



## Report Identification Number: SY-19-045

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

Issue Date: Jan 16, 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		



## Case Information

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

**Jurisdiction:** Jefferson  
**Gender:** Female

**Date of Death:** 09/11/2019  
**Initial Date OCFS Notified:** 09/11/2019

## Presenting Information

On 9/11/19, Jefferson County Department of Social Services (JCDSS) received a report from the SCR alleging on the same date, the mother placed the 3-month-old child on the couch, propped on a pillow. The mother left the room for approximately 5 minutes. When the mother returned, the child had turned purple. The mother picked the child up and took her upstairs to the grandmother's apartment and 911 was called at 10:36AM. The mother and grandmother took the child out to the meet the ambulance, which arrived almost immediately. The child was not breathing at that time. The child was pronounced dead at approximately 11:40AM. The child did not have any visible injuries. The child was an otherwise healthy child and the mother was unable to provide a plausible explanation for the death. The mother was the sole caretaker at the time of the child's death.

## Executive Summary

Jefferson County Department of Social Services (JCDSS) received a report from the SCR on 9/11/19, concerning the death of the 3-month-old child that happened on the same date. The child was placed on the couch for a nap, propped up on a pillow at the time of her death.

The subject child resided at home with the mother and her 1-year-old surviving sibling. The identity of the father for both children was unknown. The case record showed attempts to obtain the biological father's information, but the mother was not forthcoming with information and there was no father identified on either of the birth certificates. A safety plan was not necessary as the sibling was observed to be safe in the home with her mother.

During the investigation it was learned the mother placed the infant subject child down for a nap on the couch. The mother propped the child up on a pillow on the couch and then began cleaning another room in the home. When the mother returned after what she recalled was a few minutes, the infant had turned purple. The mother ran upstairs to the maternal grandmother's apartment with the infant and proceeded to call 911. The mother and grandmother went outside to meet the ambulance, and first responders began resuscitation efforts and transported the infant to the hospital. The infant was pronounced deceased at 11:40AM.

JCDSS conducted a joint investigation with the Watertown Police Department and no criminal charges were filed. An autopsy was completed, and the manner of death was determined to be accidental. The cause of death was asphyxiation due to aspiration of formula.

JCDSS contacted all necessary collaterals. At the time of this writing, the investigation remained open. JCDSS offered a multitude of resources to the mother, but the mother declined the referrals. The mother had a strong family support system.

### PIP Requirement

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



## 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? Unable to Determine

### Explain:

At the time of this writing, the investigation remained open.

Was the decision to close the case appropriate? Unknown

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:

At the time of this writing the investigation remained open.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	JCDSS did not complete the 24-hour safety assessment until two days after the receipt of the report. Additionally, the 7-day safety assessment was not completed until 13 days after the report was received.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	JCDSS will complete all safety assessments in the amount of time required.

## Fatality-Related Information and Investigative Activities



## Incident Information

**Date of Death:** 09/11/2019

**Time of Death:** 11:39 AM

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

Unknown

**County where fatality incident occurred:**

Jefferson

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

10:37 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?** 5 Minutes

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**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	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

## LDSS Response

JCDSS received the report from the SCR on 9/11/2019 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, and first responders.

JCDSS assessed the condition of the surviving sibling within 24 hours of receiving the report. Due to the conditions surrounding the death, the mother and grandmother made a safety plan for the mother and surviving sibling to move into the grandmother's apartment. JCDSS assessed the sibling to be safe in the care of her mother and grandmother.



JCDSS interviewed the mother regarding the death. The mother, who was home with the child at the time of death, said she fed the infant four ounces of formula and then placed her on the couch to sleep. The mother said she placed a pillow behind the infant and she was placed in an upright position. Additionally, the mother placed a small blanket on the infant, covering her legs. The mother reported leaving the living room to pickup the apartment. The mother could not identify a concrete timeframe, but believed she was gone for 5 minutes. When she returned to check on the infant, she was purple in color. The mother reported she was in the same position she had left her in. The mother called 911 and she and the grandmother, who lived in the other apartment in the home, met the ambulance outside. JCDSS had an open investigation at the time the fatality report was received. The open investigation had concerns regarding mother's substance use. Due to concerns for the mother's substance abuse, JCDSS completed a urine toxicology on the mother within 24 hours of receiving the report. The mother tested negative for all substances.

JCDSS interviewed the grandmother who noted no concerns for the mother or her care of the children. The grandmother reported she lived in the same home as the mother, but in a separate apartment. The grandmother saw the children everyday and never had concerns for the care being provided. The grandmother was concerned about the mother's deteriorating mental health following the child's death and had the mother and sibling move into her apartment. The grandmother remained a strong resource for the mother throughout the investigation. At the time of this writing, the mother had moved back into her own apartment with the sibling.

The investigation remained open at the time of this writing. JCDSS provided the mother and grandmother with a multitude of bereavement referrals as well as referrals for mental health counseling. The mother attended one session of counseling and refused to go back stating she could not engage with her counselor. Additional resources were provided to the mother, but it was unknown if she utilized any of the resources.

**Official Manner and Cause of Death**

**Official Manner:** Accident

**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
052687 - Deceased Child, Female, 2 Mons	052688 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Pending
052687 - Deceased Child, Female, 2 Mons	052688 - Mother, Female, 18 Year(s)	DOA / Fatality	Pending

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
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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 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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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**Explain:**  
 The 24-hour safety assessment was not completed until two days after the receipt of the report. The 7-day safety assessment was completed 13 days after the receipt of the report.

**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine



# Child Fatality Report

Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
<b>Explain:</b> At the time of this writing, the Risk Assessment Profile had not yet been completed and the investigation remained open.				

### 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"/>
<b>Explain as necessary:</b> There was no removal of the surviving sibling.				

### 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 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 checked="" 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"/>



<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**  
 JCDSS offered the mother a multitude of services, but the mother declined. Prior to the death, JCDSS provided payment for a substance abuse evaluation for the mother.

**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:**

Due to the sibling's age, there were no resources available for her related to bereavement counseling.

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

**Explain:**

JCDSS provided the mother with a multitude of community-based resources but the mother declined services. Referrals were given to the mother in the event she would like to utilize resources in the future.

## 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
- 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)	Allegation Outcome	Compliance Issue(s)
07/22/2019	Deceased Child, Female, 1 Months	Mother, Female, 18 Years	Lack of Supervision	Pending	Yes
	Deceased Child, Female, 1 Years	Mother, Female, 18 Years	Lack of Supervision	Pending	
	Deceased Child, Female, 1 Months	Mother, Female, 18 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Months	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Pending	
	Deceased Child, Female, 1 Years	Mother, Female, 18 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Years	Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Pending	
	Deceased Child, Female, 1 Months	Other Adult - Roommate , Female, 34 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Months	Other Adult - Roommate , Female, 34 Years	Parents Drug / Alcohol Misuse	Pending	
	Deceased Child, Female, 1 Years	Other Adult - Roommate , Female, 34 Years	Inadequate Guardianship	Pending	
	Deceased Child, Female, 1 Years	Other Adult - Roommate , Female, 34 Years	Parents Drug / Alcohol Misuse	Pending	

### Report Summary:

An SCR report was received on 7/22/19, which alleged the mother was drinking alcohol and smoking marijuana to the point of vomiting, slurring her speech, and passing out on the couch while acting as the sole caretaker for the one-year-old sibling and one-month-old subject child. The mother was overwhelmed with the care of the children and often screamed and swore at them. The mother threatened to take pills to kill herself.

**Report Determination:** Undetermined

### OCFS Review Results:

JCDSS assessed the safety of the children within the appropriate timeframes. JCDSS completed the safety assessments in a timely manner. JCDSS did not enter notes into the case record contemporaneously.

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

### Issue:

Timely/Adequate Case Recording/Progress Notes

### Summary:

JCDSS entered 14 of the 22 notes more than a month after their event dates.

### Legal Reference:

18 NYCRR 428.5

### Action:

JCDSS will enter all progress notes as contemporaneously as possible to their event dates.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/26/2018	Sibling, Female, 11 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 11 Months	Mother, Female, 17 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**  
 A report was received from the SCR on 9/26/18, which alleged the mother had been drinking alcohol and used marijuana to impairment while caring for the then 11-month-old sibling. While impaired, the mother was verbally hostile toward the maternal grandmother and used the sibling as a shield. The mother also took the sibling to residences where people were impaired by drugs and alcohol. The mother had left the sibling in the care of a 5-year-old. The sibling had been sick for over a week and the mother did not seek medical attention. The mother allowed the sibling to feed herself by propping a bottle or placing food in front of her.

**Report Determination:** Unfounded **Date of Determination:** 03/01/2019

**Basis for Determination:**  
 JCDSS determined there was no credible evidence to substantiate the allegations. JCDSS was not able to confirm that the mother was using drugs or alcohol at any time during the open investigation. Collateral contacts did not have concerns for the care of the sibling. The maternal grandmother acted as a resource for the mother and a 5-year-old was never identified as being a caretaker for the sibling.

**OCFS Review Results:**  
 JCDSS assessed the safety of the children within the appropriate timeframes. JCDSS fully completed all casework activity commensurate with case circumstances. JCDSS appropriately determined the allegations given the information obtained during the investigation. JCDSS did not enter notes into the case record contemporaneously.

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

**Issue:**  
 Timely/Adequate Case Recording/Progress Notes  
**Summary:**  
 JCDSS entered 20 of the 26 notes more than four months after their event dates.  
**Legal Reference:**  
 18 NYCRR 428.5  
**Action:**  
 JCDSS will enter all progress notes as contemporaneously as possible to their event dates.

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

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

**Known CPS History Outside of NYS**

There is no history outside of New York.



## 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

The safety assessments were done but not documented as they should have been in a timely manner. JCDSS has recently completed a PIP around this concern.

## 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