



**Report Identification Number: BU-15-023**

**Prepared by: Buffalo Regional Office**

**Issue Date: 4/15/2016**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



**Report Type:** Child Deceased  
**Age:** 5 month(s)

**Jurisdiction:** Niagara  
**Gender:** Male

**Date of Death:** 06/23/2015  
**Initial Date OCFS Notified:** 06/23/2015

## Presenting Information

SM placed five month old SC in bed to sleep with two year old SS. There were several blankets in bed with the children. SM last checked on SC around midnight and didn't check on him for the next 11 hours. Around 11:00 AM, when SM checked on SC his lips were blue and he was not breathing. While in the care of SM, SC sustained a burn like mark on his left arm near his elbow, two bruises on his back (right side in the process of healing and another burn like mark on his back. All of the injuries were suspicious in nature and no explanation was provided.

## Executive Summary

This report concerns the death of a five-month old whose family was working with NCDSS voluntary preventive services. The services case was opened because SC was born with a positive toxicology to suboxone and SM admitted to having a drug problem and was in treatment. The SM also had a history of DV with surviving sibling's (SS) father. Preventive Services was ensuring SM attended drug treatment and assisted SM with parenting classes.

An SCR report with allegations of DOA/ Fatality, IG and LBW's was received by NCDSS against SM with respect to SC on June 23, 2015. The SM placed SC in her bed to sleep with two-year-old SS. The SC sustained a burn like mark on his left arm near his elbow and two bruises on his back that was in the process of healing. When the SM awoke to the two-year-old SS ten hours later, she found SC not breathing and called 911. NCDSS interviewed the SM and friends that were present at the time of SC's death. The SM denied using any alcohol or drugs the night of SC's death. The SM stated that the SC and SS slept in her bed regularly and she normally slept with them. The home had appropriate sleeping arrangements which were not being utilized at the time of SC's death. The SM was meeting with service providers on a regular basis and was compliant with drug treatment. NCDSS spoke with SC's pediatrician who did not have concerns for the children's safety.

The SC's cause of death was undetermined and the manner of death was undetermined. On February 4, 2016 NCDSS unsubstantiated the allegations of DOA/Fatality, IG and LBW's. The ME found there was no outside sign of trauma on the SC. The marks which were said to be burn marks were found to be a skin condition and were not injuries inflicted upon SC. The bruises on his back were attributed to blood pooling in the deceased child. The SM denied any drug or alcohol use the night of SC's death and was compliant with treatment. There was no information at the time of determination that placement of the SC on the bed with blankets and his sibling contributed to his death.

## 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?**
  - **Safety assessment due at the time of determination?**

Yes  
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 completed the investigations, but SM denied the need for any further services. NCDSS spoke to appropriate collaterals. The CW spoke with MGM who family was residing with and denied having any concerns for SS.

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: NCDSS completed the investigations, but SM denied the need for any further services. NCDSS spoke to appropriate collaterals. The CW spoke with MGM who family was residing with and denied having any concerns for SS.

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: 06/23/2015

Time of Death:

County where fatality incident occurred: NIAGARA

Was 911 or local emergency number called? Yes

Time of Call: 10:58 AM

Did EMS to 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?** 11 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

### LDSS Response

NCDSS spoke with the Preventive Services (PS) worker who stated the family and SC were seen the day before the SC's death and there were no concerns. The CW stated SM worked nights and that it was common for the family to sleep in later in the morning. The worker also spoke with the DC provider who stated the children (CHD) were at her home the day before the death from 6:00 PM until 10:00 PM and she had no concerns. The DC provider stated SC was very active and was rolling over and almost sitting up by himself. The DC provider denied SC having any marks or bruises and stated SC did have a skin condition on his back. NCDSS met with SM and MA who made a safety plan for SM and SS to reside with MA. The SS had visitation with BF, which the parents were addressing in court. The worker observed BF's home which appeared safe with appropriate sleeping arrangements.

NCDSS met with their rapid response team at the CAC. The police stated that SM stated that she laid SC down on his back with a blanket over his legs around midnight after feeding him a 6 oz. bottle with cereal. She stated two-year-old SS was also sleeping in the bed. The police stated the autopsy showed no overt signs of trauma.

NCDSS completed a home visit with SM and SS. The SM stated that she fed SC and then put him and SS in the bed around midnight. SM stated there was a blanket and pillow on the side of SC to prevent him from rolling; a blanket was on SC's legs. She admitted that she normally slept in bed with CHD. SM stated her boyfriend and friend came over and they cooked dinner and watched TV. The SM denied using alcohol or drugs that night. The SM stated she was in the suboxone program and had been compliant with treatment and medication. The SM stated that paternity of SC had not been established. The CW observed a toddler bed and crib that was converted into a day bed and the pack-n-play was full of baby stuff. The CW spoke to SM about the dangers of co-sleeping. The CW spoke with SM's boyfriend and friend that were visiting the home. They denied observing the children awake that night and denied SM consuming any alcohol or drugs that night. They stated they awoke to SM screaming and calling 911.

NCDSS completed a home visit with alleged SF and his children. The SF stated he had never seen SC and was going to court for visitation. He denied SM using alcohol or drugs. He had no other concerns.

NCDSS spoke with appropriate first responders and the children's pediatricians. The pediatrician had no concerns for the



children’s safety. CW obtained records for SC from birth and hospitalization.

The SM was participating in the suboxone program and was compliant with treatment at the time of SC’s death. SM did test positive for cocaine and alcohol in June 2015. During the course of the investigation SM became less compliant with treatment and was discharged from treatment in August 2015. The SM continued to work with preventive services until October 2015 when she requested that services end.

NCDSS completed several HV’s with SM and SS, who were residing with MGM. SM denied the need for services and denied any further drug or alcohol use. The MGM denied SM using drugs or alcohol and had no concerns for SS safety. The home was safe for the family to reside with adequate sleeping arrangements.

On February 4, 2016 NCDSS unsubstantiated the allegations of DOA/Fatality, IG and LBW’s. The ME found there was no outward sign of trauma on the SC. The marks which were said to be burn marks were found to be a skin condition and were not injuries inflicted upon SC. The bruises on his back were attributed to blood pooling in the deceased child. The SM denied any drug or alcohol use the night of SC’s death and was compliant with treatment. There was no information at the time of determination that placement of the SC on the bed with blankets and his sibling contributed to his death.

### 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:** NCDSS worked with the Niagara County Rapid Response Team regarding the fatality.

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

**Comments:** NCDSS met with their Rapid Response Team at the CAC to review case.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026969 - Deceased Child, Male, 5 Mons	026970 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
026969 - Deceased Child, Male, 5 Mons	026970 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
026969 - Deceased Child, Male, 5 Mons	026970 - Mother, Female, 32 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated



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

### Additional information:

NCDSS completed appropriate home visits and spoke to appropriate collateral contacts.

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



# NYS Office of Children and Family Services - Child Fatality Report

parent/caretaker actions adequate?				
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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"/>

## 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> Surviving SS was not removed from the home.				

## 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	Needed but 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"/>



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<b>Economic support</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 The family was working with voluntary preventive services at the time of SC's death.

**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 SS and SM were staying with relatives.

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

**Explain:**  
 The family was working with preventive services.

## History Prior to the Fatality

## Child Information

**Did the child have a history of alleged child abuse/maltreatment?** Yes  
**Was there an open CPS case with this child at the time of death?** No  
**Was the child ever placed outside of the home prior to the death?** No



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Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

## Infants Under One Year Old

### During pregnancy, mother:

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

### Infant was born:

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/02/2015	8526 - Other Child - Friends's child, Female, 17 Years	8521 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	Yes
	8526 - Other Child - Friends's child, Female, 17 Years	8525 - Father, Male, 42 Years	Inadequate Guardianship	Unfounded	
	8523 - Sibling, Male, 2 Years	8521 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	
	8526 - Other Child - Friends's child, Female, 17 Years	8524 - Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	
	8522 - Deceased Child, Male, 3 Months	8521 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8523 - Sibling, Male, 2 Years	8521 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8526 - Other Child - Friends's child, Female, 17 Years	8521 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	

### Report Summary:

On January 2, 2015 the SM gave birth to a baby boy (SC). Throughout the pregnancy, the SM bought suboxone off the streets and abused it. The last known use was that day. On January 16, 2015 a duplicate report was received stating a 17 year old friend of the family was residing with SM because her parents were homeless. SM had abused and sold prescription medication in the presence of the children. The parents of the 17 year old were aware of SM's illegal actions but continued to allow child to reside with SM.

**Determination:** Unfounded

**Date of Determination:** 03/19/2015

### Basis for Determination:

The family was not homeless. They were staying with friends as their home was flooded and were in the process of



moving into a new home and the 17-year-old had moved back in with her parents. The SM had begun participating in a drug treatment program and a services case was opened through DSS.

**OCFS Review Results:**

NCDSS opened up a preventive services case with the family. NCDSS did not assess the SS safety within 24 hours of the case, SM discussed BF being violent and them having a DV relationship. NCDSS did not fully address the issues of DV with the BF of the SS. The closing safety assessment had no safety factors, when the SC was born with a positive toxicology and SM was in treatment and admits to DV with SS BF. The allegations of IG and PDAM were unsubstantiated when SM admitted to drug use and SC was admitted to the hospital for withdrawal. The SM also admitted that the SS had intervened in altercations between her and BF. NCDSS did not document discussion of safe sleep.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

NCDSS unsubstantiated the allegations of PDAM and IG for SS and SC. The SC was born with a positive toxicology to suboxone. SC was transferred and admitted to the hospital because he was exhibiting the signs and symptoms of withdrawal (neonatal abstinence syndrome with Finnegan scores ranging from 5-11). The SM discussed two year old SS intervening in physical altercations between her and BF.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(c)

**Action:**

NCDSS must make appropriate determinations. When an investigation reveals some credible evidence that child abuse or maltreatment has occurred the report must be indicated.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

The closing safety assessment did not note safety factors. The SC was born with a positive toxicology and SM was in treatment. The SM discussed her and SS father having a DV relationship.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

NCDSS must make sure all safety factors are documented on the safety assessments.

**Issue:**

Timely/Adequate 24 Hour Assessment

**Summary:**

NCDSS observed the SC and the SM. The SM discussed concerns she had for SS BF because he was violent and she has concerns with SS staying with him.

**Legal Reference:**

SSL 424(6);18 NYCRR 432.2(b)(3)(i)

**Action:**

NCDSS will assess safety of all children with in 24 hours.



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The family had no history three years prior to the fatality.

### Known CPS History Outside of NYS

There was no known history outside NYS.

### Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 01/09/2015

### Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The family was working with a parenting worker, who provided weekly home visits.

### Required Action(s)



**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

**Preventive Services History**

The family began to work with voluntary preventive services on January 9, 2015, when SM and SC tested positive for suboxone at SC's birth. The SM was attending treatment on a regular basis. The family was meeting with preventive worker on a regular basis and discussing child development and parenting techniques. The services worker was assisting SM with appropriate benefits and services providers. After SC's death the SM relapsed on cocaine and alcohol and was discharged from treatment. The SM denied needing any further treatment. The family moved in with the MGM who denied SM using drugs or alcohol. On October 15, 2015 SM closed her voluntary preventive services case and stated she no longer felt she was benefiting from the services.

**Required Action(s)**

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes No

**Foster Care Placement History**

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**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