



**Report Identification Number: AL-20-034**

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

**Issue Date: Apr 08, 2021**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

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

**Jurisdiction:** Franklin  
**Gender:** Male

**Date of Death:** 10/20/2020  
**Initial Date OCFS Notified:** 10/20/2020

## Presenting Information

An SCR report was received with concerns that on 10/20/20, at approximately 6:50AM, the mother was waking up the children to get them ready for the morning and found the one-month-old unresponsive in his bassinet. The father picked up the child and began CPR. The mother called emergency services, and the child was taken to the hospital by ambulance. The child was pronounced dead at 7:53AM.

## Executive Summary

This fatality report concerns the death of a one-month-old male subject child that occurred on 10/20/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother and father. The child died during an open CPS investigation, which was initiated on 9/6/20 after the subject child was born with a positive toxicology for illicit drugs. Franklin County Department of Social Services (FCDSS) received the fatality report and investigated the child's death. An autopsy was completed, and the final cause and manner of death were undetermined.

At the time of the child's death, he resided with his mother and three siblings, ages one, three, and five years old. The child's father resided elsewhere; however, had been at the mother's home since the day prior to the fatality. The father had two other children, ages nine and three, who resided with their mother and saw the father twice a month. The investigation revealed that around 2:00AM on 10/20/20, the child began fussing in his bassinet, so the mother brought him into bed with her to feed him. The father was also asleep in the bed at that time. At approximately 6:45AM, the father awoke and found the child in the bed unresponsive and immediately woke up the mother. The mother reported she must have fallen asleep while feeding the child. The father called emergency services, and the ambulance responded to the home. The child was transported to a local hospital where he was pronounced deceased at 7:53AM.

From the time the investigation began to the time of its closure, FCDSS interviewed family members and collateral sources, including law enforcement, medical staff, first responders, and the medical examiner. The record did not reflect FCDSS spoke with the half-siblings, their mother, or that the safety of the half-siblings was assessed. There was no criminality found regarding the fatality. FCDSS noted there was no evidence of a causal link between the mother's actions and the child's death, and therefore unfounded and closed the investigation.

### PIP Requirement

This review resulted in citations related to casework practice. In response, FCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the FCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, FCDSS will review the plan(s) and revise as needed.

## 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:**

FCDSS gathered information to determine the allegations and assess the safety of the surviving siblings.

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:**

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>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	The subject child had two surviving half-siblings who regularly visited with the father and other siblings. The record did not reflect FCDSS made attempts to speak with the half-siblings as collateral sources or assess their safety.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(b)
<b>Action:</b>	Throughout the CPS investigation, FCDSS must facilitate information gathering, analyses of safety factors and the inter-relatedness of risk influences and individual risk elements affecting family functioning.

### Fatality-Related Information and Investigative Activities

### Incident Information



**Date of Death:** 10/20/2020

**Time of Death:** 07:53 AM

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

Unknown

**County where fatality incident occurred:**

Franklin

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

Yes

**Time of Call:**

06:30 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	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

### LDSS Response

On 10/20/20, FCDSS received the SCR report regarding the death of SC. FCDSS had been involved with the family since 9/6/20, after SC was born exhibiting withdrawal symptoms, and SM was noncompliant with her substance abuse treatment program. A plan of safe care was completed and monitored. On the date the fatality was received, FCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. FCDSS worked promptly to assess the safety of the SS.

On 10/20/20, FCDSS received written statements SM and SF provided to LE following the fatal incident. SM informed LE



she last fed SC around 11:00PM on 10/19/20, and then placed him in his bassinet to sleep; SS was asleep in a portable crib in the same room. SM reported around 2:00AM on 10/20/20, SC began fussing, so she brought him into the bed with her and SF. SM stated she began feeding SC, and that was the last she remembered. SM explained to LE that sometime later she was awakened by SF yelling SC was not breathing. SM informed LE she must have fallen asleep while feeding SC. SF's statement corroborated SM's, and he noted he awoke around 6:30AM on 10/20/20 after hearing SS was awake. SF reported he felt SC against his back in the bed, so he turned around and saw SC was on his side, facing SF, and was pale in color. SF stated he picked SC up and he was not breathing. He stated he immediately woke up SM and 911 was called. SF explained SM attempted CPR on SC until the ambulance arrived. Neither parent disclosed anything out of the ordinary in the days leading up to SC's death, and SC was not exhibiting any signs of illness. SF reported one of their cats was also asleep in the bed with them. The record did not reflect where the cat was in relation to SC. LE confirmed SC appeared well cared for and there were no signs of abuse or trauma to the child.

On 10/20/20, FCDSS met with the SS at their maternal great-grandparents' home. The two youngest SS were observed to be free from suspicious marks and were assessed as safe. Interviews could not be completed successfully due to their ages. FCDSS spoke with the 5yo SS; however, she was not yet aware of her brother's death. The 5yo SS did not disclose any safety concerns, and had no information surrounding the fatal incident.

FCDSS was aware SM and SF had histories of substance abuse, and SF was on parole. FCDSS spoke with SM's substance abuse provider and was informed SM was compliant with treatment and there were no concerns. FCDSS also spoke with SF's parole officer, who noted no concerns. Both providers reported drug testing was not being completed due to COVID-19 protocols, so there were no current toxicology screenings to share for either parent. FCDSS followed up with first responders who stated neither SM nor SF appeared under the influence of drugs or alcohol when they arrived at the home on 10/20/20. On 11/19/20, FCDSS administered a drug screening to both parents, and they tested positive for prescribed medications only.

Throughout the investigation, FCDSS assessed the safety of the SS, spoke with collateral sources, and offered the family services in response to the death of SC. There were no criminal charges brought against either parent for the fatality. FCDSS did not find a causal link between SM's actions and the death of SC, and therefore unfounded and closed their investigation.

### 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 Franklin County MDT.

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

**Comments:** Franklin 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
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# Child Fatality Report

056581 - Deceased Child, Male, 1 Mons	056582 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
056581 - Deceased Child, Male, 1 Mons	056582 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
056581 - Deceased Child, Male, 1 Mons	056583 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
056581 - Deceased Child, Male, 1 Mons	056583 - Father, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" 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:**

FCDSS interviewed immediate family and collateral sources, but the record did not reflect the surviving half-siblings were spoken with. Progress notes and other documentation were completed and entered within the required timeframes.

### 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"/>



# Child Fatality Report

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"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**

FCDSS offered the family services in response to the SC's death.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The SS did not need to be removed as a result of this fatality report.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" 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:**

FCDSS offered the family services in response to SC's death. The parents were already engaged in substance abuse treatment and declined the need for preventive services.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

FCDSS provided referrals for grief and bereavement counseling to the family. The 5yo SS was receiving extra support from her school social worker.

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

**Explain:**

FCDSS provided the family with referrals for grief and bereavement counseling, as well as information to assist with funeral costs.

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

### 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)
09/06/2020	Deceased Child, Male, 2 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 2 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 2 Days	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Days	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	



# Child Fatality Report

Sibling, Male, 1 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 3 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 5 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

This SCR report was received with concerns SM gave birth to SC, and SM was positive for THC and Suboxone at the time of delivery. SC's meconium was positive as well, and he was showing signs of withdrawal. There were further concerns SM had used illicit substances during her pregnancy, and she was noncompliant with her substance abuse treatment. Subsequent reports were received on 9/28/20, 9/30/20, and 10/1/20, with additional concerns SF was a registered sex offender, and SM and SF were using and selling illicit substances.

**Report Determination:** Unfounded

**Date of Determination:** 12/09/2020

**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources including LE, medical providers and service providers. A plan of safe care was completed and monitored. SM and SF tested positive for prescribed substances only, and there was no evidence of drug paraphernalia in the home. FCDSS confirmed SF was not a registered sex offender. SF was on parole and compliant. SC died while this investigation was ongoing.

**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)
04/06/2020	Sibling, Male, 10 Months	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 10 Months	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

This SCR report was received with concerns SM was using illicit drugs while caring for the CHN.

**Report Determination:** Indicated

**Date of Determination:** 07/15/2020

**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources including LE, medical providers and service providers. SM admitted to FCDSS that she had used illicit substances at times while being the sole caretaker of her CHN. SM was involved in a higher level of treatment with her substance abuse provider and was healing from surgery after



being involved in a car accident. The CHN were assessed as safe with SF and relatives. The family remained involved with voluntary preventive services.

**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)
02/11/2020	Sibling, Male, 8 Months	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 8 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Months	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 8 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 8 Months	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 8 Months	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
Sibling, Male, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated		

**Report Summary:**

This SCR report was received with concerns SM and SF were using illicit drugs and not providing appropriate supervision of the CHN.

**Report Determination:** Indicated**Date of Determination:** 04/13/2020**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources including LE, medical providers and service providers. SM tested positive for illicit drugs and prescribed substances when the investigation began. SF only tested positive for prescribed substances. FCDSS assisted SM with obtaining a higher level of care with her substance abuse provider to address her recent use. SM was involved in a car accident during this investigation and was unable to care for the CHN due to her injuries. The CHN were safe with SF or relatives throughout the case. A preventive services case was opened in response to this investigation.

**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)
06/12/2019	Sibling, Male, 2 Days	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

This SCR report was received with concerns the now 1yo SS tested positive for THC at the time of his birth.

**Report Determination:** Unfounded**Date of Determination:** 09/13/2019**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources, including medical providers, hospital staff and LE. A plan of safe care was discussed and monitored. SS did not show any signs of withdrawal or negative impact due to the positive toxicology. The CHN were assessed as safe. The allegations were unsubstantiated and the case was 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)
04/15/2019	Sibling, Female, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 4 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 66 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Female, 66 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns SM was using illicit drugs while caring for the CHN. Six subsequent reports were received during this investigation, all with common allegations of illicit drug use by SM and the maternal great-grandmother in the presence of the CHN. All subsequent reports were consolidated.

**Report Determination:** Unfounded**Date of Determination:** 06/20/2019**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources including LE and medical providers. SM tested negative for all substances during drug screenings. FCDSSD found no evidence of drug use in the home and neither SM nor MGGM appeared under the influence of drugs or alcohol during visits. The CHN were assessed as safe. The allegations were unsubstantiated and the case was 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)
09/08/2018	Other Child - Half-Sibling, Female, 7 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Half-Sibling, Female, 7 Years	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Half-Sibling, Male, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half-Sibling, Male, 1 Years	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Half-Sibling, Female, 7 Years	Other Adult - BM of half-siblings, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half-Sibling, Female, 7 Years	Other Adult - BM of half-siblings, Female, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Half-Sibling, Male, 1 Years	Other Adult - BM of half-siblings, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half-Sibling, Male, 1 Years	Other Adult - BM of half-siblings, Female, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns SF and his girlfriend were using illicit substances while caring for their 1yo and 6yo CHN.

**Report Determination:** Unfounded**Date of Determination:** 11/28/2018**Basis for Determination:**

FCDSS completed interviews with family members and collateral sources including parole, schools, the pediatrician, services providers and LE. SF and his girlfriend tested positive for prescribed and illicit substances at the start of the investigation. Both admitted to drug use but denied the CHN were present when it occurred. SF was arrested for a parole violation and incarcerated. SM did not appear to be under the influence of drugs while caring for the CHN, and there was no evidence found to support the allegations. The 6yo CH did not disclose anything concerning and both CHN were assessed as safe. At the close of the investigation, SF remained in jail.

**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 August 2017, SM was listed as a subject on a report with allegations of Inadequate Guardianship regarding the now 5 and 3-year-old SS. This investigation was unfounded and closed.

### Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

### Preventive Services History

A voluntary preventive services case was opened on 4/3/20 per CPS referral. The case was opened to address SM's illicit drug use during her pregnancy and to assist the family with ongoing needs, which included housing and obtaining DSS benefits. SM was involved with a substance abuse counselor, moved into a new home, and applied for benefits prior to case closure. SM felt she no longer needed services for her family and the case was closed on 8/10/20.

A voluntary preventive services case was opened on 5/3/19 per SM's request after multiple reports were called in, which alleged she was using illicit substances. SM requested a substance abuse evaluation, which she completed; she was not recommended for further treatment at that time. SM and the CHN were residing with relatives in a home that was not adequate due to SM's home burning down after a housefire. SM was able to secure stable housing for her and her CHN. SM felt she no longer needed services for her family and the case was closed on 7/5/19.

### 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