



**Report Identification Number: AL-21-006**

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

**Issue Date: Sep 01, 2021**

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:** 15 day(s)

**Jurisdiction:** Fulton  
**Gender:** Female

**Date of Death:** 03/06/2021  
**Initial Date OCFS Notified:** 03/06/2021

## Presenting Information

Fulton County Department of Social Services (FCDSS) received an SCR report, which stated the mother made an unsafe plan and co-slept with the subject child. At approximately 10:30AM, the mother woke up and began breastfeeding the child but fell back asleep. At some point between when the mother was breastfeeding the child and when she awoke at approximately 1:00 PM, the mother suffocated the child causing her to go into cardiac arrest. When the mother awoke at approximately 1:00PM, she observed the child was pale and unresponsive. The mother called 911 and emergency services performed cardiopulmonary resuscitation on the child while on route to the hospital. The child arrived at the hospital at approximately 1:10PM, where she was unable to be resuscitated. The child was pronounced dead at 1:43PM.

## Executive Summary

On 3/6/21, FCDSS received an SCR report regarding the death of the 15-day-old female subject child that occurred on the same date. The child resided with her mother, 11-year-old, 5-year-old and 2-year-old siblings. The father of the subject child and 2-year-old sibling was incarcerated. The 11-year-old and 5-year-old siblings had frequent visitation with their fathers at their homes. At the time of the fatality, there was an open CPS investigation which began on 2/19/21, after the subject child and mother had a positive toxicology for cocaine at the time of the child's birth. FCDSS implemented a safety plan which required the mother's contact with the child and siblings be supervised. A family friend agreed to supervise the contact and was approved by FCDSS.

Through a joint investigation with law enforcement it was learned that on the evening of 3/5/21, the family friend left the home with the siblings and the mother and child were at the home unsupervised. On the morning of 3/6/21, the mother woke up several times to feed the child and then would place her back to sleep in her bassinet. At approximately 10:30AM, the mother breast fed the subject child in the sibling's bed. The mother fell asleep while feeding the child and when she woke up, she discovered the child unresponsive. The mother attempted CPR and called 911. First responders arrived and transported the child to the hospital via ambulance. Life saving measures continued at the hospital; however, they were not successful, and the child was pronounced deceased.

An autopsy was performed and FCDSS contacted the Medical Examiner's Office to obtain information about the cause and manner of death. The report was not completed and there was no preliminary information available. The Medical Examiner reported there were no signs of non-medical related trauma to the child. Law enforcement had not determined if there was criminality related to the fatality, but reported they were going to keep their investigation open due to concern of drug activity at the mother's home.

FCDSS had not made a determination regarding the CPS investigation at the time this report was written. FCDSS opened a Preventive Services Case for the family and filed a Neglect Petition against the mother. Although the mother was given information on mental health counseling, parent education, grief counseling and addiction counseling, the record did not reflect services regarding the fatality were offered on behalf of the siblings or to the father.

### PIP Requirement

FCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the FCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, FCDSS 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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
 There was detailed supervisory consultation documented throughout the investigation. The CPS investigation had not been determined at the time this report was written. FCDSS opened a Preventive Services Case for the family. Although safety of the siblings was assessed within 7-days of receipt of the SCR report, the 7-day safety assessment tool was not completed in Connections.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Timely/Adequate Case Recording/Progress Notes
<b>Summary:</b>	Approximately 40 out of 398 progress notes were entered more than a month after their event dates.
<b>Legal Reference:</b>	18 NYCRR 428.5
<b>Action:</b>	The Albany Regional Office informed there is currently an existing PIP in place for this issue, as a result of a prior finding by OCFS. FCDSS will continue to work on this issue and revise their current PIP if deemed necessary.

## Fatality-Related Information and Investigative Activities



### Incident Information

Date of Death: 03/06/2021

Time of Death: 01:43 PM

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

Unknown

County where fatality incident occurred:

Fulton

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?

N/A

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? 2 Hours

At time of incident was supervisor impaired? Unknown if they were impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

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	15 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 2	Other Adult - Father of 11yo sibling	No Role	Male	32 Year(s)
Other Household 3	Other Adult - Father of 5yo sibling	No Role	Male	31 Year(s)

### LDSS Response

FCDSS investigated the incident by searching SCR history and speaking to the mother, father, relatives, and the siblings. They notified the district attorney's office, made collateral contacts with law enforcement, the medical examiner, the pediatrician and obtained medical records.



FCDSS interviewed the mother who reported the night prior to the child's death the friend approved to supervise the mother's contact with the children left the mother and subject child at the home alone. The friend took the 11yo sibling to her father's house and the 2yo and 5yo to her home for the evening. On 3/6/21, at approximately 7:30AM, the mother woke up and bottle fed and changed the subject child. She then placed the child down in a bassinet to sleep in the mother's bedroom. Around 10:30AM, the mother woke again, and breast fed the subject child and fell asleep while feeding her. The mother woke up around 12:30PM in bed with the subject child. The subject child was pale and not breathing. The mother reported that the child was positioned on her side facing the mother, who was also on her side. The mother attempted CPR, but the child was limp and non-responsive. The mother called 911 and first responders arrived and transported the child to the hospital.

During the interview with the mother, she reported she was overtired and had not been getting much sleep due to the subject child breastfeeding. The child would eat every two hours and the mother reported that she had never fallen asleep while feeding her before. The child typically slept in a bassinet in the mother's bedroom and the mother denied that she had ever co-slept with the child. The mother reported she was on medication for substance use and denied she had used any drugs leading up to the fatality.

FCDSS gathered information from the mother's substance abuse treatment provider, who reported the mother tested positive for cocaine following the fatality and had sporadic attendance within her program. Law enforcement found evidence of drugs and drug paraphernalia in the home when they responded to the fatality and the mother admitted to law enforcement that it belonged to her. On 4/2/21, FCDSS filed a Neglect Petition against the mother in relation to the surviving siblings regarding her substance use and failure to follow the safety plan, as the mother was unsupervised with the subject child at the time of her death.

FCDSS adjusted their safety plan to reflect that the mother would continue to have supervised contact with the siblings; however, the family friend who left the mother unsupervised with the subject child was no longer an approved supervisor. FCDSS monitored the safety plan through home visits and collateral contacts and discovered the mother was not following the agreed upon plan. On 6/18/21, FCDSS removed the 2yo sibling from the mother's care and she was placed in foster care until the maternal grandfather was awarded custody through family court on 6/22/21. The 11yo and 5yo siblings' fathers obtained custody of them. FCDSS completed face-to-face interviews with the fathers and visited their homes, and the siblings were deemed safe in their care. The fathers had no information regarding the mother's substance use.

The child's pediatrician reported the child was last seen on 3/4/21 and the doctor did not have any concerns for the her. The child was well nourished and alert. The mother was noted to be attentive and receptive to discussions with the doctor. The father was incarcerated due to a parole violation. FCDSS notified him of the SCR report and interviewed him face-to-face. The father reported no concerns for the mother prior to the fatality; however, reported concerns for her substance use and mental health following the death of the child.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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?** No

**Comments:** FCDSS does not have an OCFS approved Child Fatality Review Team.



### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057577 - Deceased Child, Female, 15 Days	057642 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
057577 - Deceased Child, Female, 15 Days	057642 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending
057577 - Deceased Child, Female, 15 Days	057642 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Pending

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

**Additional information:**

Approximately 40 of the notes were entered more than a month after their event date.

### 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"/>



<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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:**  
 The Risk Assessment Profile had not been completed at the time this report was written. The mother's need for services was assessed and necessary referrals were made. The record did not reflect that services were offered on behalf of the siblings. The father was incarcerated and it was not documented that his need for services regarding the fatality was assessed nor were services offered to him.

### 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 FCDSS developed a safety plan which required the mother to have supervised visits with the siblings. Throughout the investigation, FCDSS monitored the plan. It was determined the mother was not adhering to the safety plan regarding the 2yo sibling. She was removed from the mother and placed in foster care. The grandfather filed for custody of the 2yo and it was granted. The 11yo and 5yo went to live with their fathers.





### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
04/02/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	057642 Mother Female 30 Year(s)	
<b>Comments:</b>	FCDSS filed a Neglect Petition against the mother in relation to the siblings. It was learned that the mother had tested positive for cocaine and her attendance was poor at her addiction counseling services. In addition, the mother was not adhering to the safety plan, which required her to have supervised contact with the siblings. On 6/18/21, FCDSS removed the 2yo sibling and she was placed into foster care. The 11yo and 5yo siblings went with their fathers. There was an initial court appearance on 6/22/21 and the grandfather was granted custody of the 2yo sibling. The Neglect Petition was pending at the time this report was written.	

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? No

Explain:

It was not documented that services were offered on behalf of the siblings.

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

Explain:

The mother was offered grief counseling, mental health counseling and preventive services.

## 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)
02/19/2021	Deceased Child, Female, 1 Days	Mother, Female, 30 Years	Inadequate Guardianship	Pending	No
	Deceased Child, Female, 1 Days	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Pending	

**Report Summary:**

FCDSS received an SCR report which stated that on 2/19/21, the mother gave birth to the subject child. The mother tested positive for cocaine at delivery. The child's toxicology screen was pending.

**Report Determination:** Undetermined**OCFS Review Results:**

FCDSS completed all required face-to-face contacts, documented home visits, contacted the source, spoke to several collaterals. The safety of the subject child and siblings was assessed. FCDSS reviewed safe sleep guidance with the mother and documented a Plan of Safe Care. FCDSS developed a safety plan, which required supervised contact between the mother and children, given the concerns with the mother's substance use. FCDSS also reviewed safe sleep guidance with the relative and friend supervising the mother's contact with the children. The child died during the investigation and a subsequent report was received. It was unclear why FCDSS had not yet closed the initial investigation.

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

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

Between 2012 and 2017, the mother had four unfounded CPS investigations. Allegations included Parent's Drug/Alcohol Misuse, Burns/Scalding, Inadequate Guardianship, Lack of Supervision, Lack of Medical Care and Swelling/Dislocations/Sprains regarding the siblings.

In 2017, there was an unfounded CPS investigation against the aunt and an unrelated adult regarding the siblings. The allegations included Child's Drug/Alcohol Use, Parent's Drug/Alcohol Use, Inadequate Guardianship and Inadequate Food/Clothing/Shelter.

**Known CPS History Outside of NYS**

There was 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