



**Report Identification Number: SY-20-003**

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

**Issue Date: Jun 22, 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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Jefferson  
**Gender:** Male

**Date of Death:** 01/14/2020  
**Initial Date OCFS Notified:** 01/14/2020

## Presenting Information

An SCR report was received on 1/14/20 that alleged the mother placed the 1-month-old child to sleep in bed with her on 1/13/20, and the mother rolled over onto the child at some point during the night. The mother awoke and found the child unresponsive. The mother contacted emergency services and the child was transported to the hospital where he was pronounced deceased.

## Executive Summary

This fatality report concerns the death of a 1-month-old male subject child (SC) that occurred on 1/14/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Parent’s Drug/Alcohol Misuse, and DOA/Fatality against the child’s mother (SM). Jefferson County Department of Social Services (JCDSS) received the report and investigated the child’s death. An autopsy was completed, and the official cause and manner of death were undetermined. The medical examiner noted a contributing condition as "history of co-sleeping with an adult."

At the time of the child’s death, he resided with his mother and two siblings (SS), ages 2 and 5 years old. The child’s biological father (BF) visited the child once or twice weekly. The father of the 2-year-old resided out of state and did not know he had a child. The father of the 5-year-old resided in a different county and saw his child sporadically. The investigation revealed on 1/13/20 at approximately 9:00PM, the mother fed and changed the child, and then rocked him to sleep while laying in her bed. The mother then laid the child on top of a pillow on his side, in the top corner of the bed; a pillow was also placed between the child and the wall. The mother reported she smoked marijuana and went to bed next to the child at approximately 11:00PM, and saw the child had moved onto his stomach. At some time during the night, the 2-year-old sibling awoke and climbed into the bed with the mother and child to sleep. The mother woke up around 3:00AM and found the child to be limp and unresponsive. The mother called emergency services and the ambulance arrived shortly thereafter. The child was transported to the hospital where he was pronounced deceased at 3:56AM.

From the time the investigation began to the time of its closure, JCDSS met with family members and interviewed pertinent collateral sources. There were concerns regarding the mother’s substance abuse and mental health that ultimately led to the siblings being placed in foster care. An abuse petition was filed in family court, and a services case was opened to address the concerns. There were no criminal charges brought against the mother regarding the death of the child. JCDSS found the mother placed the child at imminent risk of harm by using illicit substances and putting the child in an unsafe sleeping environment. JCDSS substantiated the allegations, and the services case and family court proceedings remained ongoing at the time of this writing.

### PIP Requirement

JCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) JCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, JCDSS will review the plan(s) and revise as needed to further address on-going 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? 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:

JCDSS gathered sufficient information to appropriately determine the allegations and assess the safety of the SS.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
<b>Summary:</b>	The record did not reflect JCDSS made any attempts to speak with the 5-year-old sibling's biological father.
<b>Legal Reference:</b>	432.1 (o)
<b>Action:</b>	JCDSS will make efforts to make casework contacts with biological parents and/or other persons named in a report. Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians.

### Fatality-Related Information and Investigative Activities

### Incident Information



# Child Fatality Report

Date of Death: 01/14/2020

Time of Death: 03:56 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:

03:36 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 4 Hours

At time of incident supervisor was:

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	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Other Household 1	Father	No Role	Male	21 Year(s)

### LDSS Response

On 1/14/20, JCDSS received the SCR report regarding the death of SC, which occurred on that same date. JCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. JCDSS discovered there were SS and promptly assessed their safety.

On 1/14/20, JCDSS accompanied LE to the family home. While there, LE explained they had previously collected bedding items as well as a mason jar with marijuana inside, which was found on SM's nightstand. JCDSS observed a bassinet with a Boppy pillow inside of it as well as a blanket. JCDSS interviewed SM. SM explained BF came to the house the previous night around 8:30PM to drop off Christmas gifts for SC and then left. SM stated around 9:00 PM, she fed, burped and



rocked SC to sleep and then placed him on his side next to a pillow in her bed. SM stated she then began to clean the home and smoked marijuana; SM admitted she smoked marijuana 2 to 3 times daily, and last smoked before she went to bed around 11:00PM the previous night. SM reported when she awoke around 3:00AM, she thought it was strange SC did not wake up for a feeding. SM said she felt SC’s bottom to see if he was wet and went to get a diaper and wipes. SM reported when she returned to change SC, he was “completely limp,” not breathing and not moving. SM said she tried CPR but “it wasn’t working,” and she called 911. JCDSS then interviewed BF who reported SC was his only child. BF explained he saw SC once or twice a week. BF said he had no concerns surrounding SM’s care of SC.

On 1/14/20, the 5yo SS was interviewed at the Jefferson County CAC; the 2yo SS was too young to be interviewed. The 5yo SS reported seeing SM crying and saying, “my baby is dead.” The 5yo SS also saw SM attempt CPR. The 5yo SS reported concerns unrelated to the fatality, such as being inappropriately touched by a 7yo uncle and seeing SM smoking. JCDSS followed up with SM surrounding the concerns and learned SM had untreated clinical issues. SM denied she smoked marijuana around the SS and waited until she was asleep. SM stated she was aware of what occurred between the 5yo SS and the 7yo uncle, and the uncle has not been allowed around her CHN unsupervised since the incident. JCDSS discussed options with SM and it was decided respite care would be implemented while SM began treatment for her diagnoses and substance abuse concerns.

On 1/15/20, JCDSS again met with SM to clarify some information. SM reported she had been educated surrounding safe sleep practices. SM also admitted the 2yo SS was asleep in bed with her and SC on the night of SC’s death. SM said SS slept at SC’s feet, while SC slept in the right corner of the bed on a pillow and beside a pillow that was against the wall.

On 1/24/20, respite services were ended, and due to continuing concerns surrounding SM’s mental health and marijuana use, SM signed a 1021 Temporary Removal with Consent, and the SS were placed in foster care. JCDSS spoke with the 5yo SS BF who lived out of state, and he reported he would try to come to NY to file for custody. The record did not reflect JCDSS made attempts to speak with the 2yo SS BF. On 1/29/20, JCDSS filed an abuse petition in family court against SM regarding all three CHN. Supervised visitation was ordered, as well as an array of services to address ongoing needs.

Throughout the investigation, JCDSS spoke with collateral sources including LE, the ME, the CHN’s pediatrician, school, EMS and medical staff. LE found no criminality regarding the death of SC. The SS were observed on numerous occasions and found to be safe in their foster home. JCDSS opened a CPS services case and SM was actively engaged in services at the time of this writing. JCDSS appropriately substantiated the allegations in the case. The family court proceedings regarding the abuse petition remained ongoing, and the investigation was closed.

### 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

**Comments:** This fatality investigation was conducted by the Jefferson County MDT.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** This fatality was reviewed by the Jefferson County Child Fatality Review Team.

### SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054251 - Deceased Child, Male, 1 Mons	054254 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
054251 - Deceased Child, Male, 1 Mons	054254 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
054251 - Deceased Child, Male, 1 Mons	054254 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
054252 - Sibling, Male, 2 Year(s)	054254 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
054252 - Sibling, Male, 2 Year(s)	054254 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
054253 - Sibling, Female, 5 Year(s)	054254 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
054253 - Sibling, Female, 5 Year(s)	054254 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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"/>

**Additional information:**

JCDSS interviewed the family and appropriate collateral sources. The BF of the 5yo SS lived out of state and was interviewed via phone. JCDSS did not speak with the other SS' BF. Progress notes and other documentation were completed timely.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



# Child Fatality Report

Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

A CPS services case was opened to address the family's ongoing needs.

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



**Explain as necessary:**

Due to SM's untreated mental health and substance abuse concerns, an abuse petition was filed in family court and the SS were placed into foster care.

**Legal Activity Related to the Fatality**

**Was there legal activity as a result of the fatality investigation?**

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type: FCA Article 10 - CPS**

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/29/2020	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	054254 Mother Female 22 Year(s)	
<b>Comments:</b>	The SS were placed into foster care on 1/24/20 due to SM's untreated mental health and substance abuse concerns. The SS remained in their placement at the time of this writing.	

**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Other</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
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**Other, specify:** CPS Services

**Additional information, if necessary:**

JCDSS offered the family appropriate services in response to SC's death. A CPS services case was opened to address additional needs of the family.

**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:**

JCDSS provided referrals for grief and bereavement counseling to SM for the SS.

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

**Explain:**

JCDSS provided the parents referrals for grief counseling and bereavement services. A CPS services case was opened to address further needs.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/04/2018	Sibling, Male, 8 Months	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Far-Closed	No



Sibling, Female, 3 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Far-Closed
Other Child - SM's boyfriend's CH, Male, 5 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Far-Closed
Other Child - SM's boyfriend's CH, Male, 8 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 8 Months	Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed
Sibling, Female, 3 Years	Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed
Other Child - SM's boyfriend's CH, Male, 5 Years	Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed
Other Child - SM's boyfriend's CH, Male, 8 Years	Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed

**Report Summary:**

This report was received with concerns SM and BF abused marijuana daily while caring for the SS and the BF's two other CHN.

**OCFS Review Results:**

JCDSS appropriately tracked this investigation as FAR. Interviews were completed and although SM and BF admitted to smoking marijuana, JCDSS found no negative impact on the CHN. JCDSS offered the family services but they were declined. This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/02/2017	Sibling, Male, 1 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

This report was received with concerns SM had a positive toxicology of marijuana when she gave birth to the now 2yo SS. The SS also tested positive for marijuana at the time of his birth.

**Report Determination:** Indicated

**Date of Determination:** 12/18/2017

**Basis for Determination:**

JCDSS interviewed family members and collateral sources. SM admitted to regular marijuana use. During this investigation, SM and the SS relocated to another state. JCDSS called in a report with similar allegations to at that new location. JCDSS indicated and closed their case.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/25/2017	Sibling, Female, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Female, 2 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

This report was received with concerns SM was smoking marijuana while caring for the now 5yo SS and exposing the SS to marijuana smoke. There were further concerns SM left drug paraphernalia within the SS reach.

**Report Determination:** Indicated**Date of Determination:** 04/19/2017**Basis for Determination:**

JCDSS interviewed family members and collateral sources. Drug tests were completed, and SM was positive for THC. JCDSS found records that showed SM had been arrested for marijuana possession on 1/24/17, and the report noted paraphernalia was accessible to SS. SM's husband reported he was unaware SM was using marijuana and denied he used drugs. JCDSS linked SM with behavioral health and substance abuse services. The case was indicated and closed.

**OCFS Review Results:**

This investigation met all statutory requirements.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

In September 2016, SM was involved in a FAR case for IG regarding the now 5yo SS.

**Known CPS History Outside of NYS**

Although SM and the SS lived in a different state for a short time period, there was no known CPS history outside of NYS.

**Legal History Within Three Years Prior to the Fatality**

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**Additional Local District Comments**

JCDSS had no legally established parent. Neither individual the mother named was listed on the birth certificate nor the report, and there was no acknowledgment of paternity by either man. Prior history checks/case notes noted no known father. Both men were named by the mother to be the father.

**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