



Report Identification Number: BU-18-013

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

Issue Date: Oct 03, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 05/06/2018
Initial Date OCFS Notified: 05/07/2018

Presenting Information

An SCR report was received on 5/6/18, that alleged the SC passed away the evening of 5/5/18. The SC was a healthy child, but had been experiencing a stuffy nose earlier in the day. The SM gave the SC Tylenol and Benadryl before placing her to sleep on a swing. The SM woke at 1:00PM on 5/6/18 and found the SC limp and cold. The SM administered compressions, but could not revive the SC. The explanation the SM provided for the SC's death was suspicious.

Executive Summary

This report concerns the death of the 2-month-old female SC. Niagara County Department of Social Services (NCDSS) received an SCR report regarding the SC's death on 5/6/18. The report alleged that on 5/5/18, the SM gave the SC medication before putting the SC to bed, and then found the SC unresponsive at 1:00PM on 5/6/18. The SC was an otherwise healthy child with no known pre-existing conditions. A subsequent SCR report was received on 5/6/18 and consolidated into the initial SCR report.

NCDSS was involved with the SM and SC at the time of the fatality. There was an open CPS investigation regarding concerns that the SC was born with a positive toxicology for drugs.

On the evening of 5/5/18, the SM gave the SC Benadryl for congestion, and then placed the SC to sleep in her swing. The SM acknowledged receiving safe sleep education. The SM took medication not prescribed to her and then also went to sleep. The SM woke at 1PM on 5/6/18 and found the SC cold and lifeless in her swing. The SM immediately picked up the SC and went to a neighbor's home for assistance. The SM called 911 and performed CPR until EMS arrived. EMS did not continue life saving measures because the SC was deceased when they arrived. The SM was distraught and was taken to the hospital after she made statements that she wanted to harm herself, due to the the loss of the SC. The SM was drug tested on the day of the SC's death, and was positive for Suboxone (prescribed), in addition to benzodiazepines, for which she was not prescribed.

The ME was notified of the SC's death and performed an autopsy. The ME determined the cause of death to be acute diphenhydramine (the main ingredient in Benadryl) toxicity and the manner of death to be homicide. In the autopsy report the ME noted that the toxicological testing demonstrated a lethal level of the drug in the SC's blood. The ME further noted the SC was of an age where she could not ingest the drug on her own.

LE was notified of the fatality and worked collaboratively with NCDSS to investigate the fatality. LE told NCDSS that a bottle with pink liquid in it was found at the SC's home, in addition to a Benadryl bottle that was 3/4 empty. The SM admitted to giving the SC Benadryl. The DA intended to pursue criminal charges against the SM, but had not yet done so at the time of this writing.

The BF of the SC was not living in the home, but was interviewed. He did not have any information regarding the fatality.

The SM had another child, the 5yo SS. The SS was not in the custody of the SM, and only had supervised visitation with her. The SS was interviewed and deemed to be safe in the care of the MGF. The SS was seeing a counselor before the death of the SC, and his therapy continued at the time of this report. The SS had no contact with his biological father, however, NCDSS sent him notification of the SCR report. The BF of the SC had two other children that resided with their



mother. NCDSS interviewed both the children and their mother and learned they had no contact with the BF. They were also assessed to be safe.

NCDSS made the appropriate determination to indicate the allegations of DOA/Fatality, IG and PD/AM against the SM regarding the SC. The SM admitted to giving the SC Benadryl numerous times on 5/5/18, and the SC had a lethal dosage of the drug in her bloodstream at the time of her death. The SM also admitted to taking un-prescribed medication on 5/5/18, before going to sleep for 14-16 hours.

NCDSS offered the SM, MGF, BF and SS several referrals for services after the fatality. The referrals included MH counseling, burial assistance, grief counseling, and housing services. NCDSS arranged for a behavioral specialist to immediately begin working with the family after the SC's death, and these services continued until the investigation was closed. NCDSS worked extensively with the SM's MH and substance abuse service providers to get her the continued support she needed.

PIP Requirement

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

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:

It was appropriate for NCDSS to conclude the investigation.



Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	The report was received on 5/6/18 and the 7-day safety assessment was completed on 5/24/18.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Within seven days of receiving a report, NCDSS will complete a safety assessment documenting whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/06/2018

Time of Death: Unknown

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?

No

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
BU-18-013	FINAL			



Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Other Household 1	Grandparent	No Role	Male	59 Year(s)
Other Household 1	Sibling	No Role	Male	5 Year(s)
Other Household 2	Father	No Role	Male	34 Year(s)
Other Household 3	Other Adult - BF of SS	No Role	Male	30 Year(s)

LDSS Response

NCDSS began the investigation into the SC's death on 5/6/18. NCDSS contacted the source, performed a CPS history check, and notified LE. NCDSS learned the SC lived alone with the SM, and the BF was incarcerated. The SM had another child that resided with the MGF under Article 6 custody. The BF also had other children that resided with their mother. The SS were assessed for safety.

The MGF took the SM to the ER because the SM made statements indicating she wanted to harm herself after learning the SC was deceased. The SM told ER staff that she had taken medication not prescribed to her on the evening of 5/5/18, in addition to her prescribed medication. The SM told ER staff that she gave the SC 1.5ml of Benadryl because the SC was sick and congested. The SM and the SC went to sleep between 8-8:30PM on 5/5/18. The SM said her phone rang at 1PM on 5/6/18 and it woke her. The SM found the SC stiff and not breathing, in her swing where she had placed her to sleep on 5/5/18. The SM picked up the SC and took her downstairs to a neighbor to get help. The SM called 911 and performed CPR while waiting for EMS. EMS arrived and were unable to resuscitate the SC.

NCDSS interviewed the SM several times throughout the investigation. The SM changed her report regarding the frequency and amount of Benadryl she gave the SC several times. Additionally, the SM inconsistently stated she woke twice the morning of 5/6/18, to the phone ringing. Initially the SM said she called the on-call Dr. on 5/5/18 and the Dr. told her to give the SC Benadryl and Tylenol for her congestion. The SM fed the SC at around 8:30PM and placed her in her swing to sleep. The SM then went to sleep in her bed. The SM reported the SC routinely woke on other mornings at 5:00AM for a feeding, but she did not on this date. The SM said she looked at the SC at 11:00AM and the SC was fine. At 1PM the phone rang and woke the SM. The SM found the SC unresponsive and she went to the neighbor's home with the SC for help and called 911. The SM performed CPR and reported the SC had foam coming from her mouth. Later in the investigation, the SM stated the MGGM gave her money to buy the Benadryl for the SC on 5/5/18, and admitted she gave her the medication throughout the day and night of 5/5/18. The SM admitted taking medication that was not prescribed to her on 5/5/18.

NCDSS spoke with the MGGM and she verified she had given the SM money to purchase medication for the SC on 5/5/18. She stated the SM told her she called the on-call pediatrician and they advised her to give the SC the medication. The MGGM called the SM at 11AM on 5/6/18 and SM was still sleeping. She arranged to pick up the SM and SC at 1PM on 5/6/18, so the SM could visit with the SS. The MGGM arrived at the home at 1PM and called the SM. The SM sounded as if she was still sleeping and reported she needed time to get herself and the SC ready. The MGGM went to the store with the SS and while there, she received a phone call from the SM, and she told her the SC was not breathing. The MGGM returned to the home and first responders were there. The MGGM called the MGF and he arrived at the home and took the SM to the ER, while the MGGM took the SS to her home.

NCDSS spoke with the SC's Dr. and they had no record of the SM calling on 5/5/18. The Dr. denied they told the SM to give the SC any medication and explained they would never recommend Benadryl for a child as young as the SC.

NCDSS spoke with the SM's neighbor and first responders. They confirmed what the SM reported regarding the events



following her finding the SC unresponsive. The BF was interviewed and stated he had spoken to the SM on 5/4/18 and she told him the SC was ill. He had no further information to provide regarding the SC's death.

NCDSS learned the SM had a history of substance abuse and MH concerns. NCDSS spoke with her MH and substance abuse counselors and learned she was attending program as expected in the time leading up to the SC's death.

Official Manner and Cause of Death

Official Manner: Homicide

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

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
047649 - Deceased Child, Female, 2 Mons	047650 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
047649 - Deceased Child, Female, 2 Mons	047650 - Mother, Female, 26 Year(s)	DOA / Fatality	Substantiated
047649 - Deceased Child, Female, 2 Mons	047650 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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 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"/>
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Explain as necessary:
 The SS was in the custody of the PGF and resided in his home, both before and after the death of the SC.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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:
 The SM did not have any other children in her care after the death of the SC. The SM was engaged in Substance Abuse and MH treatment services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No
Explain:



NCDSS offered bereavement services to the SS, but the MGF declined, because the SS had already been attending therapy on a regular basis. The SS was seen at home and school, and by all reports of collateral contacts the SS was adequately coping with the death of the SC.

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

Explain:

Several services were offered to the MGF and SM.

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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/17/2018	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Childs Drug / Alcohol Use	Substantiated	Yes
	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated	



Deceased Child, Female, 2 Days	Mother, Female, 26 Years	Other	Substantiated
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Report Summary:

An SCR report was received that alleged the SM gave birth to the SC and the SM was positive for drugs. The SM also had a 5-year-old child who resided with her. The SM reportedly suffered from untreated MH concerns and there was concern for her ability to care for the SC.

Report Determination: Indicated**Date of Determination:** 05/25/2018**Basis for Determination:**

NCDSS found that the SM had given the SC medications she was not prescribed, nor advised to give her by the doctor. The SM continued to take non-prescribed medication upon arriving home after the birth of the SC, impairing her ability to care for the child. The SM put the SC to bed at 8:30PM on 5/5/18 and did not check on the SC until 1:00PM on 5/6/18. The SC died and high amounts of the medication she was given were found in her system. The SS was in the custody of the MGF.

OCFS Review Results:

The casework was commensurate with the circumstances. This report was open at the time of the fatality and the investigations were done concurrently.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The SCR report was received on 2/17/18 and the 7-day safety assessment was completed on 2/26/18.

Legal Reference:

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

Action:

Within seven days of receiving a report, LDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Issue:

Failure to provide notice of report

Summary:

The MGF was listed on the SCR report and not provided a notice of existence.

Legal Reference:

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

Action:

LDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/09/2017	Sibling, Male, 5 Years	Grandparent, Male, 58 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report was received regarding the SS. The report stated the SS lived with the SM and MGF . The MGF became angry and threw the SS to the ground, resulting in pain in his knee. The report also stated the MGF cut the SM's hand intentionally, in the presence of the SS.

Report Determination: Unfounded**Date of Determination:** 04/09/2017

**Basis for Determination:**

NCDSS interviewed the SS and he denied any pain or injuries, and was bonded with the SM and MGF. The SM and MGF denied that the MGF cut her and NCDSS found no evidence of injury. There was no evidence found that the SS was mistreated in any manner.

OCFS Review Results:

The SM, MGF, and SS were interviewed, and the SS was observed to have no visible injuries. Collateral contacts were made and assessments completed timely and accurately. The SS's BF was sent notice of the report, but no attempts were made to locate or interview him.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

There were no attempts documented to locate or interview the SS's BF.

Legal Reference:

432.1 (o)

Action:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/28/2015	Sibling, Male, 2 Years	Grandparent, Male, 57 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report was received regarding the MGF 's treatment of the SS. The report alleged the MGF was angry when he dropped the SS off at daycare and pushed the SS through the gate, causing him to fall on his face. The SS was not injured. The MGF decided to take the SS and leave the daycare. The MGF was not in control of his emotions and could not calm down enough to care for the SS.

Report Determination: Unfounded

Date of Determination: 11/23/2015

Basis for Determination:

NCDSS interviewed the people present at the daycare when the alleged incident occurred. Each person interviewed denied the MGF was angry with the SS or that he pushed him to the ground. The MGF was upset with daycare staff for not assisting him with the SS when he dropped him off, as the SS normally became upset and did not want to stay at daycare. The SS fell to the ground as the MGF was helping him take off his coat and the MGF became upset that he fell and took the SS with him as he went to speak with the daycare director about how displeased he was with the staff.

OCFS Review Results:

The subject was interviewed and the SS was seen and interviewed. There were collateral contacts made with daycare and service providers, as well as the pediatrician. The SS's BF and the SM were not provided with notice of existence of the report and there were no attempts documented to speak with either of them.

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

Issue:

Failure to provide notice of report

Summary:

The SM and the SS's BF were not provided notice of existence of the report.

Legal Reference:

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



Action:

NCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

There was no attempt to locate or interview the SM and the SS's BF regarding the report.

Legal Reference:

432.1 (o)

Action:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

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

- 4/27/14-7/28/14-An SCR report with allegations of IG and LS Unsub against the SM regarding the SS.
- 7/24/14-4/1/15-An SCR report with allegations of IG and PD/AM Unsub against the SM regarding the SS.
- 9/24/14-4/1/15-An SCR report with an allegation of IG Unsub against the SM regarding the SS.

Known CPS History Outside of NYS

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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No