



Report Identification Number: SV-16-033

Prepared by: Spring Valley Regional Office

Issue Date: Feb 23, 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	

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: 1 day(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 08/07/2016
Initial Date OCFS Notified: 08/08/2016

Presenting Information

An OCFS-7065 Reporting Form was received stating that the child was born in a public location on August 6, 2016 at around 12:45PM and transported to the local hospital in Westchester approximately 15 minutes later. The SC was born extremely premature, at 24 weeks gestation, weighing about one and a half pounds. The MO's urinalysis tested positive for PCP and marijuana. The child needed to be given CPR as he was in cardiac arrest. SC was then transferred to the NICU in a hospital in NYC at 6:11PM on August 6, 2016 and died at 3:29AM on August 7, 2016.

CPS made a phone call to the attending physician in NYC on August 08, 2016. The attending physician reported that the cause of death was vaginal infection GBS that was transmitted to the SC from the MO at birth. The attending physician did not believe that the death could be attributed to the MO's drug use. The physician reported that the baby's body was taken to NYC ME for further evaluation.

Executive Summary

On August 06, 2016, Westchester County Department of Social Services (WCDSS) received an initial report on behalf of subject child (SC), which was being investigated by the WCDSS when the SC passed away on August 07, 2016. During the course of the investigation, WCDSS learned that the mother (MO) had prematurely delivered the child (approximately 24 weeks gestation) on a local street. SC weighed about one and half pounds at birth. The SC and the MO were transported to the local hospital in Westchester and then transported to NICU in the Bronx, NYC. At the time of the MO's delivery, she tested positive for PCP and marijuana. The SC had died at the hospital in the Bronx. WCDSS learned from the attending physician that the SC died from GBS infection, transferred from the MO.

WCDSS completed 24 hour safety assessment at the case address provided by the MO and determined that it was the MGF's home. During the investigation WCDSS received a subsequent SCR on 08/25/2016 against the MO and FA on behalf of the 20-month-old surviving sibling. WCDSS consolidated the reports. There were no allegations regarding the SC in the 8/25/2016 report.

WCDSS investigated allegations of Inadequate Guardian and Parent's Drug/ Abuse Misuse against the MO on behalf of the SC and the 20-month-old surviving sibling. CPS also investigated allegations against the FA for Inadequate Guardianship and Parents Drug /Alcohol Misuse on behalf of the 20 month old surviving sibling. While there was no reasonable cause to suspect that the MO neglected or maltreated the SC, the investigation uncovered some credible evidence that the MO and the FA neglected the surviving sibling. Allegations of Inadequate Guardianship and Parental Drug and Alcohol Misuse were substantiated against both parents on behalf of the surviving sibling based on the credible evidence uncovered through WCDSS's investigation.

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:

N/A

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:

N/A

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: 08/07/2016

Time of Death: 03:29 AM

County where fatality incident occurred: New York

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: At the Hospital in NICU

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Male	20 Month(s)

LDSS Response

On August 06, 2016, WCDSS received an initial report from the SCR. On August 08, 2016, WCDSS submitted an OCFS-7065 reporting form and reported that the SC had died on August 07, 2016 at 3:29AM. WCDSS initiated an investigation of Inadequate Guardianship(IG) and Parent's Drug/ Alcohol Misuse(PD/AM) allegations against the subject MO on behalf of the SC. WCDSS learned during the investigation that SC was born prematurely (at approximately 24 weeks gestation) on a local street and weighed about one and a half pounds.

WCDSS learned from the attending physician that the SC died due to Strep Infection. WCDSS initially searched for and tried to contact the parents, but was unsuccessful as they did not have a known address. WCDSS learned that the MO had three other surviving children ages 20, 16 and 9 who were in the custody of the maternal aunt (MA). WCDSS visited the case address provided by the MO, which turned out to be the MGF's home. WCDSS visited the home of the PGF and assessed the surviving siblings to be safe.

On 8/25/2016, WCDSS received a subsequent SCR report against the MO and FA regarding the SC's 20-month-old surviving sibling. WCDSS consolidated the reports. WCDSS initiated investigations in a timely manner and coordinated their efforts with ACS Bronx Field Office, as the SC died while at a hospital in the Bronx. WCDSS completed the safety and risk assessments accurately and timely. All pertinent collateral contacts were made including the reporting source, first responders, hospital staff, the medical examiner, and family members of both parents. WCDSS filed for an order of protection and a neglect petition on behalf of the 20-month-old surviving sibling. WCDSS also established during the investigation that the MA had custody of the three older half siblings. The court granted the order of protection and WCDSS furnished the MA and the local police department with the order. WCDSS was eventually able to interview the parents at family court and the MO admitted to using marijuana and PCP regularly . The progress notes were detailed and contemporaneous and supervisory consultation was clearly documented.

WCDSS concluded the investigations within 60 days of report date. WCDSS appropriately unsubstantiated the allegations of IG and PD/AM against the MO on behalf of the SC and substantiated both parents on the allegations of IG and PD/AM on behalf of their 20-month-old surviving sibling. The MO placed the 20-moth-old at imminent risk harm by her chronic use of PCP, which rendered her unable to care for the child. The FA is unable to care for the surviving sibling due to his chronic mental health and substance abuse issues. The investigation was appropriately indicated and closed on 8/31/2016.



WCDSS arranged for the MO to attend in-patient drug/alcohol treatment, however at the time of case closing neither parents were in any form of drug treatment.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: Westchester County has approved CFRT team.

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

Explain as necessary:
 According to reviewed case notes, the 20-month-old sibling was already being taken care informally by the Mo's elder sister. CPS went to court on 8/09/2016 and filed for Temporary order of Protection (TOP) on behalf of the 20-month-old. On 8/18/16, CPS filed for TOP's extension and neglect petition against the MO, the court granted TOP on 8/19/16. On 8/31/16 a hearing was held against the MO regarding CPS neglect petition and a custody petition against the MO by her elder sister.

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: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
08/19/2016	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The district had filed temporary order of protection against the mother on 08/09/2016 and obtained 10 days order on behalf of the 20-month-old surviving sibling. The order was delivered to the MA and the local PD. On August 19, 2016, the district and the MA filed for neglect and custody petitions respectively. There was a hearing held on August 31, 2016 for both cases. The surviving sibling is placed with the aunt on a 1017.	

Have any Orders of Protection been issued? Yes	
From: 08/09/2016	To: Unknown
Explain:	
The district filed an order of protection against the subject mother on 08/09/2016 and obtained 10 days order. The order was extended a number of times. The most recent extension was on September 29, 2016 for unknown period of time.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>				
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"/>				
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: MO and FA were provided with shelter sites.							

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:
Westchester County obtained order protection on behalf of the surviving 20 month old sibling. WCDSS worked with the maternal aunt to ensure safety for the surviving siblings. The county filed for a neglect petition against the mother and the aunt filed for custody. WDCSS is currently working with the aunt to ensure safety and wellbeing of the sibling.

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

Explain:
WCDSS offered bereavement services and in-patient drug treatment to the mother. CPS filed for order of protection against the mother on behalf of the deceased child surviving sibling. The surviving sibling is being cared for the maternal aunt who has custody of his three elder siblings.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- 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 fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/06/2016	13801 - Sibling, Male, 20 Months	13803 - Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Indicated	No
	13801 - Sibling, Male, 20 Months	13804 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	
	13801 - Sibling, Male, 20 Months	13803 - Father, Male, 31 Years	Inadequate Guardianship	Indicated	
	13801 - Sibling, Male, 20 Months	13804 - Mother, Female, 34 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

On 08/06/2016, WCDSS received an initial report on behalf of subject child (SC). During the course of the investigation, WCDSS learned that the (MO) had delivered the SC on a local street prematurely; at approximately at 24 weeks' gestation. The SC weighed about 1-1/2 pounds. The SC and the MO were transported to a local hospital in Westchester; from there SC was transported to NICU in the Bronx, NY. At the time of the MO's delivery, she tested positive for PCP and marijuana. The SC died in the NICU the next day.

Determination: Indicated**Date of Determination:** 10/05/2016**Basis for Determination:**

WCDSS completed 24 hr. safety assessment at the MGF's home, the case address provided by the MO. During the investigation, on 08/25/2016, WCDSS received a subsequent SCR report against the MO and FA on behalf of the SC's 20-month-old surviving sibling. WCDSS consolidated the reports; there were no allegations regarding the SC in the 8/25/2016 report. WCDSS investigated allegations of IG and PD/AM against the MO and FA on behalf of the SC and the surviving sibling. The investigation uncovered some credible evidence that the MO and the FA neglected the surviving sibling. Allegations of IG and PD/AM were substantiated against both parents on behalf of the surviving sibling, and unfounded for SC.

OCFS Review Results:

On 08/06/16, WCDSS received an SCR report on behalf of SC. WCDSS completed 24 hr. safety assessment on time. On 08/25/2016, WCDSS received a subsequent SCR report against the MO and FA on behalf of the SC's 20-month-old surviving sibling. WCDSS consolidated the reports. There were no allegations regarding the SC in the 8/25/16 report. Allegations against the MO on behalf of the SC were unfounded. Allegations of IG and PD/AM were substantiated against both parents on behalf of the surviving sibling. The investigation was thorough and activities were completed within the required timeframes. OCFS agrees with the findings.

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)
01/23/2015	12032 - Other Child - 22mo old survivin Sib, Male, 22 Months	12011 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unfounded	No

Report Summary:

On January 23, 2015, SCR was called against the MO stating that the subject mother and the new born tested positive for



marijuana. The mother admitted to using marijuana on and off during her pregnancy. It's unknown when she last used. The grandfather has no role. The mother's 17, 15 and 7 year old boys have no role. The mother and new born will be medically ready to be discharged tomorrow, 1/24/15. It was reported that the MO had some prenatal care and the Mo reported that she has supplies and she in a drug program. The mother has a CPS history.

Determination: Unfounded **Date of Determination:** 03/24/2015

Basis for Determination:
Based on the reviewed connections records, CPS conducted investigation of PD/AM against the mother on behalf of the two month-old baby. CPS revealed that the MO entered drug program in February, 2015 and all her urinalysis were negative during the investigation. CPS contacted the child's doctor and the child was thriving well and the doctor reported that the mother's marijuana use did not impact the child during the pregnancy. The subject mother was residing at her father's apartment and the living conditions appeared to be appropriate. CPS unfounded the investigation for lack of credible evidence that the MO's drug use impacted the child and the child was being provided with basic needs

OCFS Review Results:
On 1/23/15, SCR case was called against the MO stating that the subject mother and the new born tested positive for marijuana. WCDSS completed 7 day safety assessment on time, learned that MO attended routine medical visits and adequately cared for the SC. WCDSS contacted all the collaterals, family members, and the source of the report. WCDSS learned that the enrolled herself in a drug program and tests were negative, the SC was thriving well and SC was not impacted by the MO's marijuana use. The MO had emotional and financial support from her family members. CPS determined the case as UNFOUNDED due to lack of credible evidence that the SC was impacted by the MO's marijuana use.

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

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

The MO has four prior cases in NYS. On 4/27/07, a report was called to the SCR against the MO and FA with allegations of IG and PD/AM for the then 3-yr-old sibling. It was alleged that the MO allowed the CH to visit FA's house though she knew that FA was involved in criminal activities. The home was raided by the police while the CH was present. WCDSS investigated the incident, and substantiated the case against the MO and FA. On 12/18/07 an SCR report was called against the MO on behalf of the SC's surviving sibling. It was alleged that the then new born baby tested positive for marijuana. WCDSS investigated allegations of IG and PD/AM against the MO, and the case was unsubstantiated. On 6/23/07 an SCR was called against the MO for the then six-month-old child. The call alleged that the MO was found lying naked on the floor, in a semi-conscious state, and foaming at the mouth. The report went on to state that it appeared that MO had OD on some substance while being the only caregiver for 6-month-old child. On 5/06/11, an SCR report was called against the MO, alleging that the MO was under the influence of drugs while caring for the 3-yr-old child when she picked the child and threw him onto the floor. Both cases were investigated for IG and PD/AM, and both were substantiated against the mother.MO. An SCR report received on 1/23/15 against the MO for IG/PD/AM for another sibling was Unsubstantiated.

Known CPS History Outside of NYS

There is no known CPS 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

On June 23, 2008, the MO was arrested for endangering the welfare of her child, who is a surviving sibling of the deceased child. According to cases records, CPS filed an article 10, Abuse and neglect petition against the MO on the behalf of that child. Records indicate that the MO was found in the home by a friend in a semi-conscious state, foaming at the mouth while being the sole caregiver of the child. She was taken to the local hospital and tested positive for marijuana and PCP. At the time of the incident, her two older children were already being taken care of by MO's elder sister. CPS placed the child who was the subject of the report with MA, at her request. The MA filed Article 6 petition and all the children were placed with her when the court granted her petition on September 15, 2011.

According to the case records, the MO refused to comply with the district's request for drug treatment and did not meet with the case worker as required. The district opted to work with the MA by securing Medicaid, SSI and housing on her behalf. The district also visited the children and monitored the case until the MA was granted article 6 custody.

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

According to the case notes, the MO has an extensive history of substance abuse. She has four other surviving children. Based on the case records, on June 23, 2008, the MO was arrested for endangering the welfare of the then 6-month-old sibling. The reviewed documents indicate that the MO was found in her home by a friend semi-conscious and foaming at the mouth. MO was taken to the local hospital, drug tested, and found positive for PCP and marijuana. She was arrested as a result and her sister agreed to care for the child. According to the records, the MA had the MO's two older children in her care before this CPS investigation. CPS filed for neglect against the MO and the children were placed with the aunt on a 1055. The court ordered random drug tests, drug treatment, mental health treatment and supervised visits for the MO. The MO failed to comply with the court order and service plan. CPS filed for a TPR, but the MA applied for Article 6 custody



which was granted on 9/15/2011. The department withdrew the TPR.

On 8/9/2016, CPS filed and obtained TOP for the MO's 18-month-old child. Allegations of IG and PD/AM were substantiated against the MO on behalf of this child, as were allegations of IG against the FA. The MA filed a petition for custody and she is now caring for this child pending court's decision.

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