



Report Identification Number: BU-20-003

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

Issue Date: Jun 15, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 18 day(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 01/13/2020
Initial Date OCFS Notified: 01/13/2020

Presenting Information

An SCR report alleged on 1/12/20, the mother put the 18-day-old infant, in a bassinet for the night, to go to sleep. The mother was impaired by alcohol while she was the sole caretaker for the infant and two-year-old sibling. On 1/13/20, the mother awoke and found the infant unresponsive. The mother called 911 and the fire department and law enforcement arrived at the home at 11:41 AM. Firefighters attempted to resuscitate the infant but he was deceased. The infant was cyanotic and lifeless with blood in his nose and mouth. The mother was still under the influence and she was belligerent, cursing at officers, making derogatory statements and she smelled of alcohol.

Executive Summary

On 1/13/20, the Niagara County Department of Social Services (NCDSS) received an SCR report regarding the death of the 18-day-old male infant. The infant resided with the mother and two-year-old sibling. The father of the infant was unknown, and the father of the sibling was unable to be located. The mother had a five-year-old child who resided with a maternal aunt out of state and the mother had no contact with that child since birth.

NCDSS conducted a joint investigation with law enforcement and thoroughly investigated the incident. It was learned that on the night of 1/12/20, the mother and went to sleep in her bed with the infant and sibling around midnight. The mother awoke around 11:00 AM on 1/13/20, and she discovered the infant was unresponsive. The mother called 911, and when first responders arrived, the infant was determined to be deceased. Law enforcement reported the mother smelled like alcohol upon their arrival.

An autopsy was performed, and the final report was pending at the time this report was written. The preliminary finding was that the infant passed away from positional asphyxiation. Law enforcement reported there were no injuries found during the autopsy and they closed their investigation with no criminal charges filed.

The mother admitted to drinking several shots of alcohol on the night of the incident and not checking on the infant for 11 hours. She was aware of safe sleep guidelines, although she co-slept with the infant and sibling. The mother was very distraught after the incident and NCDSS initiated a temporary safety plan that the maternal grandmother would assist the mother with caring for the sibling and supervise her contact with the sibling. The mother engaged with Behavioral Health Services, and she was referred for mental health, parenting and substance abuse services. The mother agreed to accept a six-month Preventive Services case in lieu of family court action.

NCDSS appropriately substantiated the allegations of DOA/Fatality, Inadequate Guardianship and Parent's Drug/Alcohol Misuse and the case was opened for Preventive Services.

PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? 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:

NCDSS appropriately indicated and opened the case for Preventive Services.

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:

Casework activity was commensurate with best casework practice.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/13/2020

Time of Death: 11:41 AM (Approximate)

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

County where fatality incident occurred: Niagara

Was 911 or local emergency number called? Yes



Time of Call: Unknown
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used alcohol or drugs? N/A

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? 11 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	18 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	22 Year(s)

LDSS Response

Upon receipt of the SCR report, NCDSS contacted the source of the report, reviewed SCR history, and went to the home to meet with first responders and the mother. The sibling was observed to appear healthy and developmentally on target.

During the interview the mother smelled like alcohol and she was very distraught about the infant's death. She reported that the infant was born full-term and he was healthy. She stated that the infant's father was unknown, and she did not know the sibling's father's contact information. The mother was previously educated about safe sleep guidelines by NCDSS. There was a portable crib and a bassinet observed in the home that did not appear to be utilized for the infant since they were full of items. NCDSS advised the mother to clean out the portable crib for the sibling to sleep in. They immediately referred the mother to Behavioral Health Services, and they initiated an appropriate safety plan with the maternal grandmother.

The mother reported that she had a friend over to visit on the evening of 1/12/19. The two women drank several shots of alcohol and the friend left just before midnight. The sibling had fallen asleep in the mother's bed around 10:00 PM, and the mother and infant went to bed right after the friend left. The mother initially stated that the infant slept in his bassinet and she later admitted that the infant slept in her bed with her and the sibling. The mother said she did not wake up until around 11:00 AM on 01/13/20. When she checked on the infant, she found him unresponsive. The mother would not



provide any details about the position the infant was in when he was placed to sleep or when she checked on him in the morning. The mother stated that she called 911 immediately.

First responders reported the infant was on the mother's bed when they arrived and there was blood observed on the mother's comforter and on the infant's nose and mouth. Efforts to resuscitate the infant were not made since it was evident he was deceased. The mother smelled like alcohol and she was distraught and became uncooperative with law enforcement. The infant was pronounced deceased and the coroner transported the infant's body to the medical examiner for an autopsy.

Pediatrician records showed the infant and sibling were healthy and they had no concerns for the mother's care of the children.

NCDSS contacted ACS to obtain information about the five-year-old child and they verified the child was in the custody of a relative since 2016. Reasonable attempts were made to locate the two-year-old sibling's father but were unsuccessful.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054241 - Deceased Child, Male, 18 Days	054242 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
054241 - Deceased Child, Male, 18 Days	054242 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
054241 - Deceased Child, Male, 18 Days	054242 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
054243 - Sibling, Female, 2 Year(s)	054242 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
054243 - Sibling, Female, 2 Year(s)	054242 - Mother, Female, 23 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input 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:

Reasonable attempts were made to locate and interview the father of the two-year-old sibling but were unsuccessful.

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:
Risk was adequately assessed and the necessary services were provided.

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"/>

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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 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"/>



Child Fatality Report

Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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 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							

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

Explain:
The mother was referred for behavioral health services, mental health services, substance abuse services and parenting services.

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? Yes
- 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)	Allegation Outcome	Compliance Issue(s)
08/19/2017	Sibling, Female, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

An SCR report alleged the mother gave birth to the sibling and the mother tested positive for THC upon admission to the hospital. The mother admitted to smoking marijuana during her pregnancy.



Report Determination: Unfounded

Date of Determination: 01/18/2018

Basis for Determination:

The mother admitted to smoking marijuana during her pregnancy, although the sibling did not test positive and she had no withdrawal symptoms. The mother had the necessary supplies, the home met minimal standards and the mother had a lot of family support. The sibling was up-to-date with well visits and there were no concerns for her safety.

OCFS Review Results:

NCDSS assessed the home to be safe and observed supplies for the sibling. They provided the mother with safe sleep education and information on substance abuse treatment services. They interviewed the mother and observed the sibling. No attempts were made to interview the maternal aunt who resided with the mother and was listed on the report. Reasonable attempts were made to identify the sibling's father. NCDSS contacted the necessary collaterals to determine the sibling was well-cared for. The Seven Day Safety Assessment was completed 46 days late on 10/11/17 and the SCR history review was completed late on 1/11/18.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The Seven Day Safety Assessment was completed 46 days late on 10/11/17.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

NCDSS will complete the Seven Day Safety Assessment within seven days of receipt of the report.

Issue:

Review of CPS History

Summary:

The SCR report was received on 8/19/17 and the SCR history review was not documented until 1/11/18.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within 1 business day of a report, NCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, NCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

NCDSS did not interview the maternal aunt who resided in the home and was listed in the household composition.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

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

An SCR report dated 10/24/14 was substantiated by ACS for the allegations of Inadequate Guardianship and Parent's



Drug/Alcohol Misuse against the mother regarding the five-year-old child. The mother used marijuana during her pregnancy and failed to make a plan for the child. The child was placed in Foster Care and an FSS was opened from 10/27/14-8/3/16.

An SCR report dated 8/30/16 was unsubstantiated for the allegations of Inadequate Guardianship, Lack of Supervision and Parent's Drug/Alcohol Misuse against the mother regarding the mother's siblings.

Known CPS History Outside of NYS

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

Foster Care Placement History

A CPS Services case was opened from 10/27/14-8/3/16 regarding the mother and five-year-old child. The mother used marijuana during her pregnancy and she did not make a plan for the child's care. The mother left the child in the hospital and said she wanted to free the child for adoption. The child was placed in Foster Care and an Article 10 Neglect Petition was filed against the mother. The mother did not participate in the services case or visit with the child. The maternal aunt, who resided in Oklahoma, obtained custody of the child in 2016 and the case was closed.

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