



Report Identification Number: RO-20-017

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

Issue Date: Jan 27, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Wayne
Gender: Male

Date of Death: 08/09/2020
Initial Date OCFS Notified: 08/09/2020

Presenting Information

An SCR report was received with concerns that on 8/9/20, the mother fell asleep while breastfeeding the four-month-old subject child. The mother woke up at approximately 2:00AM and found the child under a blanket and unresponsive. Emergency services transported the child to the hospital where he was pronounced dead.

Executive Summary

This fatality report concerns the death of a four-month-old male subject child that occurred on 8/9/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Parents' Drug/Alcohol Misuse, and DOA/Fatality against the child's mother and father. Wayne County Department of Social Services (WCDSS) received the report and investigated the child's death. An autopsy was completed; however, the final report was not yet available at the time of this writing.

At the time of the child's death, he resided with his mother, father, and five-year-old brother. It was discovered that on 8/8/20, the mother was breastfeeding the child in bed with her at approximately 11:00PM. The father and sibling were also in the bed, asleep. The mother awoke at 2:00AM and could not find the subject child. She eventually located the child under the blankets, and he was unresponsive. The mother woke the father and he took the child to a volunteer ambulance station which was located behind their home; the mother called emergency services. First responders arrived at the ambulance station, and an ambulance transported the child to the local hospital, where he was pronounced deceased at 3:03AM.

From the time the investigation began to the time of its closure, WCDSS interviewed family members and collateral sources. Law enforcement found no criminality regarding the death of the child. During the investigation, the paternal grandmother petitioned for, and was awarded, custody of the sibling, and he remained in her care at the time of this writing. WCDSS found evidence that the mother placed the child in an unsafe situation and substantiated the allegations of Inadequate Guardianship and DOA/Fatality against her. There was no evidence found to show the mother or father were under the influence at the time of the child's death; therefore, the allegation of Parent's Drug/Alcohol Misuse as it related to the fatality was unsubstantiated. The family was referred to community-based services and the case was 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:

WCDSS gathered information to determine the allegations and assess the safety of the surviving sibling.

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 case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/09/2020

Time of Death: 03:03 AM

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

County where fatality incident occurred: Wayne

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
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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



How long before incident was the child last seen by caretaker? 3 Hours

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)

LDSS Response

On 8/9/2020, WCDSS received the fatality report concerning the death of SC. WCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. It was learned there was one SS, and WCDSS worked promptly to assess his safety.

On the date the report was received, WCDSS met with the family at their home; PGM was also present. The parents arranged for SS to stay with PGM at her home while they grieved. SM was interviewed and reported on 8/8/20, she and the CHN spent some time at a local beach from approximately 3:30PM to 5:00PM, then stopped for dinner before heading back home. SM stated at home, they watched television and played video games. SM explained she went to bed at 11:00PM that night and began nursing SC in bed with her; SF and SS were also asleep in the same bed. SM stated all she could remember next was waking up at 2:00AM and panicking because she could not find SC in the bed. She reported she eventually found him under the covers and that she must have fallen asleep while nursing him. SM stated she woke SF, who grabbed SC and ran to the volunteer ambulance station, which was directly behind their house. SM said she called 911, and she and SS met SF and SC at the ambulance station. Emergency services arrived and transported SC to the hospital, and when SM arrived at the hospital, she was informed SC had died. SM explained she had continually practiced safe sleep with both of her CHN, and SC had always slept in his bassinet at night. SM reported she could not believe she fell asleep with SC in her arms, and stated she was overly tired due to a recent change in a prescribed medication. SM said she quit her job a week prior due to feeling so tired from the new medication. SF was also interviewed on this date and he reported he went to bed around 8:00PM on 8/8/20 and was awakened by SM hours later, after she found SC not breathing. SF said he picked up SC and ran to the ambulance station, which was three yards over from their house. Both parents explained SC was healthy and happy and was not showing any signs of illness in the days leading up to the incident. SM and SF admitted to smoking marijuana and drinking alcohol earlier in the day on 8/8/20, and SM reported she last smoked around 8:00PM that night. Both denied they were intoxicated at any time. WCDSS attempted to interview SS; however, the child would not engage. The home environment was assessed to be safe.

On 8/11/20, WCDSS spoke with LE regarding their investigation. LE described the fatality as “an extreme tragedy,” and accidental. LE reported neither parent appeared to be under the influence when they were being interviewed after the



incident.

A subsequent SCR report was received on 9/9/20 with concerns surrounding the parents' substance use and mental health as a result of SC's death. It was discovered SM had driven intoxicated with SS in her vehicle on 8/24/20. After this incident, the family agreed for SS to remain in the care of PGM until June 2021, so the parents could seek appropriate services to cope with their grief. PGM was awarded custody of SS via family court. On 9/10/20, WCDSS met with PGM and SS at PGM's home. The home environment was assessed as safe. SS was interviewed on this date and reported knowledge of his parents drinking alcohol; however, denied any safety concerns while in his parents or PGM's care.

WCDSS spoke with several collateral sources and assessed the safety of SS on more than one occasion. There were no criminal charges brought against either parent for the death of SC. Services were offered to the family and accepted. WCDSS found SM breastfeeding SC in bed with her while experiencing negative side effects from medication placed SC in an unsafe environment. Allegations against SM were substantiated, and SS remained in the custody of PGM at the time of this writing. WCDSS indicated and closed their case

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: This fatality investigation was conducted by the Wayne County multidisciplinary team.

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

Comments: Wayne County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055831 - Deceased Child, Male, 4 Mons	055833 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
055831 - Deceased Child, Male, 4 Mons	055833 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
055831 - Deceased Child, Male, 4 Mons	055833 - Mother, Female, 29 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
055831 - Deceased Child, Male, 4 Mons	055834 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
055831 - Deceased Child, Male, 4 Mons	055834 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
055831 - Deceased Child, Male, 4 Mons	055834 - Father, Male, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
055832 - Sibling, Male, 5 Year(s)	055833 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated



055832 - Sibling, Male, 5 Year(s)	055833 - Mother, Female, 29 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
055832 - Sibling, Male, 5 Year(s)	055833 - Mother, Female, 29 Year(s)	Lack of Supervision	Unsubstantiated
055832 - Sibling, Male, 5 Year(s)	055834 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
055832 - Sibling, Male, 5 Year(s)	055834 - Father, Male, 30 Year(s)	Lack of Supervision	Unsubstantiated
055832 - Sibling, Male, 5 Year(s)	055834 - Father, Male, 30 Year(s)	Parents Drug / Alcohol Misuse	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 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"/>

Additional information:

WCDSS interviewed the family and relevant collateral sources. Progress notes and other documentation were completed and entered timely.

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 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"/>



Child Fatality Report

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"/>
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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"/>

Explain:
WCDSS offered the family services in response to the SC's death. SM accepted and she and SS engaged in counseling; however, SF declined.

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"/>

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
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Bereavement counseling	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
WCDSS provided the parents with bereavement counseling, substance abuse treatment and mental health counseling referrals. WCDSS also provided the parents with information on assistance with funeral costs. The family agreed PGM would take custody of SS until the parents were able to manage their grief.

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:

WCDSS provided referrals for grief and bereavement counseling to the parents for the SS.

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

Explain:

WCDSS provided the parents referrals for grief counseling and bereavement services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/17/2018	Sibling, Male, 3 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This SCR report was received with concerns SM and SF were using marijuana and leaving paraphernalia out and accessible to SS. There were further concerns SM would blow smoke in SS' face, and SF would leave knives out in the reach of SS. Lastly, the report alleged SM punched SF in the face during an argument while SS was present.

Report Determination: Unfounded

Date of Determination: 12/11/2018

Basis for Determination:

WCDSS interviewed the parents and assessed the home environment. The parents reported they only smoked marijuana when they were not caring for SS. The parents appeared sober during all interactions. Knives were stored safely and securely. The parents stated one incident occurred where they became physical with one another several years prior; however, SS was not present. The investigation was unfounded and closed.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



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