



Report Identification Number: AL-19-004

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

Issue Date: Jul 30, 2019

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: 4 month(s)

Jurisdiction: Delaware
Gender: Male

Date of Death: 02/10/2019
Initial Date OCFS Notified: 02/10/2019

Presenting Information

An SCR report was received with concerns that on the morning of 2/10/19, the mother was sleeping on the couch with her son and awoke to find the child not breathing. The mother called 911 and the child was transported to the hospital. The child was declared dead upon arrival to the emergency room. The mother and father were the caregivers of the child at the time of his death. The sibling appeared well cared for and had an unknown role.

Executive Summary

This fatality report concerns the death of a 4-month-old male subject child (SC) that occurred on 2/10/19. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Inadequate Food/Clothing/Shelter, and DOA/Fatality against the child’s mother (SM) and father (SF). Delaware County Department of Social Services (DCDSS) received the report and investigated the child’s death. An autopsy was completed and the manner of death was undetermined; however, the final autopsy diagnosis stated: “sudden death associated with unsafe sleep environment...possibility of suffocation/overlaying”.

At the time of the child’s death, he resided with his mother, father, and 3-year-old surviving sibling (SS). The mother had two other children who were in the care of their biological father; the mother had not had any contact with those children for approximately five years.

The investigation revealed on the morning of 2/10/19, the mother and child were asleep on a loveseat couch in the home, which is where both would typically sleep. The mother was educated surrounding safe sleep practices and had appropriate sleeping provisions in the home that were not being used. At 6:30AM that morning, the mother awoke and fed the child, then the two went back to sleep. The father was in the bedroom asleep in his bed with the sibling. The mother awoke again around 10:30AM, went to use the bathroom, and returned to find the child unresponsive on the couch. The mother informed the father and emergency services were called. The child was transported to the hospital via ambulance where he was pronounced deceased.

From the time the investigation began to the time of its closure, DCDSS met with and interviewed both parents, as well as assessed the safety of the sibling and implemented safety measures as needed. Several collateral sources were spoken with and appropriate services were offered in response to the child’s death as well as to address ongoing family needs. Most progress notes were entered into the case record more than one month after event dates. Law enforcement completed an investigation and found no criminality on behalf of either parent. DCDSS found evidence to substantiate all allegations. The investigation was closed and a preventive services case was opened and ongoing at the time of this writing.

PIP Requirement

DCDSS will submit a Program Improvement Plan (PIP) to their Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) DCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, DCDSS 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:

Casework activity was commensurate with case circumstances.

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 decision to determine the investigation and open the case for preventive services was appropriate.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Most progress notes were entered more than one month past their event dates.
Legal Reference:	18 NYCRR 428.5
Action:	DCDSS will enter progress notes contemporaneously as events occur.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/10/2019

Time of Death: 11:00 AM (Approximate)

AL-19-004

FINAL

Page 4 of 13



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

County where fatality incident occurred: Delaware

Was 911 or local emergency number called? Yes

Time of Call: 10:45 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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)

LDSS Response

On 2/10/19, DCDSS received the SCR report regarding the death of SC, which occurred on that same date. DCDSS initiated their investigation within 24 hours and coordinated their efforts with their Multidisciplinary Team. DCDSS learned of the SS who also resided in the household, and worked promptly to assess her safety.

On 2/10/19, DCDSS interviewed SM and SF at the police station. SM reported SC had just seen the pediatrician on 2/6/19 and received immunizations; SC was also given medication for allergies, which was being taken as prescribed. SM stated on the date of SC's death, she and SC had been co-sleeping on a loveseat. SM last fed SC at 6:30 AM, and after the feeding, the two went back to sleep. SM stated she placed SC on his back and she slept on her left side facing him; SM had a blanket but denied the blanket was covering SC. SM explained she knew about safe sleep practices and had appropriate provisions for SC; however, she felt SC slept better next to her. SM explained she woke around 10:30 AM and went to the



bathroom, and when she returned she found SC unresponsive on the loveseat. SM said she yelled for SF, and EMS was called while SF attempted CPR. SF was also interviewed on this date and reported he last heard SC crying at 6:30 AM on 2/10/19. SF said he got out of bed to use the bathroom and saw SM was feeding SC; SS was asleep in SF's bed in his bedroom and SM and SC were on the loveseat in a different room. SF stated he awoke at 9:30 AM to make coffee, then went back to bed and "dozed on and off" while SS played on his cell phone. SF stated he awoke again at 10:45 AM, and that was when SM found SC not breathing on the couch; he called 911 and began chest compressions until the ambulance arrived.

During interviews, DCDSS discovered SM and SF both had lengthy histories of substance use; SM denied using drugs on the date of SC's death; however, SM was in a substance abuse treatment program and prescribed a daily medication. During their investigations, DCDSS and LE found drug paraphernalia and prescription medications on a bathroom counter next to an open can of baby formula, as well as syringes and spoons in a drawer. These items were accessible to the SS. LE and DCDSS also observed the home to be "extremely cluttered" and messy. On 2/11/19, a Safety Plan was implemented where the SS would stay with a relative and have only supervised contact with her parents until further notice.

Throughout the investigation, SM and SF submitted to random drug screens; SM was negative for all illicit substances, and SF tested positive for multiple illicit substances numerous times. Both parents underwent evaluations for drug/alcohol services. SF was referred to a program, while SM continued with her treatment. SM did, however, choose to engage in mental health counseling. SM and SF also agreed to engage in preventive services and follow all recommendations made by the department. On 3/4/19, SS returned home to the care of her mother. A plan remained in place where SS could not be left unsupervised with SF.

DCDSS spoke at length with many collateral sources throughout the case, and assessed the safety of the SS on several occasions. LE found no criminality regarding the death of SC. DCDSS offered the family appropriate services in response to the fatality. DCDSS found evidence to substantiate all allegations in the report and closed their investigation. The family remained engaged and compliant with preventive services at the time of this writing.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Unknown

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 Delaware County Multidisciplinary Team.

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

Comments: Delaware County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050681 - Deceased Child, Male, 4 Mons	050684 - Father, Male, 49 Year(s)	Inadequate Guardianship	Substantiated
050681 - Deceased Child, Male, 4 Mons	050683 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

050681 - Deceased Child, Male, 4 Mons	050683 - Mother, Female, 29 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050681 - Deceased Child, Male, 4 Mons	050684 - Father, Male, 49 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050681 - Deceased Child, Male, 4 Mons	050683 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
050681 - Deceased Child, Male, 4 Mons	050684 - Father, Male, 49 Year(s)	DOA / Fatality	Substantiated
050682 - Sibling, Female, 3 Year(s)	050683 - Mother, Female, 29 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050682 - Sibling, Female, 3 Year(s)	050684 - Father, Male, 49 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
050682 - Sibling, Female, 3 Year(s)	050683 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
050682 - Sibling, Female, 3 Year(s)	050684 - Father, Male, 49 Year(s)	Inadequate Guardianship	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

All appropriate collateral sources and household members were interviewed.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

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

Explain:
A preventive services case was opened in response to this investigation to address ongoing concerns regarding substance abuse and mental health.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Explain as necessary:

Due to concerns surrounding drug use and home conditions, the parents agreed to have the sibling stay with family members and had only supervised contact while the allegations were investigated further. This plan remained in place until 3/4/19.

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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

Additional information, if necessary:

An array of services were offered to the family in response to the fatality and additional ongoing concerns. A preventive services case was opened and the family was engaged with such at the time of this writing.

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:**

The family was engaged in preventive services at the time of this writing.

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

Explain:

DCDSS provided the parents with bereavement counseling referrals. A preventive case was opened in response to the fatality.

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)
10/10/2018	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 28 Years	Lack of Supervision	Unsubstantiated	



Child Fatality Report

Sibling, Female, 2 Years	Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 1 Days	Father, Male, 49 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 1 Days	Father, Male, 49 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 1 Days	Father, Male, 49 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 2 Years	Father, Male, 49 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 2 Years	Father, Male, 49 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 2 Years	Father, Male, 49 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Lack of Medical Care	Unsubstantiated
Deceased Child, Male, 1 Days	Father, Male, 49 Years	Lack of Medical Care	Unsubstantiated

Report Summary:

This report was received with concerns SM gave birth to the SC and tested positive for marijuana at delivery. The SC's toxicology results were unknown.

Report Determination: Unfounded

Date of Determination: 12/20/2018

Basis for Determination:

DCDSS completed interviews and assessed the safety of the SS and home environment. DCDSS spoke with collateral sources and learned SC was born positive for marijuana and Suboxone. SM admitted to smoking to ease nausea, and she was in a substance abuse treatment program where the Suboxone was prescribed. There was no negative impact to SC due to the positive toxicology. Appropriate services were offered to the family. The report was unfounded and closed.

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)
11/03/2017	Sibling, Female, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

This report was received with concerns the parents smoked marijuana heavily and this placed the SS at risk. The report further alleged the parents were involved in physical altercations with one another in the immediate presence of SS. These fights included banging on walls and destroying household property.

Report Determination: Unfounded

Date of Determination: 12/21/2017

**Basis for Determination:**

DCDSS completed interviews and assessed the safety of the SS and home environment. Both parents admitted marijuana use, but denied it took place in front of the SS and there would be an alternate caretaker for the child. Both parents denied physical altercations and DCDSS found no incident reports that said otherwise. The home was observed to have no damage to walls or property and the child was assessed to be healthy and safe. Collateral sources were spoken with and services were offered to the family. The report was unfounded and closed.

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)
09/10/2017	Sibling, Female, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 48 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

This report was received with concerns SM and SF were under the influence of drugs and alcohol while the then 1yo SS was in their care. The report alleged SF left SS with SM knowing she was intoxicated and went to his room. SM fell asleep, and when SF came out of his room he found SS standing on a table unsupervised. The parents then had a verbal altercation in front of SS.

Report Determination: Unfounded

Date of Determination: 10/10/2017

Basis for Determination:

DCDSS completed interviews and assessed the safety of the SS and home environment. SM admitted she was intoxicated on the night of the incident; however, SF reported he was sober. There did not appear to be a negative impact on SS. Collateral sources were spoken with and services were offered to the family. The report was unfounded 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

- 11/2010: UNF allegations of IG and B/S against SM and another adult regarding their CH (SC's female half-sibling).
- 7/2010: UNF allegations of IG, PD/AM and IF/C/S against SM and another adult regarding SC's female half-sibling.
- 3/2002: IND for IG, IF/C/S and PD/AM against SF and two other adults regarding SF's five CHN.
- 4/1999: IND for IG against SF and another adult regarding SF's CH and 4 unrelated CHN.
- 3/1998: IND for IG against SF and another adult regarding 3 of SF's CHN.



1/1998: IND for IG and LM against SF and another adult regarding 3 of SF's CHN.

2/9/1993: IND for SA, IG and Other against SF and another adult regarding 2 unrelated CHN>

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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