



**Report Identification Number: SY-17-014**

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

**Issue Date: Aug 22, 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

<b>Relationships</b>		
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		
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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



## Case Information

**Report Type:** Child Deceased  
**Age:** 9 day(s)

**Jurisdiction:** St. Lawrence  
**Gender:** Female

**Date of Death:** 04/08/2017  
**Initial Date OCFS Notified:** 04/11/2017

## Presenting Information

On 3/30/2017 The SM gave birth to the SC in the local hospital. The SC was born prematurely at approximately 31 weeks gestation. An SCR report was received on the same day, regarding the BM testing positive for marijuana at delivery. The SC had no drugs in her system. The hospital staff had no immediate medical concerns for the SC as she appeared to be doing well, despite her premature birth. The SC lived for 8 days and died on 4/8/2017. The hospital staff told Saint Lawrence County Department of Social Services (SLCDSS) the SC contracted meningitis through a virus at birth and had to be intubated. The BM and BF decided to take the SC off the respirator and she was unable to breathe on her own.

## Executive Summary

On 4/10/17 OCFS was notified of the death of the 8-day-old SC, through a 7065 form submitted by SLCDSS. There was no SCR report made regarding this fatality. SLCDSS had an open CPS investigation with the BM and BF when the SC died. The CPS investigation involved allegations against the SM because she tested positive for marijuana when the SC was born. The SC was born at 31 weeks gestation on 3/30/17. The BM tested positive for marijuana at the time the SC's birth. The SC was in the Neonatal Intensive Care Unit due to her prematurity, but was reportedly doing well. Initially there were no serious medical concerns regarding the SC, other than her prematurity. The SC was able to breathe on her own minutes after birth and was being fed intravenously. After a few days the SC tested positive for a virus received from her mother through the birthing process. The SC then developed meningitis as a result and her condition rapidly deteriorated. The SC was placed on a respirator when she was no longer able to breathe on her own. After medical staff advised the BM and BF of the SC's poor prognosis, they made the decision to withdraw all life preserving equipment. The BM and BF were with the SC at the time of her death. An autopsy was performed and the final cause and manner of death has not yet been determined, but the death is believed to have been the result of medical issues.

It was not necessary for SLCDSS to do a safety assessment of SS, because the BM and BF had no other children, nor were there other children residing in the household.

LE was not involved in this fatality because there was no reason to believe the death of the SC was suspicious or was caused by the BM or BF. In the days between the birth of the SC and her death, SLCDSS made collateral contacts, observed the SC and interviewed both the BM and BF. SLCDSS requested, received and reviewed all medical records for the SC. SLCDSS made the appropriate decision to close the case with the parents as there were no surviving children and no further services needed from the agency.

SLCDSS did make contact with both parents after the SC's death and had releases signed in an effort to review medical records and the autopsy results. The BM was cooperative and signed all necessary releases. The BM did not have intentions of continuing a relationship with the BF, and reported having support from her family. SLCDSS offered both parents resources for counseling services.

## Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

**Determination:**

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

**Explain:**

There was no SCR report made regarding the fatality.

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:**

There were no surviving siblings or other children in the home; therefore, closing the case was appropriate.

**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: 04/08/2017

Time of Death: Unknown

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

County where fatality incident occurred: St. Lawrence

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:**

- |                                   |                                  |   |
|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing  | <input type="checkbox"/> Eating  | <input checked="" type="checkbox"/> Unknown         |
| <input type="checkbox"/> Other    |                                  |   |

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

Is the caretaker listed in the Household Composition? No



**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	No Role	Female	9 Day(s)
Deceased Child's Household	Mother	No Role	Female	19 Year(s)
Other Household 1	Father	No Role	Male	34 Year(s)

### LDSS Response

SLCDSS had an open CPS investigation at the time of the SC's death. SLCDSS was notified of the SC's death on 4/10/2017 during telephone contact with a social worker at the hospital. The SC was born prematurely, at approximately 31 weeks gestation. The SC was born in the hospital and was never able to go home before her death. SLCDSS learned that when the SC was initially born, there were no medical concerns other than her prematurity. The SC became ill and was found to have meningitis. The medical staff at the hospital told SLCDSS that the SC developed this because she had been exposed to a virus from her mother. The SC was intubated and placed on a respirator for life support. After speaking with medical professionals the BM and BF made the decision to withdraw life support. The BM and BF were at the hospital with the SC at the time of death. SLCDSS found that neither an omission or commission on behalf of the BM contributed to the fatality.

SLCDSS spoke with medical staff, the ME and the MGM during their investigation.

During discussions with the BM and BF, SLCDSS learned that both the parents smoked marijuana. It was also discovered that the BM had used other illicit drugs before finding out she was pregnant. SLCDSS confirmed neither the BM or BF had any other children. SLCDSS encouraged the BM to seek a substance abuse evaluation to determine if treatment would be beneficial. SLCDSS also offered both parents counseling and bereavement services. SLCDSS did not have a discussion about safe sleep with either parent. However, SLCDSS believed the SC would not be discharged home from the hospital for at least a month, therefore there was time to have this conversation.

### Official Manner and Cause of Death

**Official Manner:** Pending

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

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

### Multidisciplinary Investigation/Review

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

**Comments:** There is no Child Fatality Review Team for this District.



## 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"/>
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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" 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"/>



<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

**Explain:**

There are no surviving children.

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

**Explain:**

SLCDSS offered bereavement and counseling services to both the BM and BF.

### 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:**

- 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



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/30/2017	Deceased Child, Female, 8 Days	Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Female, 8 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

An SCR report was received with allegations of IG and PD/AM. The report alleged the BM used heroin, cocaine and marijuana during her pregnancy. The BM had a positive toxicology for marijuana. As a result, the SC was born premature at 31 weeks. The BM had prenatal care and admitted to abusing drugs.

**Determination:** Unfounded**Date of Determination:** 06/14/2017**Basis for Determination:**

The SC was born prematurely and the BM tested positive for marijuana. However, the SC had a negative toxicology for all substances. SLCDCSS found no credible evidence that SC's premature birth or death was due to the BM's admitted occasional marijuana use during her pregnancy. The SC ultimately died from meningitis, which she contracted from a virus at birth. SLCDCSS found no evidence to suggest the BM was responsible for the premature birth or death of her child. The BM did admit to using other illicit drugs earlier in her pregnancy, before she was aware she was pregnant.

**OCFS Review Results:**

SLCDCSS interviewed both parents and observed the SC. Collateral contacts were made and enough information gathered to make a determination. Progress notes were entered contemporaneously and CPS history was checked. All safety and risk assessments were appropriately completed.

**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 older than 3 years.

**Known CPS History Outside of NYS**

There is no known history outside of New York State.

**Required Action(s)**

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

Yes  No

**Preventive Services History**

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

**Casework Contacts**

**Yes** **No** **N/A** **Unable to**



				<b>Determine</b>
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<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