



Report Identification Number: SY-19-007

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

Issue Date: Jun 24, 2019

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		



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 01/18/2019
Initial Date OCFS Notified: 01/25/2019

Presenting Information

An SCR report received on 1/25/19 alleged that on 1/18/19, at 4 AM the mother fed the 3-month-old a bottle and kept the child in bed with her. At 6:30 AM, the mother woke and found the child unresponsive in the bed. The mother contacted 911. The child was pronounced dead at the scene by emergency services. The father, grandparents and 6yo child were listed on the report with unknown roles.

Executive Summary

This report concerns the death of a 3-month-old male child. Onondaga County Department of Social Services (OCDSS) received an SCR report on 1/25/19 regarding the death of the child that occurred on 1/18/19. The child had no known preexisting medical conditions and was an otherwise healthy child and his sudden death was considered suspicious. The maternal grandparents were listed with unknown roles. The child was the only child of the mother. There was a 6yo child in the home who was the child's uncle. The 6yo child was the grandparents' child. OCDSS assessed the safety of the 6yo child and there were no noted safety concerns.

On the morning of 1/18/19, the child woke at 4:00 AM. The mother fed the child and brought him into bed with her to sleep. The mother laid the child on his back on top of a baby blanket. There were no pillows or blankets near the child's face. The mother was next to the child on the bed. The mother and child went to sleep. When the mother woke at 7:30 AM she immediately went to help the 6yo child get ready for school as she did every morning. The mother believed the child was still asleep when she left the room. When the mother returned to the bedroom at 7:55 AM, she found the child on his back and unresponsive. The mother brought the child downstairs. The adult uncle of the child who also resided in the home, began CPR and the maternal grandfather called 911. EMS responded and the child was pronounced deceased at 7:58 AM in the ambulance.

The medical examiner's final autopsy report listed the official cause and manner of death as undetermined. The medical examiner had not found any physical signs of abuse or neglect on the child during the exam.

Law enforcement investigated the fatality and concluded their investigation, finding no criminality involved in the death of the child.

OCDSS reviewed the hospital records, pediatrician records, spoke with all adults living in the home, the 6yo child and the father. OCDSS spoke with law enforcement and emergency medical services who were present the day of the fatal incident. There were no noted concerns for the care of the child.

OCDSS offered family members referrals for bereavement services. OCDSS appropriately discussed safe sleep with all family members. The mother continued to reside with the maternal grandparents who were a continued source of support for her.

OCDSS unsubstantiated the allegations of DOA/Fatality and IG against the mother for the child. There was no credible evidence to support the allegations. There were no aggravating factors and the medical examiner's findings were undetermined. OCDSS unfounded and closed the case. The family refused services.

PIP Requirement



For issues identified in historical cases, OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

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? 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 mother had no other children in her care.

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: 01/18/2019

Time of Death: 07:58 AM

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

Unknown



County where fatality incident occurred: Onondaga

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? 30 Minutes

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- 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	3 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	57 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Other Household 1	Father	No Role	Male	41 Year(s)

LDSS Response

On 1/25/18, OCDSS received an SCR report regarding the death of the child that occurred on 1/18/19 and initiated their investigation within 24 hours. They contacted the source, medical examiner, district attorney and law enforcement. OCDSS completed a CPS history search for the family and learned the child had no siblings; however, there was a 6yo child in the home who was the child's maternal uncle. The child resided in the maternal grandparent's home along with his mother, adult uncle and 6yo uncle.

OCDSS spoke with the mother, the father, the grandparents, the adult uncle and the 6yo uncle. The father did not reside with the mother and was in jail at the time of the fatal incident. The mother told OCDSS that she typically practiced safe sleep with the child, but the child had woken at 4:00 AM and she had laid him down in bed with her after she had fed him. The mother said she had placed a baby blanket on top of the bed covers because she did not want blankets around the child's face. The mother said she laid the child on his back on top of the baby blanket to sleep. The mother said she was



next to the child. The mother said she woke at 7:30 AM to attend to the 6yo uncle as she did every morning. The mother said she would help the 6yo get ready for school. The mother said the child was still on his back on the bed next to her and appeared to be sleeping. The mother said when she returned to the room at 7:55 AM she found the child was unresponsive. The mother said she ran downstairs with the child. The adult uncle took the child and started CPR and the maternal grandfather called 911. The maternal grandmother had already left for work and was not home and the 6yo uncle had already left for school at the time of the incident.

The adult uncle and the maternal grandfather were interviewed and their statements were consistent with the mother's. OCDSS assessed the safety of the 6yo uncle and there were no noted concerns for the his care.

OCDSS appropriately interviewed the mother about drug and alcohol misuse and the mother denied misusing drugs or alcohol while caring for the child. The maternal grandparents also denied knowledge of any alcohol or drug misuse by the mother. OCDSS interviewed the father in jail and he reported the mother was a good mother and had no concerns for the care she provided to their child. OCDSS obtained, reviewed and spoke with the child's pediatrician and there were no noted concerns for the child's care.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Unknown

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
050151 - Deceased Child, Male, 3 Mons	050152 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
050151 - Deceased Child, Male, 3 Mons	050152 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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"/>



Child Fatality Report

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"/>

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"/>
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 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"/>

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 type="checkbox"/>	<input checked="" 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"/>
Explain as necessary: The 6yo uncle in the home remained in the home with the maternal grandparents (his parents).				

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
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

OCDSS offered bereavement referrals to all family members.

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

Explain:

OCDSS offered bereavement referrals to all family members.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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)	Allegation Outcome	Compliance Issue(s)
12/11/2018	Deceased Child, Male, 2 Months	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

The report alleged that the mother had a history of drug abuse and mental health issues. The mother was prescribed three anti-depressants and anti anxiety medications. The mother was mentally unstable and displaying drug-seeking behaviors while acting as the sole caretaker of her 2-month-old child. The mother appeared very anxious and was physically shaking. There was concern for the newborn child in her care. The roles of the maternal grandparents and the father were unknown.



Report Determination: Unfounded

Date of Determination: 01/07/2019

Basis for Determination:

OCDSS obtained information from the mother's OBGYN, the child's pediatrician, family members and there were no reported concerns for the care of the child by the mother. The mother obtained refills on her prescription medication from her OBGYN and was in the process of finding a primary care physician. There was no credible evidence to support the allegations. The case was unfounded and closed. The mother was referred to community based services.

OCFS Review Results:

Family members were interviewed. Necessary collaterals were contacted and had no concerns for the safety of the children. The 7-day safety assessment was completed and approved on time. OCDSS appropriately addressed safe sleep with the family and observed the child's sleep environment. The preliminary history was documented in the case record and the Notice of Existence letters were provided to the subject and the other adults listed on the report. However, the grandparents were never interviewed as other people listed in the household. The 6yo uncle to the child, who resided in the home was not added to the report, interviewed nor was his safety assessed.

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

Issue:

Face-to-Face Interview (Subject/Family)

Summary:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

OCDSS will make efforts to interview everyone residing in the household.

Issue:

Failure to obtain the name, age, and condition of other children in the home

Summary:

OCDSS did not obtain information about the 6yo child who resided in the household, he was not added to the report and his safety was not assessed.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(e)

Action:

OCDSS will obtain the name, age, and condition of other children in the home.

Issue:

Failure to offer services

Summary:

OCDSS failed to offer the mother referrals for mental health services that could have benefitted her.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

When service needs are identified OCDSS will make the appropriate referrals to family members.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/11/2018	Deceased Child, Male, 2 Days	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	Yes



Deceased Child, Male, 2 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated
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Report Summary:

The report alleged the mother gave birth to a baby boy on 10/9/18. The baby tested positive for marijuana at the time of his birth. The father had an unknown role.

Report Determination: Indicated**Date of Determination:** 11/28/2018**Basis for Determination:**

The mother admitted to drug use during her pregnancy and the child did test positive for marijuana. OCDSS substantiated the allegation of parent drug alcohol misuse and inadequate guardianship against the mother for the child. The child's health could have been negatively impacted by the mother's drug use. The mother failed to provide a minimum to degree of care. OCDSS observed the home and spoke with the maternal grandmother. The child had all necessary supplies and the maternal grandparent were there to assist the mother and child. OCDSS offered referrals for services but the mother declined. The case was indicated and closed.

OCFS Review Results:

Family members were interviewed. Necessary collaterals were contacted and had no concerns for the safety of the child. The 7-day safety assessment was completed on time. OCDSS addressed safe sleep with the family and observed the child's sleep environment. The preliminary history was documented in the case record and the Notice of Existence letters were provided to the subject and the other adults listed on the report. The grandfather who was another adult listed in the household was not interviewed. The 6yo uncle to the child, who resided in the home was not added to the report, interviewed and his safety was not assessed. The allegations were Sub but failed to show the impact to the child

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

Face-to-Face Interview (Subject/Family)

Summary:

The full child protective investigation must include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(a)

Action:

OCDSS will make efforts to interview everyone residing in the household.

Issue:

Failure to obtain the name, age, and condition of other children in the home

Summary:

OCDSS did not obtain information about the 6yo child who resided in the household, he was not added to the report and his safety was not assessed.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(e)

Action:

OCDSS will obtain the name, age, and condition of other children in the home.

Issue:

Appropriateness of allegation determination

Summary:

OCDSS substantiated the allegations of parent drug/alcohol misuse and inadequate guardianship against the mother for the child. While the child tested positive for marijuana at birth, OCDSS failed to show that the child's physical, mental or emotional condition was impaired or in imminent danger of impairment as a result of mothers drug use while pregnant.

Legal Reference:



FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

Action:

OCDSS will refer to the CPS Program Manual and/or consult with the Syracuse Regional Office when determining the appropriateness of allegations, and will take into consideration all information when applying the circumstances to the definition(s). Chapter 6, section o, subdivision a. elements of neglect/maltreatment.

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

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

Known CPS History Outside of NYS

There was no known 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