



Report Identification Number: SY-17-001

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

Issue Date: Jul 12, 2017

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

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

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

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

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

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

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

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations



contained in this report reflect OCFS' assessment and the performance of these agencies.

Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children		
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-Cardiopulmonary 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-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	

Case Information



Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Oswego
Gender: Male

Date of Death: 10/19/2015
Initial Date OCFS Notified: 01/20/2017

Presenting Information

An SCR report came in stating that BM abused opiates while pregnant with SC. On 10/19/15, SC was born, took a breath, and passed away from a positive toxicology for opiates. The role of BF was unknown.

Executive Summary

This death was investigated by Oswego County Department of Social Services (OCDSS) beginning on 10/19/15 in response to an SCR report alleging DOA/Fatality, PD/AM, and IG against BM regarding SC. That report also alleged PD/AM and IG against BM and BF regarding the SS.

The OCDSS investigation revealed that BM went into labor at 32 weeks gestation due to abusing cocaine and opiates. This caused the early delivery of SC, who took one breath then stopped breathing. SC could not be resuscitated and his time of death was 9:26PM. SS was in the care of BF at the time of the fatality.

ME's final autopsy report stated the SC's "cause of death was complications of mixed drug toxicity due to maternal drug use." ME listed the manner of death as accidental. Both BM and SC's toxicology reports were positive for cocaine and opiates. OCDSS initiated their investigation with LE on 10/20/15 and LE determined criminal charges would not be pursued.

The death was reported again on 1/20/17, alleging DOA/Fatality and IG against BM. BM and BF had allegations of IF/C/S, PD/AM, and IG regarding the two SS (2 years old and 8 days old). Within the first 24 hours of receiving this report, OCDSS assessed safety of the 2-year-old male SS (the female SS was not born until 1/28/17 and was then added to the report). The 2-year-old SS was in kinship foster care with his MGM, due to safety concerns in the previous investigation. OCDSS made contact with MGM to verify that BM and BF had not had any unsupervised contact with the SS. MGM confirmed this and said they had not seen the SS since October 2016. On 1/24/17, OCDSS made face to face contact with the 2-year-old SS and verified that he appeared well cared for, MGM had enough supplies for the SS, and there were no safety concerns. Safe sleep information was provided for the SS. The newborn SS was born prematurely on 1/28/17 due to BM's continued drug use and remained in the hospital for two weeks. OCDSS contacted hospital staff to assess the newborn SS and see if either parent had been to see the child in the Neonatal Intensive Care Unit (NICU). Staff verified that the parents had not been to visit the newborn SS. OCDSS made a visit to see the newborn SS on 1/30/17. As a result of this new report with the new allegations of drug use, the department filed for a removal of the newborn SS. Newborn SS was placed with the 2-year-old SS in the care of their MGM.

While the SS were in care from January 2015 to March 2016, BM and BF failed to attend any drug treatment and also had no financial means to support their children. BM and BF had no stable housing, they failed to show for appointments for services at OCDSS and did not follow through with their drug treatment appointments. BM and BF made no effort to regain custody of their children. The process of terminating their parental rights was started so the oldest SS could be freed for adoption and MGM could adopt him. Allegations of DOA/Fatality and IG against BM were appropriately substantiated in this case per some credible evidence from the autopsy report. Allegations of IG, IF/C/S, and PD/AM against BF were substantiated. The case remained open for CPS monitoring at the time of writing this report.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

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

Determination:

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

Was the decision to close the case appropriate? N/A

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:

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: 10/19/2015

Time of Death: 09:26 PM

County where fatality incident occurred:

Oswego

Was 911 or local emergency number called?

No

Did EMS to respond to the scene?

No

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: Child had just been born.

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: Unknown if they were impaired.

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	1 Minute(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother -	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	8 Day(s)

LDSS Response

OCDSS initiated their investigation on 1/20/17, by contacting MGM who had custody of the SS. SS was safe in the care of MGM, and MGM verified BM and BF had not had any unsupervised contact with the SS and had not seen the SS since October 2016. The female SS was born on 1/28/17, and OCDSS made face to face contact with that child on 1/30/17 to assess for safety, and removed the child when they found it necessary. Safety assessments were adequately completed at 24 hours, 7 days, 30 days, and at the determination of the investigation. OCDSS reviewed the previous investigation and spoke with collaterals such as MGM, LE, and child care providers.

OCDSS found there was no new information regarding SC's death.

The allegations of DOA/Fatality and IG against BM regarding SC were substantiated. BM and BF had allegations of IF/C/S, PD/AM, and IG against the two SS (2 years old and 8 days old). All allegations were appropriately substantiated per the ME's autopsy report and parent's admissions of drug use. OCDSS tried to engage the parents in substance abuse treatment but the parents were non-compliant. Parents were also non-compliant with appointments at OCDSS to apply for services. Parents were unemployed and did not have stable housing. Both SS remained in the custody of MGM under Article 10 placement. Termination of Parental Rights has begun for the older SS so he can be adopted by the MGM. The plan for the female SS is return to parents. The case remained open with services to be monitored by Child Protective Services.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037483 - Sibling, Male, 2 Year(s)	037481 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037483 - Sibling, Male, 2 Year(s)	037482 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
037483 - Sibling, Male, 2 Year(s)	037481 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
037483 - Sibling, Male, 2 Year(s)	037482 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037484 - Sibling, Female, 8 Day(s)	037481 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
037484 - Sibling, Female, 8 Day(s)	037482 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037484 - Sibling, Female, 8 Day(s)	037482 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
037484 - Sibling, Female, 8 Day(s)	037482 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
037484 - Sibling, Female, 8 Day(s)	037481 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
038001 - Deceased Child, Male, 1 Minute(s)	037481 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
038001 - Deceased Child, Male, 1 Minute(s)	037481 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
038001 - Deceased Child, Male, 1 Minute(s)	037481 - Mother, Female, 24 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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 household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: Both SS were removed from the parents due to the parents drug use.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/21/2015	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	037481 Mother Female 24 Year(s)	
Comments:	SS was removed and placed in foster care due to parents ongoing substance abuse.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/21/2015	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	037482 Father Male 25 Year(s)	
Comments:	SS was removed and placed in foster care due to parents ongoing substance abuse.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/07/2017	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	037481 Mother Female 24 Year(s)	
Comments:	The newborn female SS was removed from the parents and placed in the care of MGM.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/07/2017	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	037482 Father Male 25 Year(s)	
Comments:	The newborn female SS was removed from the parents and placed in the care of MGM.	

Have any Orders of Protection been issued? Yes	
From: 10/22/2015	To: 10/21/2016
Explain:	



Stay Away Order of Protection against BF unless for supervised visitation. Respondent was not to be under the influence of drugs or alcohol 24 hours prior to visiting SS.

From: 10/22/2015

To: 10/21/2016

Explain:
Stay Away Order of Protection against BM unless for supervised visitation. Respondent shall not be under the influence of drugs or alcohol 24 hours prior to visiting SS.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
Services were offered and parents failed to follow through.

History Prior to the Fatality

Child Information



- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? 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)	Status/Outcome	Compliance Issue(s)
10/20/2015	Sibling, Male, 1 Years	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Indicated	No
	Deceased Child, Male, 1 Minutes	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 1 Minutes	Mother, Female, 23 Years	DOA / Fatality	Indicated	
	Deceased Child, Male, 1 Minutes	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On 10/19/15, BM went into labor at 32 weeks gestation due to cocaine use and delivered a baby boy at 8:41 PM. SC took



one weak breath and then stopped breathing. SC could not be resuscitated and passed away at 9:26 PM. At the time of delivery, mother's toxicology was positive for cocaine and opiates. Roles of BF and 1-year-old SS are unknown.

Determination: Indicated

Date of Determination: 01/06/2016

Basis for Determination:

There was credible evidence to indicate allegations that both parents were actively using drugs and not engaged in treatment while caring for SS. Both parents admitted to using drugs while caring for the children. The final autopsy stated that SC's cause of death was complications of mixed drug toxicity (cocaine and morphine) due to maternal drug use. The manner of death was accidental.

OCFS Review Results:

LDSS completed adequate safety assessments at 24 hours, 7 days, 30 days, and at the determination of the investigation. LDSS took adequate steps in pursuing a safety plan for the SS. The report was appropriately determined and a Preventive Services case was opened.

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)
02/17/2015	Sibling, Male, 4 Months	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	Sibling, Male, 4 Months	Mother, Female, 22 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 4 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Male, 4 Months	Unrelated Home Member, Male, 52 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 4 Months	Unrelated Home Member, Male, 52 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 4 Months	Unrelated Home Member, Male, 52 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Male, 4 Months	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 4 Months	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	Sibling, Male, 4 Months	Father, Male, 23 Years	Inadequate Guardianship	Far-Closed	



	Months				
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Report Summary:
 SM, BF and an unrelated home member are using heroin and prescription pain medication to impairment while caring for the 4-month-old male SS. The drugs were being used in the presence of the child on a daily basis. There was no heat in the home. This was an ongoing issue.

OCFS Review Results:
 There was no evidence of anyone in the family using drugs. This report was suspected to have been reported by a disgruntled family member.

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

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History

A preventive services case was opened in response to the original fatality investigation in 2015. Early Intervention services, preventive services for children, and parent aide services were opened. OCDSS met statutory requirements. Case remains open.

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

Action: It is recommended that OCDSS re-evaluate criteria for tracking cases in FAR, particularly when parents are opiate users. When parents have a combined history of drug use and child maltreatment, risk to children can be elevated, especially children less than a year old.

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