



Report Identification Number: RO-20-007

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

Issue Date: Oct 01, 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

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 22 day(s)

Jurisdiction: Wayne
Gender: Female

Date of Death: 04/18/2020
Initial Date OCFS Notified: 04/18/2020

Presenting Information

Wayne County Department of Social Services received an SCR report on 4/18/20 alleging that on that morning, the 3-week-old infant was found unresponsive by the mother. The mother and infant were sleeping in the same bed together. The mother was brought to the hospital with the infant at 7:28 AM and the infant was pronounced dead at 8:04 AM. The preliminary cause of death was suffocation. The biological father was incarcerated prior to the child's birth and remained incarcerated after the child's death.

Executive Summary

This fatality report concerns the death of a 22-day-old child that occurred on 4/18/20 in Wayne County. Wayne County Department of Social Services (WCDSS) received the report on 4/18/20 and initiated their investigation. The child resided with her mother, the mother's friend and her husband. The biological father was incarcerated. There was a surviving sibling that was in the custody of his paternal grandmother. The surviving sibling was assessed to be safe throughout the investigation period.

The mother identified that the night before, she had a few alcoholic drinks throughout the night, fed the baby at approximately midnight, and went to sleep in the living room of the home. The mother denied being impaired by the amount of alcohol she consumed. The mother stated that her friend woke her at 3:30 AM and the baby was crying and needed to be fed. The mother stated she did not hear the baby crying, despite the baby sleeping next to her in a bassinet. The mother identified that she began to breast feed the baby and that was the last thing she remembered. The mother said she woke up in the morning at 7:00 AM and found the baby gray and unresponsive. The mother had a history of drug abuse and the child was born with a positive toxicology for benzodiazepines.

After finding the child unresponsive, the mother called 911. The mother then left the home and brought the child to the hospital prior to EMS arrival. The child was pronounced deceased at the hospital. The final autopsy results were not received at the time this report was issued. The emergency room doctor identified the preliminary cause of death was suffocation. Wayne County identified that they would make a new report after receiving the final autopsy report if information contained in the report warranted a report being made.

Wayne County Department of Social Services made appropriate collateral contacts and made the decision to close and indicate the allegations against the mother due to her admitted alcohol use and the unsafe sleeping arrangement on the night the child died.

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 decision to close the case was made appropriately by WCDSS.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/18/2020

Time of Death: 08:04 AM

County where fatality incident occurred: Wayne

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS 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

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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep



- Distracted
- Impaired by disability

- Impaired by illness
- 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	Female	22 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Adult - Friend of mother	No Role	Female	44 Year(s)
Deceased Child's Household	Other Adult - Husband of mother's friend	No Role	Male	45 Year(s)
Other Household 1	Other Adult - Biological Father to surviving sibling	No Role	Male	24 Year(s)
Other Household 2	Father	No Role	Male	34 Year(s)
Other Household 3	Other Adult - Paternal grandmother of surviving sibling	Alleged Perpetrator	Female	54 Year(s)
Other Household 3	Sibling	Alleged Victim	Male	2 Year(s)

LDSS Response

WCDSS received an SCR report regarding the death of the SC on 4/18/20 and initiated their investigation by coordinating the response with law enforcement.

WCDSS initially spoke with the SM by phone then in person in the home of her friend where she was staying with the SC. The SM said the night before the child's death, she had three alcoholic drinks while with the other household members, who were also drinking. The SM identified that she had fed the baby and gone to sleep on the couch next to the SC's bassinet around 12:00 AM. The SM noted that she was awoken by her friend at 3:30 AM and given the SC to feed her. The SM stated she did not hear the baby crying next to her. The SM stated she changed the SC's diaper and began to breast feed her. The SM stated that was the last thing she remembered until waking up the following morning at 7:00 AM. The SM stated that when she woke up, she found the SC on the couch. The SC was on her right side, facing into the SM's armpit. The SC was gray in color, not breathing, and drips of blood were coming out of her nose. There was also blood on the sheet that was on the couch. The SC had been swaddled with her arms wrapped. 911 was called, but the SM and her friend decided to drive the SC to the hospital prior to EMS arriving to the home. The SC was pronounced dead at the hospital at 8:04 AM. The SM identified having knowledge of safe sleep practices from a previous CPS case following the birth of the SC. The mother identified knowledge of safe sleep and stated the child slept in the bassinet at night. The SM denied any drug use since the SC was born.

There was a 2-year-old surviving sibling that was in the custody of their paternal grandmother. The SS was assessed to be



safe with the PGM throughout the investigation period. The PGM of the SS expressed concerns for the SM’s drug use and unstable housing, which also led to the PGM gaining custody of the SS in June 2019.

The SM’s friend (OA) was interviewed in the home. The OA identified that the SM and other adults in the home had been drinking the night before the SC passed away. The OA did not believe the SM to have been intoxicated. The OA identified that she awoke to the SC crying at 3:30 AM, went to the living room where the SM and SC were sleeping, picked the SC up out of the bassinet, and woke up the SM. The OA then gave the SC to the SM and went back to bed. The OA stated the SM did not appear intoxicated and that she began to feed the SC. The OA stated that the SM woke her in the morning after finding the SC and she then drove the SM and the SC to the hospital.

The BF was interviewed in-person where he was incarcerated. The BF identified that he and the SM had a history of drug use and that the SM went to detox and treatment after learning she was pregnant. The BF identified no previous concerns for the SC while in the care of the SM.

The SC’s pediatrician was contacted by WCDSS. There were no medical concerns for the SC prior to her passing.

The drug treatment program the SM was participated in was contacted by WCDSS. WCDSS was informed by the doctor that prescribed the SM’s medications that the SM was aware she should not have been drinking any alcohol due to the maintenance medication she was prescribed and the negative interactions it had with alcohol. The mother was otherwise engaged in treatment.

WCDSS spoke with the ER doctor who treated the SC. The doctor stated that the story was consistent and that they believed the SC was suffocated. The autopsy was pending at the time the report was issued. It is unknown if LE was going to press criminal charges at the time the case was closed.

WCDSS referred the mother to services, and the SM moved out of Wayne County. WCDSS closed their investigation into the incident. The autopsy was pending and WCDSS noted that they would make an additional SCR report if the information warranted a new report be made.

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

Comments: The investigation was conducted with an MDT response.

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

Comments: Wayne County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054452 - Deceased Child, Female, 22 Days	054453 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated



054452 - Deceased Child, Female, 22 Days	054453 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
054452 - Deceased Child, Female, 22 Days	054453 - Mother, Female, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
054458 - Sibling, Male, 2 Year(s)	054453 - Mother, Female, 22 Year(s)	Other	Unsubstantiated
054458 - Sibling, Male, 2 Year(s)	054459 - Other Adult - Paternal grandmother of surviving sibling, Female, 54 Year(s)	Other	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"/>
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"/>



Child Fatality Report

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"/>

Explain:
 Services were offered and referrals were made for the mother. The mother moved out of the county and the investigation was closed. It was unknown if the mother was participating in services at the time the case was closed due to the mother moving to another county.

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 checked="" type="checkbox"/>	<input 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 surviving sibling was in the custody of the paternal grandmother prior to the death of the child. The surviving sibling was assessed to be safe throughout the investigation period.

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



Child Fatality Report

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

Additional information, if necessary:
 Services were offered to the mother and referrals were made. The mother moved out of the county and referrals to services were made. It was unclear in the records if services were set up prior to the investigation closing.

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

Explain:
 A referral was made for the mother to receive counseling. The mother then moved out of county prior to the end of the investigation.

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? 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 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)
03/29/2020	Deceased Child, Female, 1 Days	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

An SCR report was received that alleged the mother gave birth to the SC on 3/27/20 and the SC was positive for benzodiazepines. The SM was not prescribed any medication that would have caused the positive toxicology. The SM had a history of drug abuse and was participating in treatment.

Report Determination: Unfounded

Date of Determination: 04/16/2020

Basis for Determination:

The SM was interviewed in the hospital and disclosed that she took a pill provided to her by a friend that she believed to be a muscle relaxer or for anxiety. The SM had a history of drug abuse and was in drug treatment. The SM denied drug use since October 2019; however it was learned in the investigation that she tested positive for cocaine in January 2020. The father of the SC was incarcerated at the time of the SC's birth and remained incarcerated throughout the investigation. The SM and SC were discharged from the hospital to a home out of county and the investigation was closed.

OCFS Review Results:

The SM had a history of drug abuse, had tested positive for cocaine as recently as 1/20/2020, and took a prescription medication not prescribed to her, that caused the SC to be born with a positive toxicology. The SM did not have stable housing and was discharged from the hospital in Seneca County to a temporary home in Wayne County. Wayne County documented that they had no concerns for the home the mother was staying in, the mother's historical drug use, and identified the mother had a plan to return to Seneca if financially feasible. Seneca County closed their investigation as the SM and child were not residing in their county.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/17/2019	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	No



Sibling, Male, 1 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 1 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 1 Years	Mother's Partner, Male, 34 Years	Parents Drug / Alcohol Misuse	Substantiated

Report Summary:

Seneca County received the report which alleged that the PS used and sold drugs in the home in the presence of the 19-month-old sibling. The PS is aggressive towards the sibling and the sibling suffered a mark on his stomach as a result.

Report Determination: Indicated

Date of Determination: 11/08/2019

Basis for Determination:

The SM and PS denied all allegations initially. Drug screens were scheduled, skipped, and rescheduled and skipped again for the SM and the PS. A subsequent report was received which alleged the PS had used drugs and threatened to kill himself. Drugs and drug paraphernalia were found in the home and the SM obtained an order of protection against the PS. The PGM of the sibling gained primary custody of the sibling due to the drug use and violence in the home.

OCFS Review Results:

Seneca County DSS conducted the investigation and made the appropriate determination to the allegations. SCDSS made appropriate collateral contacts throughout the investigation. SCDSS closed their case when the PGM was granted primary custody of the sibling.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/19/2019	Sibling, Male, 1 Years	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 1 Years	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother's Partner, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother's Partner, Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Biological father to sibling, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - Biological father to sibling, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

SCDSS received a report that alleged that the SM and PS were abusing crack, cocaine, heroin, and alcohol on a constant basis while caring for the 1-year-old sibling. The SM and PS became impaired and are unable to care for the sibling.

Report Determination: Unfounded

Date of Determination: 07/19/2019

Basis for Determination:

The SM stated that the PS had used drugs and that there was domestic violence between them. The PS identified being sober since 5/20/19. The PS returned to the home and a subsequent report was received with additional allegations of drug sales and use. The allegations were denied by the BM and PS and both declined to submit to a drug screen. Both identified a history of drug use and were not in treatment. The family was participating in prevention services and the provider had no concerns for current drug use.

**OCFS Review Results:**

Seneca County DSS conducted a thorough investigation and made the appropriate determination with the evidence gathered. The family had an open prevention case and the prevention workers identified no concerns for drug use by the SM or the PS.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

SCDSS did not contact document contact appropriate collaterals in relation to assessing safety and risk of the sibling. A law enforcement search was documented to have been completed. SCDSS did not contact other potential collateral contacts such as medical providers, or other known family members.

Legal Reference:

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

Action:

SCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

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

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

Known CPS History Outside of NYS

There is no known CPS 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