

Report Identification Number: BU-16-042

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

Issue Date: Apr 26, 2017

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 07/31/2015
Initial Date OCFS Notified: 12/12/2016

Presenting Information

In July 2015, an Unrelated Home Member (UHM) was intoxicated, and SM gave the then 3-month-old SC to UHM and went to bed. UHM slept with SC on a sofa, and SC was found unresponsive in the morning. SC was an otherwise healthy child.

Executive Summary

This fatality report concerns the death of a 3-month-old female (SC) that occurred on 7/31/15. A previous fatality report was issued on 4/15/16 regarding SC's death. On 8/13/16, the fatality was reported again to the SCR, and then again on 12/12/16 in a subsequent SCR report. In addition to the previously reported allegations surrounding the fatality, there were concerns regarding a SS born after SC's death. There was no new information found regarding the death of SC, and no new allegations were made regarding SC. Erie County Department of Social Services (ECDSS) completed the 2015 investigation, and Niagara County Department of Social Service (NCDSS) completed the 2016 investigation, with ECDSS assigned as secondary. NCDSS appropriately pulled forward information from the 2015 case into the 2016 investigation, as it related to SC's death. NCDSS also completed a full investigation to address the more recently reported concerns regarding the newborn SS and all other children in the household in the 2016 investigation.

At the time of SC's death, the 2015 report alleged IG, DOA/Fatality, and PD/AM against SM, as well as IG and PD/AM against an Unrelated Home Member (UHM) with whom SM was residing during that investigation. ECDSS investigated all allegations and through interviews with subjects, family members, other household members, and collateral contacts, the following was discovered: On the night of 7/30/15, UHM was consuming alcohol and SM allowed SC to be left in his care, despite knowing UHM was impaired. As a result, UHM co-slept with SC on a couch. SC was found unresponsive the following morning, and taken by ambulance to the emergency room, where SC was pronounced dead. There were no SS at the time of SC's death.

Preceding the death, SC was assessed to be a healthy child with no medical concerns noted, and SM's pregnancy was normal with no complications. It had been discovered through the investigations that SM had been educated surrounding safe sleep practices prior to SC's death.

An autopsy was completed by the Erie County Medical Examiner's Office, and signed/released on 12/10/15. The cause of death was noted as "asphyxia, unsafe sleep environment, no evidence of trauma, natural disease or intoxication", and the manner of death was "accident". The allegations in both the 2015 and 2016 investigations were appropriately substantiated by the local districts.

The 2016 report had additional allegations of IG and IF/C/S, regarding the newborn SS, against SM and that child's biological father (SF). SF was not the biological father of SC. NCDSS appropriately substantiated these allegations. All concerns were appropriately addressed by NCDSS through gathering information from interviews, home visits, and collateral contacts. NCDSS offered the family services, and at the close of the 2016 investigation, the SS and all other children in the household were deemed safe.



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

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 pulled forward all information from the ECDSS 2015 fatality investigation, and in addition, addressed all current and on-going concerns in the 2016 investigations. Their decision to close both investigations was appropriate.

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: 07/31/2015

Time of Death: 10:03 AM

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 09:25 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
- Other

Eating

Unknown

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

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

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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	Female	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	18 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	65 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)
Other Household 2	Father	No Role	Male	19 Year(s)

LDSS Response

NCDSS received an SCR report on 8/13/16 and a subsequent SCR report on 12/12/16, which both made reference to a previously reported fatality that occurred in Erie County in July 2015. The death was initially reported to the SCR on 7/31/15, and investigated fully by ECDSS. A Child Fatality Report was issued by the NYS Office of Children and Family Services on 4/15/16. The allegations in the initial report were IG, PD/AM, and DOA/Fatality against SM, and IG, PD/AM against an Unrelated Home Member (UHM) regarding the 3-month-old SC. The allegations in the 2016 reports were the same, with additional allegations of IG and IF/C/S regarding a male SS born on 8/13/16. These allegations were against SM and the SS's biological father (SF). NCDSS appropriately assigned ECDSS a secondary role for the 2016 investigation. Within 24 hours, NCDSS commenced the investigation by contacting the source of the report, coordinating with LE, making initial contact with family members, and assessing the safety of the SS.

NCDSS appropriately pulled forward information from the ECDSS 2015 fatality investigation into the 2016 investigation. Both local districts completed full and thorough investigations that addressed SC's death, as well as the current concerns regarding the SS. In both the 2015 and 2016 investigations, appropriate services were offered. In the 2016 investigation, a Preventive Services case was opened for a short period of time to address and resolve immediate concerns/needs of the family. Throughout the 2016 investigation, no new allegations or information regarding SC's death were discovered.



NCDSS completed all appropriate casework/collateral contacts and home visits; Safety of the SS and other children in the household were assessed throughout the investigation. NCDSS also obtained a copy of the official autopsy and included it in the 2016 case record. Both ECDSS and NCDSS appropriately substantiated the allegations pertaining to SC's death. NCDSS discovered during the 2016 investigation that SM and SF did not have appropriate provisions in place for the newborn SS prior to being discharged from the hospital. As a result, NCDSS appropriately substantiated the additional allegations of IG and IF/C/S against SM and SF regarding the SS in the 2016 report.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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: The 2015 fatality investigation was conducted by an MDT, and the MDT was consulted in the 2016 re-reported fatality investigations.

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

Comments: Niagara County Department of Social Services (NCDSS) has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036607 - Deceased Child, Female, 3 Mons	036611 - Unrelated Home Member, Male, 65 Year(s)	Inadequate Guardianship	Substantiated
036607 - Deceased Child, Female, 3 Mons	036611 - Unrelated Home Member, Male, 65 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
036607 - Deceased Child, Female, 3 Mons	036610 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
036607 - Deceased Child, Female, 3 Mons	036610 - Mother, Female, 18 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
036607 - Deceased Child, Female, 3 Mons	036610 - Mother, Female, 18 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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

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"/>

Explain as necessary:

In the 2015 investigation, there were no surviving siblings. In the 2016 investigations, SM gave birth to a SS, and SM, SS, and that child's BF resided with MGM, MGGM, and 7 other children, ages 2 to 14 years old (aunts/uncles of the SC and newborn SS). During the 2016 investigation, the MGM's 7 children were placed into FC. The SS was not removed, and remained in the care and custody of SM and BF at the residence.

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

An addendum note was added in the 2015 investigation conclusion, which noted grief and trauma services were offered to SM; however, there is nothing noted in the case record if services were accepted. In the 2016 investigations, SM refused grief services, but engaged in Preventive Services regarding SS and that child's BF . SM also had additional resources and supports from MGM and MGGM.

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? N/A

Explain:

There were no surviving siblings at the time of the initial fatality investigation in 2015.

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

Explain:

An addendum note was added in the 2015 investigation conclusion, which noted grief and trauma services were offered to SM; however, there is nothing noted in the case record if services were accepted. In the 2016 investigations, SM was referred to MH services and accepted.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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
- Were there any siblings ever placed outside of the home prior to this child's death? N/A
- 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)
08/13/2016	15224 - Sibling, Male, 1 Days	15223 - Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	15224 - Sibling, Male, 1 Days	15223 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated	
	15240 - Deceased Child, Female, 3 Months	15223 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Indicated	
	15240 - Deceased Child, Female, 3 Months	15241 - Unrelated Home Member, Male, 66 Years	Inadequate Guardianship	Indicated	
	15240 - Deceased Child, Female, 3 Months	15241 - Unrelated Home Member, Male, 66 Years	Parents Drug / Alcohol Misuse	Indicated	
	15240 - Deceased Child, Female, 3 Months	15223 - Mother, Female, 19 Years	DOA / Fatality	Indicated	
	15224 - Sibling, Male, 1 Days	15225 - Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Indicated	
	15224 - Sibling, Male, 1 Days	15225 - Father, Male, 22 Years	Inadequate Guardianship	Indicated	
	15240 - Deceased Child, Female, 3 Months	15223 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated	

Report Summary:

Re-reported DOA/Fatality, IG, PD/AM against SM, and IG, PD/AM against UHM regarding SC. Additional allegations of IF/C/S and IG against SM and BF of newborn SS. There was no additional information presented surrounding the death of SC. There were concerns SM and BF did not have appropriate supplies for SS to leave the hospital. Subsequent SCR report received on 12/12/16, again reporting the death of SC with no additional concerns/information surrounding the fatality.

Determination: Indicated**Date of Determination:** 01/23/2017**Basis for Determination:**

NCDSS indicated both reports for all allegations. NCDSS worked with ECDSS assigned as secondary for the fatality allegations, and appropriately pulled forward all information from the initial fatality investigation in July 2015. There



were no additional concerns or allegations made surrounding SC's death. NCDSS was able to obtain the final autopsy during these investigations. NCDSS appropriately investigated and determined all other new allegations surrounding SS and other household members, and opened services as a result.

OCFS Review Results:

OCFS agreed with the determination and found no concerns surrounding the investigations.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/31/2015	15265 - Deceased Child, Female, 3 Months	15266 - Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	15265 - Deceased Child, Female, 3 Months	15266 - Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Indicated	
	15265 - Deceased Child, Female, 3 Months	15266 - Mother, Female, 18 Years	DOA / Fatality	Indicated	
	15265 - Deceased Child, Female, 3 Months	15267 - Unrelated Home Member, Male, 65 Years	Inadequate Guardianship	Indicated	
	15265 - Deceased Child, Female, 3 Months	15267 - Unrelated Home Member, Male, 65 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

Report received with allegations of DOA/Fatality and IG against SM, and IG against UHM regarding SC. The report was concerning the death of SC, and alleged SM allowed UHM to co-sleep with SC on a couch despite knowing UHM had been consuming alcohol and was impaired. As a result, SC died due to asphyxiation/unsafe sleep environment. The home was also in deplorable conditions at the time of the fatality.

Determination: Indicated

Date of Determination: 09/29/2015

Basis for Determination:

ECDSS completed home visits and interviewed all relevant parties and collateral contacts surrounding SC's death. It was determined that some credible evidence existed to substantiate the allegations in the report. ECDSS also appropriately added and substantiated the allegations of PD/AM against SM and UHM.

OCFS Review Results:

OCFS agreed with the local district's casework activities and their decision to substantiate the allegations in the report.

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

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

There is no CPS investigative history involving SM as a subject more than three years prior to the fatality; however, there are numerous reports from 1998-2015 listing SM as a child.

There is no CPS investigation history involving UHM more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.



Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services 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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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