



**Report Identification Number: BU-19-029**

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

**Issue Date: Jan 14, 2020**

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	OA-Other Adult	
<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
CPS-Child Protective Services		
<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
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 5 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 08/04/2019  
**Initial Date OCFS Notified:** 08/04/2019

## Presenting Information

On 8/4/19, Niagara County Department of Social Services (NCDSS) received a report from the SCR alleging on the same date, the 5-month-old infant was brought to the hospital in respiratory arrest. At 8:10AM, the infant was declared dead. The infant did not have any prior medical conditions that could have contributed to her death. The infant was in the care of her mother at the time. A subsequent report was received the same day alleging the mother was sleeping with the infant in her bed. The bed was covered in blankets and pillows. The child was not breathing when the mother woke at 7:30AM. 911 was called and EMS arrived and performed CPR. The infant was transported to the hospital where she was pronounced dead.

## Executive Summary

This fatality report concerns the death of the five-month-old female subject child who died on 8/4/19. A report was made to the SCR on the same day regarding concerns that the infant passed away while co-sleeping with the mother. At the time of her death, the infant was residing at home with her mother, maternal aunt, and 1-year-old cousin. The father did not reside in the home but had frequent contact with the mother and his infant daughter.

Niagara County Department of Social Services (NCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed; however, the medical examiner's report was pending at the time this report was written.

The mother reported the day leading up to the death was typical. The mother worked during the day while the infant stayed with the maternal grandmother. The mother picked the infant up at 6:30PM and went to another sister's home. It was learned the mother went out with friends and left the infant in the care of her sister. The mother returned around 2:30AM to pick up the infant and return to her home. The mother had been drinking alcohol and appeared intoxicated when she picked the child up. The mother went home where she put the infant into bed with her. It was learned through interviews with first responders that there were numerous blankets and pillows on the twin size bed with the mother and child. The mother said it was not uncommon for her to co-sleep with the child. She recalled waking up at 7:30AM to find the infant unresponsive. She called for her sister who attempted to revive the infant but was unable to do so. The mother called 911 but was unable to talk to the operator due to being hysterical. The aunt spoke with the operator and attempted CPR at the direction of the 911 operator until first responders arrived. First responders arrived and took over CPR and transported the child to the hospital. The child was pronounced dead at 8:10AM.

NCDSS gathered information about the child's death from the mother, father, aunt, grandmother, and the first responders. Several collateral contacts were made with family members, the pediatrician, first responders from law enforcement, EMS, and the fire department. Niagara Falls Police Department investigated the death and determined there was no criminality.

NCDSS conducted home visits and services were offered to the mother and father in response to the fatality. The mother and father were open to bereavement services, but it was unknown if they followed up with the referrals. NCDSS referred a Behavioral Health Clinician to the family. The clinician began working with parents immediately following the death. Additionally, NCDSS provided the mother with referrals for substance abuse treatment due to concerns for the mother's alcohol misuse. NCDSS appropriately indicated the allegations of inadequate guardianship, parent's drug/alcohol misuse, and DOA/fatality against the mother. The mother drank alcohol to the point of intoxication and slept in the same bed with



her infant daughter despite being educated about the importance of safe sleep practice. Evidence from first responders and law enforcement alluded to the mother rolling onto the baby while inebriated during the night. First responders, hospital staff, and law enforcement reported the mother smelled of alcohol at the time of the fatality. NCDSS completed all required reports timely and accurately and conducted a thorough 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:

NCDSS conducted a thorough investigation into the allegations. The safety assessment at the time of determination was appropriate given the case circumstances.

**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:

NCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. NCDSS appropriately determined the allegations given the information obtained during the investigation.

## 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:** 08/04/2019

**Time of Death:** 08:10 AM

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

Unknown

**County where fatality incident occurred:**

Niagara

**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?** 4 Hours

**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	Aunt/Uncle	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

## LDSS Response

On 8/4/19, NCDSS received the fatality report from the SCR regarding the death of the five-month-old infant that happened the same day. NCDSS coordinated with law enforcement, contacted the source, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death.

Through interviews with the mother, it was learned the day leading up to the death was not unusual. The mother went to work, and the grandmother supervised the infant while the mother worked until 6:30PM. The mother then picked the infant



up and went to her other sister’s home with the infant. She stayed at the sister’s home until about 2:30AM and then went home and co-slept with the infant. The mother reported she woke at 7:30AM to find the infant unresponsive. The Aunt who was residing in the home heard the mother screaming and assisted her. The mother attempted to call 911 but was inconsolable so the aunt took over and began resuscitation efforts at the direction of the 911 operator. First responders arrived and took over CPR and transported the infant to the hospital where she was pronounced deceased at 8:10AM.

NCDSS interviewed the aunt and 15 and 11-year-old cousins whose home the mother was visiting the night leading up to the death. Both cousins reported the mother left the home to “go out” and left the infant in the care of the aunt and cousins. When the mother returned to the home she was intoxicated. The 11-year-old reported the mother was unable to walk well due to being intoxicated and asked the 11-year-old to bring the infant out to the taxi for her as she could not carry her. The aunt reported she fell asleep before the mother arrived back to her home and was surprised when she woke in the morning to find the mother and infant had gone home. The aunt reported it was typical for her to stay over with the infant when she had been drinking.

The biological father reported he had regular and consistent contact with the mother and his infant daughter. The father reported having a hard time coping with the death of his daughter. Referrals for bereavement counseling were provided to him on several occasions during the investigation. NCDSS provided the family with a Behavioral Health Clinician. The clinician provided counseling to the father as well as resources for individual counseling and support groups in the area. It was unknown if the father utilized the resources given to him.

NCDSS obtained information about the death of the subject child from law enforcement, the medical examiner, emergency services, medical records from the hospital and pediatrician. At the time of this writing, the final autopsy was pending. The medical examiner provided preliminary findings and reported there were no signs of trauma to the infant.

NCDSS provided the parents with a multitude of resources. NCDSS assessed the safety of the other child residing in the home within the required time frame and found no immediate safety concerns for her. NCDSS fully completed all casework activity in a timely fashion commensurate with case circumstances. NCDSS appropriately determined the allegations given the information obtained during the investigation.

### Official Manner and Cause of Death

**Official Manner:** Pending

**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

**Comments:** On 8/6/19, a rapid response meeting was held at the CAC with members of the Child Fatality Review Team present.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052441 - Deceased Child, Female, 5 Mons	052442 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated



# Child Fatality Report

052441 - Deceased Child, Female, 5 Mons	052443 - Aunt/Uncle, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
052441 - Deceased Child, Female, 5 Mons	052442 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
052441 - Deceased Child, Female, 5 Mons	052443 - Aunt/Uncle, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
052441 - Deceased Child, Female, 5 Mons	052442 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# Child Fatality Report

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 NCDSS provided the mother and father with referrals for community based services related to bereavement counseling and funeral assistance. Additionally, NCDSS provided the mother with substance abuse treatment referrals due to concerns of her alcohol use.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 There was no removal of the other child residing in the home. That child was safe in the care of her mother.

### 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



<b>Bereavement counseling</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster 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>Health 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>Legal 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>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking 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>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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Behavioral Health Clinician provided

**Additional information, if necessary:**

NCDSS provided the parents with a multitude of services related to bereavement counseling. NCDSS provided the parents with a Behavioral Health Specialist who began working with the family immediately following the death. Additionally, NCDSS provided referrals for substance abuse treatment to the mother due to concerns for her alcohol use.

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

**Explain:**

NCDSS provided the mother with a multitude of resources, including substance abuse counseling, bereavement counseling, and funeral assistance.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

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

**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/20/2018	Other Child - cousin, Female, 1 Days	Aunt/Uncle, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - cousin, Female, 1 Days	Aunt/Uncle, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report was received on 8/20/18 alleging the aunt gave birth to the female cousin on 8/20/18 at 39 weeks gestation. The aunt and cousin's toxicology at the time of delivery was positive for THC.

**Report Determination:** Unfounded**Date of Determination:** 04/01/2019**Basis for Determination:**

NCDSS determined there was no credible evidence that the aunt's marijuana use during pregnancy had a negative impact on the cousin. The aunt had all necessary provisions for the cousin and there were no lasting effects from the aunt's marijuana use.

**OCFS Review Results:**

NCDSS completed the safety assessment in a timely manner, though they were not accurate in reflecting the safety factors present. The child was born with a positive toxicology screen and that safety factor was not identified. Additionally, during the investigation, NCDSS learned the mother and infant subject child on the current fatality moved into the home of the family, but they were never added to the household composition.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The safety assessment was not accurate in that the safety factor for a child born with a positive toxicology was not chosen despite documentation in the case record that the infant was born with a positive toxicology and the mother also tested positive at birth.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

The results of each safety assessment must be accurately documented in the case record to reflect case circumstances regarding safety.

**Issue:**



Failure to complete, document, and monitor a Plan of Safe Care

**Summary:**

NCDSS failed to develop, document & monitor a Plan of Safe Care to address the health and substance use disorder treatment needs of both the infant and affected caregiver despite knowledge the infant was identified as being born exposed to substances and the aunt tested positive at the time of her child's birth.

**Legal Reference:**

17-OCFS-LCM-03 & 18-OCFS-LCM-06

**Action:**

NCDSS will complete, document & monitor a plan of safe care that specifically addresses the child(ren) affected by substance abuse and the affected caregiver. LDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

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

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

**Known CPS History Outside of NYS**

There is no known history outside of New York.

**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