



**Report Identification Number: SY-19-046**

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

**Issue Date: Jan 28, 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**

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 8 month(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 09/14/2019  
**Initial Date OCFS Notified:** 09/14/2019

## Presenting Information

On 9/14/19, an SCR report was received alleging on 9/13/19, the grandmother was caring for her 9-month-old grandchild. At approximately 10PM, the grandmother's 11-year-old daughter brought the child upstairs to the grandmother where the child fell asleep for about 10-15 minutes. At approximately 10:30PM, the child woke up fussy. At that time, the 11-year-old aunt brought the child downstairs with her and placed her in her bed. Both fell asleep watching television. At approximately 9AM, the aunt woke and noticed the child was not breathing. The aunt went upstairs to get the grandmother who began CPR. During this time, the grandmother called 911. Due to the length of time it took for EMS to arrive, the grandmother, infant, and aunt went 2 miles down the road to meet first responders. On 9/14/19 at 9:25AM the child was pronounced dead on the scene and transported directly to the ME's office.

## Executive Summary

Onondaga County Department of Social Services (OCDSS) received a report from the SCR on 9/14/19 concerning the death of the 9-month-old child that happened on the same date. The child was placed in bed with her 11-year-old aunt, and her head was propped on a pillow and she was covered with a blanket.

The subject child resided at home with the mother, grandmother, and the grandmother's 3 children ages 11, 12, and 14. The biological father of the subject child did not reside in the home but had regular and consistent contact with the child. A safety plan was not necessary as the 3 minor aunts were observed to be safe in the home with the grandmother.

During the investigation, it was learned the grandmother was caring for the subject child for the night while the mother was out. At approximately 10:30PM the subject child was sleeping in the bed with the grandmother when she became fussy. The 11-year-old aunt took the child downstairs with her and placed the child in her bed, where they both fell asleep watching television. The aunt woke up around 9AM and found the subject child was not breathing. The aunt went upstairs to get the grandmother who began CPR and called 911. Due to the length of time it took for first responders to arrive, the grandmother, aunt, and subject child went 2 miles down the road to meet the ambulance. The subject child was pronounced dead at the scene at 9:25AM and transported directly to the medical examiner's office.

OCDSS conducted a joint investigation with the New York State Police and no criminal charges were filed. An autopsy was performed and the cause and manner of death were undetermined. The final autopsy report further states, given the circumstances surrounding the death, there was a history of potential unsafe sleep environment that may have contributed to the death.

OCDSS contacted all necessary collaterals. OCDSS determined there was credible evidence to substantiate the allegations of inadequate guardianship and DOA/fatality against the grandmother. There was a history of unsafe sleep practice and OCDSS based their determination on information derived from the final autopsy report that the unsafe sleep environment may have contributed to the death. OCDSS offered a multitude of services to the mother, grandmother, and aunts to which they were receptive. It was unknown if the family was engaged in services at the time of this 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? 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

### Explain:

OCDSS completed a thorough investigation and closed their case once all casework objectives were met.

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:

OCDSS completed a thorough investigation and accurately determined the allegations once all case objectives were met.

### 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: 09/14/2019

Time of Death: 09:25 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: 09:00 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? 7 Hours**

**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	Aunt/Uncle	No Role	Female	11 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	14 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	8 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	40 Year(s)
Deceased Child's Household	Mother	No Role	Female	22 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

**LDSS Response**

OCDSS received the report from the SCR on 9/14/2019 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.

Though there were no surviving siblings, OCDSS assessed the condition of the other children residing in the home within 24 hours of receiving the report. Due to the circumstances surrounding the death, no safety plan was necessary. OCDSS assessed the children to be safe in the care of the grandmother.

OCDSS interviewed the mother regarding the death. The mother, who was not home with the child at the time of death, said she was aware the child went to sleep sometime between 10PM and midnight. The aunt brought the child down to her bedroom to sleep and woke in the morning to find the child unresponsive. The mother said she was called around 9AM that morning and told the child was unresponsive. The mother reported she and the biological father of the child were no longer together and she had just moved back into the maternal grandmother's home. The mother did not have concerns for her mother caring for her child or her minor siblings. The biological father was interviewed and reported seeing the child on a regular basis. He did not express any concerns for the care the mother or grandmother provided to his daughter. OCDSS offered a multitude of resources to the father regarding bereavement and mental health counseling. It was



unknown if the father utilized the resources provided.

OCDSS spoke with the grandmother who reported it to be her first night watching the subject child overnight. The grandmother, subject child, and her 11-year-old daughter were spending the night at her friend's home. The grandmother said the child fell asleep around 10PM on her chest. She woke and became fussy around 10:30PM. At that time, the grandmother had the child go down to bed with the 11-year-old aunt as the child was more familiar with the aunt. The grandmother believes around 8:15AM, the aunt came upstairs and notified her the child was not breathing. The grandmother assessed the child and found she was not breathing and did not have a pulse. The grandmother began CPR and called 911. The grandmother said it was taking too long for the ambulance to arrive so she, the aunt, and the child drove down the road to meet them. The grandmother reported there was a basinet available to the child, but she was used to co-sleeping with her mother. The 11-year-old aunt corroborated this information. The aunt said she and the child were sleeping together on a large air mattress. The child was on her back, had a pillow under her head and neck, and a blanket covered her up to her chest.

The investigation was indicated and closed once all case objectives were met. OCDSS provided the mother and grandmother with a multitude of bereavement referrals as well as referrals for mental health counseling. Additional resources were provided to the grandmother for her 3 minor children, but it was unknown if she utilized any of the resources.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical 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
052832 - Deceased Child, Female, 8 Mons	052834 - Grandparent, Female, 40 Year(s)	Inadequate Guardianship	Substantiated
052832 - Deceased Child, Female, 8 Mons	052834 - Grandparent, Female, 40 Year(s)	DOA / Fatality	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Child Fatality Report

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 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 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"/>



<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 A multitude of services were offered to the family following the death. It was unknown if the services were being utilized at the time of this writing.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 There was no removal of the other children residing in the home. The children were assessed to be safe with their mother.

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

Other, specify: Child Advocacy Center

**Additional information, if necessary:**

A multitude of services were offered to the family following the death. Services included mental health counseling, bereavement counseling, grief support groups, and the child advocacy center for support for the parents as well as the other children in the home. At the time of this writing, it was unknown whether services were being utilized.

**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:**

A multitude of services were offered to the other children residing in the home following the death. At the time of this writing, services were not being utilized.

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

**Explain:**

A multitude of services were offered to the mother, father, and grandmother. At the time of this writing, it was unknown if services were being utilized. The family was open to community-based services.

## 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 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)	Status/Outcome	Compliance Issue(s)
12/20/2018	Deceased Child, Female, 1 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Far-Closed	Yes

**Report Summary:**

An SCR report was received on 12/20/18, which alleged on 12/19/18 the mother gave birth to the subject child. At the time of birth, the mother tested positive for marijuana. There was not enough urine to screen the subject child. The child was otherwise healthy and there were no additional concerns. OCDSS determined the report would be tracked FAR.

**OCFS Review Results:**

OCDSS assessed the safety of the infant within the required timeframe. OCDSS appropriately discussed safe sleep and provided the parent's with educational resources as they had a new infant at home. OCDSS did not complete, document, or monitor a Plan of Safe Care despite the mother's positive toxicology for illicit substances when the infant was born. OCDSS did not accurately reflect the mother's illicit drug use in the FLAG.

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

**Issue:**

FAR-Timely/Adequate Family-Led Assessment Guide

**Summary:**

The FLAG was scored that the mother did not have a history of substance abuse and had no current problems related to the use of drugs; however, the mother tested positive for illicit substances at the time her infant was born.

**Legal Reference:**

18 NYCRR 432.13 (e)(2)(iii)-(v)

**Action:**

OCDSS will consider all elements identified throughout the course of the investigation and accurately document such elements into the Family Led Assessment Guide.

**Issue:**

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

**Summary:**

OCDSS failed to develop, document, and monitor a Plan of Safe Care to address the health and substance use disorder treatment needs of both the infant and affected caregiver despite knowledge the mother tested positive for illicit substances at the time she gave birth to the infant.

**Legal Reference:**

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

**Action:**

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

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

There was significant history for the grandmother regarding the mother and aunts from 2006-2015. Additionally, the grandmother had history regarding the aunts who were other children residing in the home from 2017 and 2018. The history is related to the grandmother's substance abuse and educational neglect of the aunts.



## Known CPS History Outside of NYS

There was no known history outside of New York State.

## Foster Care Placement History

An SCR report was received on 11/14/06 alleging the grandmother was misusing drugs and alcohol in the presence of the mother, aunts, and uncles. The police raided the home and charged the grandmother with possession of a controlled substance. The grandmother was incarcerated and the children were placed with a relative. A neglect petition was filed in family court.

## 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