



Report Identification Number: SY-16-047

Prepared by: Syracuse Regional Office

Issue Date: Jun 09, 2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 09/18/2016
Initial Date OCFS Notified: 09/18/2016

Presenting Information

The SCR received a report on 9/18/16 stating: "Today, 9/18/2016, 5-month-old, SC was found unresponsive. SM found the infant not breathing and she called 911. When the fire department arrived, the child was on a couch and EMT were attempting CPR on the infant. SC was room temperature to the touch and her legs were rigor. SM last saw the child at 4AM when she fed her. It is unknown if child had any preexisting medical conditions. SM had no explanation for the death of the child thus mother will be considered an alleged subject." The allegations contained in the fatality report were DOA/Fatality and IG pertaining to the SM in regards to the SC. The SCR registered four (4) additional reports, on 9/18/16 and 9/19/16, that included the DOA/Fatality allegations and additional allegations of LOS, PD/AM, and IG pertaining to the SM regarding the three (3) surviving siblings, OCDCFS closed the duplicate reports and addressed all the allegations in the Fatality Report.

Executive Summary

This fatality report concerns the death of a 4-month old infant which was reported to the SCR on 9/18/16 with allegations of DOA/Fatality and IG against the SM in regards to the SC. The SCR registered four additional reports on 9/18/16 and 9/19/16 that included the DOA/Fatality and IG allegations and additional allegations of PD/AM against the SM in regards to the SC and PD/AM, LOS and IG against the SM in regards to the SC's three surviving siblings. The SC was found unresponsive by the SM on the morning of 9/18/2016. According to the SM, she placed the SC in bed with her to sleep on 9/18/16 after feeding the infant a bottle at 4:30 am. The SM stated that the SC was sleeping with her in the adult queen sized bed with the SC lying next to the SM in the middle of the bed along with several pillows and blankets. The SM woke up at approximately 7:00 am and attempted to wake the SC who was unresponsive. The SM contacted 911 and attempted CPR on the infant. EMS transported the SC by ambulance to the hospital where she was pronounced dead at 7:57 am.

Onondaga County Department of Children and Family Services (OCDCFS) initiated their investigation on 9/18/16, the same day that the SCR report was registered. The investigation was conducted in conjunction with LE. All adults present at the time of the SC's death were interviewed and no criminal charges have been filed. Safety and risk were appropriately assessed for the surviving siblings and appropriate services were offered to the family. The medical examiner determined in the final autopsy that SC's manner of death was undetermined and the cause of death was "sudden death associated with unsafe sleep environment". It was determined that there was credible evidence that the SC's physical condition had been placed in imminent danger of impairment when the SM failed to exercise a minimum degree of care by co-sleeping with the SC in an unsafe sleep environment. There was pack-n-play located in the bedroom which could have been used for the infant. It was determined that the SM had previously been educated about safe sleep and the risks associated with co-sleeping, and SM was advised against co-sleeping with an infant child.

The SCR report allegations of DOA/Fatality and IG against the SM in regards to the SC were appropriately substantiated and the allegation of PD/AM was appropriately unsubstantiated on 1/30/17. The allegations of PD/AM, LOS and IG against the SM in regards to the SC's three surviving siblings were appropriately unsubstantiated on 1/30/17 due to a lack of credible evidence. A case remains open with OCDCFS as the SM agreed to participate with voluntary preventive services for mental health services, specifically grief counseling, after the completion of the



investigation.

During the course of the fatality investigation another SCR report was registered with the SCR (November 2016) with the same allegations of PD/AM, LOS and IG regarding the SC's three surviving siblings. During this investigation adequate home visits were made to assess safety and risk of the surviving siblings. It was noted that at the time of the unannounced home visits there was always a sober and appropriate caretaker caring for the children. All appropriate parties and collaterals were interviewed and no concerns were expressed with the care that the children receive. These allegations were appropriately unsubstantiated as no credible evidence existed to substantiate them.

During the OCFS review of the records of the fatality investigation it was determined that OCDCFS did not adequately complete the Risk Assessment Profile (RAP) based on case circumstances. The 7 year old surviving sibling resides with the PGM and this was not reflected in the RAP.

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

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:

Case remains open as SM has agreed to voluntary preventive services.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	Question 2 in the RAP was selected as No. It was identified during the course of the investigation that one of the siblings (age 7) currently resides with and has resided with PGM for several years.



	This sibling has regular visitation with the SM.
Legal Reference:	18 NYCRR 432.2(d)
Action:	OCDCFS will develop a plan that addresses the requirement of staff to complete Risk Assessment Profiles (RAP) based on case circumstances. The plan will include supervisory oversight for the accuracy of RAP's.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/18/2016

Time of Death: 07:57 AM

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

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

07:38 AM

Did EMS to 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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

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

Total number of deaths at incident event:

Children ages 0-18: 01

Adults: 00

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)



Other Household 1	Father	No Role	Male	27 Year(s)
Other Household 2	Sibling	Alleged Victim	Female	07 Year(s)

LDSS Response

Onondaga County Department of Children and Family Services (OCDCFS) initiated their investigation on 9/18/16, the same day that the SCR report was registered. OCDCFS interviewed all appropriate parties and collaterals and gathered information from first responders. Medical records were obtained and reviewed. The medical records indicated that the SC was a healthy infant. Adequate home visits were made to assess safety and risk of the surviving siblings, including a visit to the home of the grandmother who had one of the siblings living with her. Information on bereavement services was provided to the family.

The medical examiner determined in the final autopsy that SC's manner of death was undetermined and the cause of death was "sudden death associated with unsafe sleep environment". Despite there being a pack-n-play available in the same room, the SC was placed to sleep in a queen size bed with an adult, several pillows and blankets. The pack-n-play located in the bedroom contained clothing. It was determined that the SM had previously been educated on safe sleep and the risks associated with co-sleeping, and SM was advised against co-sleeping with an infant child.

The SCR report allegations of DOA/Fatality and IG were appropriately determined on 1/30/17. The basis for the determination was that credible evidence existed that the SC's physical condition was placed in imminent danger of impairment when the SM failed to exercise a minimum degree of care by co-sleeping with the SC in an unsafe sleep environment. There was no credible evidence to substantiate the allegations of IG, LOS, or PD/AM against SM in regards to SC's siblings and there was no credible evidence to substantiate the allegation of PD/AM against SM in regards to SC. During the course of the investigation it was observed that there was always a sober and appropriate caretaker caring for the SC siblings. SM agreed to voluntary preventive services for mental health services, specifically grief counseling.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause

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 reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036161 - Deceased Child, Female, 4 Mons	036162 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
036161 - Deceased Child, Female, 4	036162 - Mother, Female, 25	Inadequate Guardianship	Substantiated



Mons	Year(s)		
036161 - Deceased Child, Female, 4 Mons	036162 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
036164 - Sibling, Female, 6 Year(s)	036162 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
036164 - Sibling, Female, 6 Year(s)	036162 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
036164 - Sibling, Female, 6 Year(s)	036162 - Mother, Female, 25 Year(s)	Lack of Supervision	Unsubstantiated
036165 - Sibling, Male, 2 Year(s)	036162 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
036165 - Sibling, Male, 2 Year(s)	036162 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
036165 - Sibling, Male, 2 Year(s)	036162 - Mother, Female, 25 Year(s)	Lack of Supervision	Unsubstantiated
037241 - Sibling, Female, 07 Year(s)	036162 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
037241 - Sibling, Female, 07 Year(s)	036162 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
037241 - Sibling, Female, 07 Year(s)	036162 - Mother, Female, 25 Year(s)	Lack of Supervision	Unsubstantiated

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

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



foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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"/>

Additional information, if necessary:
 OCDCFS offered assistance for funeral expenses. OCDCFS provided SM and PGM information for bereavement services.

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? Yes



Explain:

OCDCFS provided SM and PGM with information for bereavement services.

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

Explain:

OCDCFS offered assistance to SM for funeral expenses. OCDCFS provided SM with information for bereavement services. SM agreed to voluntary preventive services prior to case closing.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? Yes
- 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 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)	Status/Outcome	Compliance Issue(s)
05/05/2016	15140 - Deceased Child, Female, 1 Days	15133 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	15140 - Deceased Child, Female, 1 Days	15133 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 5/4/16, SM gave birth to SC and SC tested positive for marijuana at time of birth. The SC siblings have unknown



roles.

Determination: Unfounded **Date of Determination:** 06/14/2016

Basis for Determination:
 There was no credible evidence to substantiate the allegations of IG and PD/AM as it pertains to SC. SC was born positive toxicology to marijuana but according to hospital records, no negative impact was established. The medical staff determined that the marijuana did not have any effect on her health. The SC did not suffer any withdrawal symptoms. PCP for WCC had no concerns. SM was assessed to be a capable and appropriate mother to all the children.

OCFS Review Results:
 CPS history was not reviewed and documented within the first 5 days on the investigation. The prior CPS history was reviewed and documented on 6/9/16 for SM.

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

Issue:
 Overall Completeness and Adequacy of Investigation

Summary:
 CPS history was not reviewed and documented within the first 5 days of the investigation. The CPS history was reviewed and documented on 6/9/16 for SM.

Legal Reference:
 SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:
 OCDCFS will develop a plan that addresses the requirement of staff to review all other relevant agency records including reports naming the subject or one or more children named in the current report within five business days of receiving the report. The plan will include supervisory oversight.

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

There is no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State

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.

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