



**Report Identification Number: BU-16-018**

**Prepared by: Buffalo Regional Office**

**Issue Date: 11/29/2016**

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**

**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:** 2 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 05/27/2016  
**Initial Date OCFS Notified:** 05/27/2016

## Presenting Information

On 05/27/2016, around 10:00AM, subject mother woke up with two month old subject child laying on her chest and unresponsive. Emergency services tried to intervene, but subject child was already deceased. Subject child was an otherwise healthy child who had passed away.

## Executive Summary

This fatality report involved a two month old subject child that reportedly succumbed as the result of an unsafe sleep environment when the subject mother fell asleep in a soft cushioned arm chair with subject child on her chest and later awoke with the subject child non-responsive. There was no open report at the time of the fatality, but an SCR report had been recently closed stemming from subject child and subject mother testing positive for cocaine at the time of subject child's birth.

The investigation included appropriate case and collateral contacts including medical providers and school personnel. A criminal background and SCR check was made for SM, however, these were not completed on all household members found in the home. SM has a criminal history including substance abuse related arrests, and domestic violence. Others in the home also had significant substance abuse, criminal, and CPS histories that included an infant death from unsafe sleep, operating a Meth lab in the presence of OC, and SM having a sibling that had died in the home of a drug overdose 09/23/2015. No care concerns were reported by collaterals or other household members. The home is noted as cluttered, but with no health or safety concerns. The Caseworker coordinated their investigation with law enforcement, and there were no criminal charges filed.

First responders reported subject child being deceased upon their arrival with rigor mortis already begun. SC was unresponsive to resuscitation efforts by first responders and at the hospital ER.

Subject mother reported she had fed SC a bottle at 5:30AM and, while still in the chair, fell asleep with SC lying face down on her chest. She noted she had placed SC in this position to sleep previously. Subject mother reported she later awoke and found SC wedged into the soft cushion of the chair between SM and the side of the chair.

An autopsy was performed on 05/28/2016 by the Erie County Medical Examiner. The final results of the autopsy were not available at the time of this OCFS review; however, preliminary results, pending toxicology results, determined subject child died of suffocation as a result of the unsafe sleep environment.

On 8/25/16, the allegations of DOA/Fatality and IG were SUSBSTANTIATED against SM. SM had previous DSS contact and was counseled regarding appropriate safe sleep measures. Her sister had lost an infant to unsafe sleep a year before this fatality incident. SM was aware of safe sleeping methods and had two options for safe sleep environments within feet of the fatality scene including an infant swing and a baby bouncer. SC's bassinet was also in the same room. SM was noted as obese with a large chest and this together with; the chair being a soft cushioned item; SM falling asleep with SC; and SC placed face down on SM's chest; created an unsafe sleep environment for



SC. SC was found unresponsive wedged into the chair’s soft cushion between SM and the chair side. SM did not follow through on CW’s referrals for substance abuse assessment or counseling. SS and OC1 appear safe. The report was IND and closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Caseworker activity was commensurate with the fatality case investigation circumstances.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The decision to close the case by the local district was appropriate.

Required Actions Related to the Fatality

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

Table with 2 columns: Issue, Summary, Legal Reference, Action. Issues include 'Review of CPS History' and 'Timely/Adequate Case Recording/Progress Notes'.



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<b>Summary:</b>	Some case progress notes are entered 5 - 9 weeks after the event.
<b>Legal Reference:</b>	18 NYCRR 428.5(a) and (c)
<b>Action:</b>	Progress notes must be entered in a contemporaneous manner as events occur.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/27/2016

**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:**

10:04 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

**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	Aunt/Uncle	No Role	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

## LDSS Response

On 5/27/16, Niagara Co. CPS received an SCR report with allegations of DOA/Fatality and IG against Subject Mother (SM) involving two month old subject child (SC) who, succumbed as the result of an unsafe sleep environment. There was no open report at the time of the fatality, but a case had been recently closed involving SC being positive for cocaine at birth.

The CW initiated the investigation making contacts with the source, case members, and collaterals. A criminal background and SCR check was made; however, these did not include all household members. SM had a criminal history including substance abuse, and DV. Other home members also had significant substance abuse and CPS history that included an infant death from unsafe sleep and operating a Meth lab in the presence of OC. SM's sibling had also died in the home from a drug overdose 9/23/15.

Pediatricians reported SC and SS as up-to-date on well visits with no health or care concerns. The CW observed SS's bedroom and the home was noted as cluttered, but there were no safety concerns. School and others residing in the home reported no concerns regarding SM's care of SC or SS, but did report SM's on-going substance abuse. SM denied any current substance abuse. Police reported contact regarding SM being on Facebook, the day after the fatality, complaining about poor service received at a tanning salon and starting a Go-Fund-Me account pertaining to SC's death. The CW coordinated the investigation with law enforcement. There were no criminal charges made.

The maternal GM residing in the home reported she got up for work on 5/27/16 and observed SM asleep in a living room chair with SC on her chest and SM having both arms wrapped around SC. She reported waking SM up at 7:15AM, before she left the home, to remind SM to get SS up for school, but did not see SM get up before leaving.

SM reported she had gotten up at 5:30AM and fed SC a bottle, sitting in the chair, and then fell asleep, still sitting in the chair, after placing SC lying face down on her chest. SM noted she had placed SC in this position to sleep other times. SM reported remembering her mother waking her, but reported she later awoke finding SC unresponsive and wedged into the soft cushioning between herself and the right side of the chair. She then called to her sister for help.

SM's sister, residing in the home, made the 911 call at 10:04AM. First responders reported SC as being deceased upon their arrival. They reported SC's skin was cold and appeared blue, pupils dilated, blood was observed on SC's nose and mouth, and her extremities indicated rigor mortis had already begun. SC was unresponsive to resuscitation efforts by first responders and at the hospital ER.

An autopsy was performed by the Erie Co. Medical Examiner on 5/28/16. The final results of the autopsy were not available at the time of this OCFS review; however, the preliminary determination, pending toxicology results, was that SC died of suffocation as a result of the unsafe sleep environment.

On 8/25/16, the allegations of DOA/Fatality and IG were SUBSTANTIATED against SM. SM had previous DSS contact and was counseled extensively regarding appropriate safe sleep measures. Her sister had lost an infant to unsafe sleep a year before this fatality incident. SM was aware of safe sleeping methods and had two options for safe sleep environments within feet of the fatality scene including an infant swing and a baby bouncer. SC's bassinet was also in the same room. SM was noted as obese with a large chest and this together with; the chair being a soft cushioned item; SM falling asleep with SC; and SC being placed face down on SM's chest; created an unsafe sleep environment for SC. SC was found



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unresponsive wedged into the chair's soft cushioning between SM and the chair side. SM did not follow through on CW's referrals for substance abuse assessment or counseling. The report was IND and closed.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

**Comments:** The fatality investigation was conducted in coordination with the Niagara County Rapid Response team.

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

**Comments:** The fatality investigation was reviewed by the Niagara County Rapid Response Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
031682 - Deceased Child, Female, 2 Month(s)	031683 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
031682 - Deceased Child, Female, 2 Month(s)	031683 - Mother, Female, 32 Year(s)	DOA / Fatality	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,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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observation and comments in case notes)?				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Some progress case notes were entered 5-9 weeks after the event.

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



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

No safety concerns were found that placed the surviving children in the home in immediate or impending danger. No controlling interventions were necessary.

## 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 Surviving sibling was already participating in counseling at the time of the fatality report and discussed his being comfortable discussing his loss with his current counselor. Subject Mother was referred for a substance abuse assessment and counseling, but did not follow through with these. Subject mother applied for funeral costs assistance at Niagara County DSS.

**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:**  
 SS was already participating in counseling and reported he felt comfortable discussing the loss of his sibling with his counselor.

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

**Explain:**  
 SM applied for funeral cost assistance. CW referred SM for counseling and a substance use assessment. SM did not follow through with these referrals.

## 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
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Had heavy alcohol use
- Misused over-the-counter or prescription drugs
- Smoked tobacco
- Experienced domestic violence
- Used illicit drugs



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Was not noted in the case record to have any of the issues listed

**Infant was born:**

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/10/2016	11485 - Sibling, Male, 8 Years	11484 - Mother, Female, 31 Years	Educational Neglect	Indicated	No
	11485 - Sibling, Male, 8 Years	11484 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

Surviving sibling has had 36 unexcused full day absences and 23 late arrivals this school year (2014-15). Subject mother has been periodically informed of the need to improve child's attendance, but to this point this has not occurred. In addition to OC's academics suffering, SS is not receiving needed counseling and occupational therapy. SS was retained last year due to lack of progress.

Allegations: Educational Neglect and IG against Subject mother.

Victim: SS

**Determination:** Indicated

**Date of Determination:** 10/15/2015

**Basis for Determination:**

There is credible evidence to Substantiate the allegations of Educational Neglect against subject mother in regards to Surviving Sibling. SS's final report card for the year shows that he did not meet New York State standards in Math, English, Social Studies, and Science. It appears that Other child's 38 absences and 23 incidents of tardiness has negatively impacted his educational progress.

There is no credible evidence to Substantiate the allegations of Inadequate Guardianship against subject mother in regards to SS. Subject mother has a residence for SS and herself as well as SS is spending a lot of time at his maternal grandmother's residence where all his care needs are met.

**OCFS Review Results:**

No concerns upon BRO OCFS review.

**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)
03/13/2016	11481 - Deceased Child, Female, 1 Days	11482 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	11481 - Deceased Child, Female, 1 Days	11482 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

SM gave birth to SC on 03/13/2016. SM tested positive for Cocaine and Marijuana at delivery. SC's toxicology test



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results are unknown. Surviving Sibling's role is unknown.

Allegations: Inadequate Guardianship and Parent's Drug/Alcohol misuse against subject mother.

Victim: Subject child.

**Determination:** Unfounded

**Date of Determination:** 05/20/2016

**Basis for Determination:**

Subject mother and subject child did test positive for cocaine and marijuana at child birth. SM admitted to occasional cocaine and marijuana use during the pregnancy. SC had no significant withdrawal symptoms and was discharged timely. SM denies substance use around her children. CW referred SM for a substance use assessment, but she did not follow through at case closing. Maternal GM resides in the home, provides oversight, and is a resource for SM. Case UNFOUNDED and closed.

**OCFS Review Results:**

No concerns upon BRO OCFS review.

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

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

10/23/12 IND 12/18/12 allegations of IG against SM and her sister stemming from their DV actions/ use of a deadly weapon in the presence of the child who jumped on his aunt's back to defend his mother. Victim: SS

4/23/09 UNF 8/10/09 allegations of educational neglect and IG against SM's and Other Adult stemming from their reportedly allowing SM's sibling to miss 53 days of school.

4/17/08 UNF 6/17/08 allegations of IG, Choking/Twisting/Shaking against Other Adult and SM's sister stemming from reported drug use/sales in the home. Victim: SS

6/7/07 UNF 11/8/07 allegations of IG, Child's D/A use, and Parent's D/A misuse against SM and sibling. Victim SS.

8/1/06 UNF 9/27/06 allegations of Parent D/A misuse against SM. Victim SC's sibling. SM and SS tested positive for THC upon birth. Victim SS.

9/21/92 IND 10/12/92 (Separate report) allegations of Excessive Corp. Punishment, L/B/W, and Other against SM's father. Victim: SM

9/21/92 IND 10/12/92 allegations of Excessive Corp. Punishment and L/B/W against SM's father. Victim: SM

Also: SS in the home not listed in report, age 7, has five cross referenced reports:

7/29/10 UNF Inad. F/C/S and IG

10/14/10 UNF IG and Parent D/A Misuse

4/10/13 UNF Lack of Med. Care

12/14/11 IND Parent D/A misuse. OA and her newborn child tested positive for THC. Newborn later died from unsafe sleep Marijuana on table accessible to SS

8/7/15 IND IG OA & BF had Meth lab in home accessible to OC.

### Known CPS History Outside of NYS



There is no known CPS history for this family outside of New York State.

**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.

**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

**Additional Local District Comments**

N/A

**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