



Report Identification Number: BU-16-010

Prepared by: Buffalo Regional Office

Issue Date: 12/13/2016

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: 5 day(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 06/14/2015
Initial Date OCFS Notified: 06/16/2015

Presenting Information

Approximately one year ago, SC was born prematurely, between 25-28 weeks gestation. The SM was abusing Morphine, along with several other drugs during her pregnancy, which is what caused her to go into premature labor. SC passed away five days after he was born as a result of being addicted to drugs. The SM, SF and MGM all abuse drug while caring for one-year-old SS. The adults are abusing prescription pain medications as well as marijuana. The adults often keep SS strapped into a pack and play because they sleep until the late afternoon. During this time SS is being left unsupervised. The adults feed SS by putting pureed baby food into her baby bottle. The adults do not change her diaper as needed. As a result she often has a severe diaper rash which causes her skin to become raw. The adults smoke both cigarettes and marijuana, crushed up pills and drug sales in the presence of child. The SM refers to SS in derogatory terms. The SF has been physically violent in front of SS.

Executive Summary

This fatality report concerns the death of a five-day-old male that occurred on 6/14/15. NCDSS obtained the death certificate. The death certificate lists the immediate cause of death as withdrawal of medical support due to or as a consequence of cardiopulmonary failure and extreme prematurity. NCDSS had an open SCR report at the time of SC's death and received another SCR report on 3/30/16 with the allegations of DOA/Fatality, IG, LOS and PDAM.

The SM reported that she saw her OBGYN on 6/9/15 who felt that she was in danger of preterm labor. He considered hospitalizing her but did not. Later that night SM was not feeling well and her water broke. The SC was born and he was 1 pound. She said that LE and EMS arrived and transported the SC to the hospital. SC died at the hospital on 6/14/15.

The SM admitted she took an opioid pain medication due to back pain and medication to control her behavior but denied abusing them. The prescribing physician did not have concerns of her abusing the medication. The SF denied using drugs and the SM said she only took her medication as prescribed. The MGM denied using drugs and denied the parents abusing drugs. She denied having any concerns for SS and stated the parents took good care of her.

The SS appeared to be very well cared for, well fed, and happy. She did not have a diaper rash and there were no bruises. She appeared bonded with her parents. The pediatrician was contacted and had no concerns.

The documentation received from the hospital showed that the SC had many medical issues prior to his death. On June 10, 2015 hospital personnel reported that a toxicology screen had not been completed on the SC. There was no documented follow up in either CPS case as to whether a toxicology screen was completed. Due to the allegations of the SM's prescription drug use information was needed regarding the effects of the drugs as it related to the premature birth and death of the SC. There was no documentation NCDSS spoke with first responders. SF has another daughter who lives with her mother and was not seen or interviewed.

On April 28, 2016 NCDDSS determined the allegations to be unsubstantiated due to lack of credible evidence.



During home visits there were no signs of drug or alcohol misuse and all adults denied any drug or alcohol misuse. All adults interacted appropriately with CW during contacts and appeared to be very well bonded and attentive to SS. SS appeared to be very happy and well bonded to all adults in the home. SC was born at 22 weeks gestation and lived for 5 days and being cared for at the hospital. There was no evidence to support that SM maltreated SC leading to his death.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

NCDSS spoke with SM's doctor who had no concerns of her abusing her medication. No where in SC's medical records were any concerns of SM's drug use or that SC had a positive toxicology for drugs. The CW interviewed everybody named on the report.

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 spoke with SM's doctor who had no concerns of her abusing her medication. No where in SC's medical records were any concerns of SM's drug use or that SC had a positive toxicology for drugs.

Required Actions Related to the Fatality

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

Issue:	Contact/Information From Reporting/Collateral Source
Summary:	NCDSS did not contact first responders. NCDSS had the SC's medical records, but did not speak to the hospital during this investigation. NCDSS did not inquire about child's toxicology and if SM's drug use caused the premature labor.



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Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(b)
Action:	NCDSS must contact all appropriate collateral contact for all SCR reports.
Issue:	Adequacy of face-to-face contacts with the child and/or child's parents or guardians
Summary:	The SF has a 12-year-old daughter who lives with her mother. NCDSS did not observe or interview this child or her mother to see if they had any concerns for the SS's safety.
Legal Reference:	18 NYCRR 432.1 (b)(3)(ii)(a)
Action:	NCDSS must interview and observe all siblings and half siblings on all fatality investigations.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/14/2015

Time of Death: 01:55 AM

Date of fatal incident, if different than date of death: 06/09/2015

Time of fatal incident, if different than time of death: 09:40 PM

County where fatality incident occurred:

NIAGARA

Was 911 or local emergency number called?

Yes

Time of Call:

09:40 PM

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
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Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

LDSS Response

NCDSS originally was informed of the death of SC on June 15, 2015. NCDSS had an open CPS investigation with the family and assessed safety of the SS on June 10, 2015. NCDSS received the SCR report with allegations of DOA regarding the SC and SS on March 30, 2016. NCDSS assessed the home to be safe for the family to reside. The SM denied abusing her prescription drugs. The SF and MGM denied abusing any drugs or alcohol. The SS was too young to interview, but appeared healthy and well cared for. The SM stated she was 22 weeks pregnant and delivered the SC in her bathroom and then was rushed to the hospital. The SM stated that SC lived for five days until the medical providers withdrew support and she got to hold him. The parents said SC died in the hospital from extreme prematurity.

NCDSS had SC's medical file from the last SCR report. The medical records do not document that the SC had a positive toxicology, or that the prematurity was caused by SM's drug use. NCDSS did not contact the hospital regarding this issue. The CW spoke to SS's pediatrician who had no concerns for the child's safety. The CW spoke with two of SM's doctors who denied having concerns for SM abusing her prescribed medication. NCDSS obtained the death certificate. The death certificate lists the immediate cause of death as withdrawal of medical support due to or as a consequence of cardiopulmonary failure and extreme prematurity.

On April 28, 2016 NCDDSS determined the allegations to be unsubstantiated due to lack of credible evidence. During home visits there were no signs of drug or alcohol misuse and all adults denied any drug or alcohol misuse. All adults interacted appropriately with CW during contacts and appeared to be very well bonded and attentive to SS. SS appeared to be very happy and well bonded to all adults in the home. SC was born at 22 weeks gestation and lived for 5 days while being cared for at the hospital. There was no evidence to support that SM maltreated SC leading to his death.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: NCDSS did not discuss the case with the CFRT and had no contact with law enforcement or the DA.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Although there was an OCFS approved CFRT in Niagara County, the SC's death was not reviewed.



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SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032019 - Deceased Child, Male, 5 Days	032021 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
032019 - Deceased Child, Male, 5 Days	032021 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032022 - Father, Male, 37 Year(s)	Inadequate Guardianship	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032022 - Father, Male, 37 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032021 - Mother, Female, 27 Year(s)	Lack of Supervision	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032021 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032023 - Grandparent, Female, 56 Year(s)	Lack of Supervision	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032023 - Grandparent, Female, 56 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032022 - Father, Male, 37 Year(s)	Lack of Supervision	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032023 - Grandparent, Female, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
032020 - Sibling, Female, 1 Year(s)	032021 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

NCDSS received the police reports, but never spoke to LE or the first responders. NCDSS had the hospital file from the previous investigations.

Fatality Safety Assessment Activities
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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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household?				
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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



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

Additional information, if necessary:

The family denied needing services.

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input checked="" type="checkbox"/> Misused over-the-counter or prescription drugs | <input checked="" type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)
06/10/2015	11654 - Sibling, Female,	11651 - Mother, Female,	Inadequate	Unfounded	No



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1 Years	27 Years	Guardianship	
11654 - Sibling, Female, 1 Years	11652 - Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded
11654 - Sibling, Female, 1 Years	11651 - Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unfounded
11654 - Sibling, Female, 1 Years	11652 - Father, Male, 37 Years	Inadequate Food / Clothing / Shelter	Unfounded
11654 - Sibling, Female, 1 Years	11653 - Grandparent, Female, 56 Years	Inadequate Guardianship	Unfounded
11655 - Deceased Child, Male, 5 Days	11651 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
11654 - Sibling, Female, 1 Years	11651 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
11654 - Sibling, Female, 1 Years	11652 - Father, Male, 37 Years	Inadequate Guardianship	Unfounded
11654 - Sibling, Female, 1 Years	11653 - Grandparent, Female, 56 Years	Inadequate Food / Clothing / Shelter	Unfounded
11654 - Sibling, Female, 1 Years	11653 - Grandparent, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded
11655 - Deceased Child, Male, 5 Days	11652 - Father, Male, 37 Years	Inadequate Guardianship	Unfounded

Report Summary:

The SM, SF and MGM used marijuana and prescription medications to impairment while caring for the sister. The adults left the sister in a playpen for hours at a time. The sister was not crawling and has been covered in urine and feces when her diaper was not changed for unknown lengths of time. The home was filthy with garbage, dog urine and dog feces throughout the home. On 6/9/15, the SM prematurely gave birth to the SC on the floor of the family's bathroom. The SM was only 23 weeks along at the time. The SC was at risk of harm if sent home with the parents based on their history of drug use and history of their poor care of the sister.

Determination: Unfounded

Date of Determination: 07/13/2015

Basis for Determination:

NCDSS UNF the investigation as there was no evidence that SF or MGM were abusing drugs. The SM admitted she took an opioid pain medication due to back pain and medication to control behavior but there was no evidence the SM was abusing them. The sister appeared well cared for and the home was found clean and maintained with ample food.

OCFS Review Results:

NCDSS conducted an adequate assessment of immediate danger to all children within 24 hours and explored counseling needs but it was unclear if services were offered. There was no documentation that MGM's drug use or the safety/risk factor were explored with each family member; as a result it was unclear if further services were needed. There was no documentation of contact with the SM's doctor who prescribed the opioid medications to verify the SM was not abusing her medication or the OBGYN to inquire if there were any drug screens. There was no contact with LE to inquire if there were drug related issues. These concerns were addressed in another fatality report regarding same fatality.

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

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



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The SM and MGM had no previous CPS history. The SF had a no role in an indicated SCR report in 2011. The report was against the SF's other daughter's mother for fractures and IG against her child.

Known CPS History Outside of NYS

There is no known CPS history outside 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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