is the BF of the SC and the two-year-old SS. He lives in another state and visits his children once every three months.

On 2/6/2020, the Specialist completed an assessment that reflected the SM uses marijuana and alcohol to soothe herself



when she is angry, depressed or bored. Both the adult and seventeen-year-old MA admitted to using marijuana in the home. ACS staff held a CSC that revealed the SM received training and coaching regarding safe sleep and she opted to co-sleep. The SM reported she told the Dr. that the SC drank only one ounce of formula, she did not have a bowel movement and the Dr. responded that it was normal. Contrary to the information given by the Dr.; the outcome of the CSC was to file an Article 10 Neglect petition and refer the SM to services to which she admitted she needed help and that she would attend.

The final autopsy was pending at the time of this writing.

ACS attempted to file an Article 10 Neglect Petition for COS; however, the filing was delayed, on 2/13/2020 ACS' legal services informed ACS that the filing was delayed because additional information was needed from the office of the ME. The investigation conclusion had not yet been determined at the time this report was writing.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

- **Was the decision to close the case appropriate?** N/A
- **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 case had not yet been determined when this report was issued.

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: 02/04/2020

Time of Death: 09:35 AM

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

08:00 AM

County where fatality incident occurred:

New York

Was 911 or local emergency number called?

Yes

Time of Call:

09:09 AM

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

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

How long before incident was the child last seen by caretaker? 4 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	Aunt/Uncle	No Role	Female	17 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	15 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	54 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

On 2/4/2020, when the fatal incident occurred, there was an open investigation that alleged the SM had been using marijuana during her pregnancy with the SC. The SM tested positive for marijuana when she gave birth to the SC who



tested negative. The SM denied marijuana use while she was pregnant; however, she later reported she used marijuana two to three times per week to calm her anxiety or for recreation.

ACS initiated the fatality investigation within the required timeframe by contacting the FDNY, LE, and hospital medical staff. EMS responded to the case address at 9:09 AM and found a FDNY medical emergency unit had arrived first. Upon their arrival, FDNY found the SC and transported her to the hospital where their efforts to regain a heartbeat was unsuccessful. The SM told them she last saw the SC alive when she fed her some time between 4:00 AM and 5:00 AM. She also stated she placed the SC in the pack n play to sleep but later admitted she held the SC on her chest while she laid on the full size bed.

LE reported they received the 911 call at 9:00 AM for a baby that appeared blue in color. The two SS were taken to the hospital where they were examined and returned to the SM. LE did not smell marijuana in the home that was described as cluttered with the pack n play filled with clothes.

ACS contacted the office of the ME on 2/10/2020, and it was reported that signs of a viral infection was found on the SC; however, it was unknown whether it contributed to the SC's death. On 6/29/2020, the ME reported the cause and manner of death was pending.

On 2/13/2020, ACS contacted the ADA regarding COS for the SM on behalf of the SS; the ADA reported the petition was delayed as they await the final autopsy. It was reported that the SM was heard blatantly refusing to administer CPR to the SC at the time the 911 operator instructed her and used profanity. In addition, it was reported that because the SM was intoxicated, the SC fell off the bed. The ME reported finding no bruises or signs of maltreatment or abuse on the SC. The SM reported CPR was not working and she panicked.

The Specialist documented the family members were interviewed separately on 2/4/2020 and the information reported was consistent. The SM reported the SC was fed and put to bed at approximately 1:00 AM and again between 4:00 and 5:00 AM. The SM, SS and MA slept in the bedroom on the full size bed because a family friend who was visiting was sleeping on the sectional sofa, where the SM and SS usually slept. They reported the Pack n Play was too large to fit in the bedroom and the SM opted to sleep with the children. However, the Specialist observed the Pack n play in the same bedroom where they stated it could not fit. The adult MA and the MGM slept in another bedroom; the MGM left the home early that morning for an appointment. The SM woke at approximately 8:00 AM and found the SC unresponsive. She alerted everyone and contacted her sister who advised her to perform CPR. They realized it was not effective and the teen MA called 911.

The Specialist visited the home and deemed it cluttered but not hazardous. Both MA's admitted they use marijuana often and they assisted the SM with the SS sometimes but are not always available; however, the MGM is supportive. The SM reported the SC was discharged from the hospital on 1/25/2020 and she took the SC to her well-baby visits on 1/27/2020 and 2/3/2020. The BM admitted she received safe-sleep training.

On 3/5/2020, the case documentation reflected the SM and SS relocated to another state and a courtesy visit was made to the home which deemed the SS safe. The SM returned to the MGM's home and on 6/30/20, ACS attempted a visit; but the SM declined contact with ACS. The six-year-old SS continued services through school.

The investigation had not yet been determined when this report was issued.

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)? No

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

Comments: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054487 - Deceased Child, Female, 15 Days	054488 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
054487 - Deceased Child, Female, 15 Days	054488 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending

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"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Explain:
The SM initially agreed and enrolled in services; however, she later declined all services.

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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The family declined services.

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

Explain:

The family declined services.

History Prior to the Fatality

Child Information



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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/21/2020	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Pending	

Report Summary:

On 1/20/20, the SM gave birth to an infant prematurely. The SM tested positive for marijuana and the SC's tests were negative. The SC was underweight and was experiencing respiratory issues; she was placed in NICU.

Report Determination: Undetermined

OCFS Review Results:

The ACS Specialist visited the SC at the hospital and also assessed the SSs at the home as safe. The Specialist provided clothing and a Pack n Play crib for the SC and counseled the SM on safe sleep for the SC. The SC was discharged to the SM on 1/25/20. The SC tested negative for marijuana although the SM tested positive.

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

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

On 5/15/15, the SCR registered a report alleging that the SM and her then paramour engaged in an altercation in the home, in the presence of the now six-year-old SS who was one year old at the time. A third party contacted LE who responded to the home, but made no arrest.

The SM denied DV or that an altercation occurred. The ACS Specialist observed broken chairs and holes in the walls caused by the paramour. On 6/13/15, ACS substantiated the IG allegation against the SM and her paramour and he later relocated. The SM enrolled in parenting skills which she did not complete. She declined the case management and anger



management services. The now six-year-old child was given Early Intervention that started on 6/30/15 and ended on 7/1/16. The agency reported the SM made herself available for them to assess the SS's safe.

Known CPS History Outside of NYS

There was no known CPS 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