



Report Identification Number: SV-17-045

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

Issue Date: Jan 19, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 28 day(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 10/19/2017
Initial Date OCFS Notified: 10/19/2017

Presenting Information

An SCR report was received on 10/19/17 that alleged the SM woke up to breast feed the SC and while the SM had the SC in her arms, she rolled her ankle and fell into a wall. As a result, the SC hit her head against the wall. The SM continued to breast feed the SC after the incident and fell asleep with the SC. When the SM woke up, the SC appeared limp and unresponsive. The SM then woke the BF and one of the parents called 911. The parents performed CPR on the SC while waiting for EMS. When the SC arrived at the hospital, there was discoloration on the SC's leg for unknown reasons. As a result of the incident, the SC died. The BF and 13yo SS had unknown roles.

Executive Summary

This report concerns the death of the 1-month-old female SC. Suffolk County Department of Social Service (SCDSS) received an SCR report regarding fatality on 10/19/17. The report alleged while the SM was holding the SC she tripped and fell into a wall causing the SC to hit her head. The SM then breastfed the SC and fell asleep. The SM awoke to find the SC limp and unresponsive. SCDSS had an open CPS investigation regarding the SC from 9/28/17. That report was regarding the SC's meconium testing positive for illicit substances at the time of birth. The SM and BF reported the SM's pregnancy and birth of the SC was healthy, with no complications. The SC was an otherwise healthy child and had no positive toxicology for drugs at the time of birth.

The SM was breastfeeding the SC intermittently over a period of 3 hours in the early morning hours the day of the fatal incident. The SM took the SC to her bedroom to change her and fell lightly into a wall. The SC did not suffer any visible injury. The SM then took the SC to her bedroom and sat down in the bed to breastfeed the SC. The SM fell asleep and woke up to find the SC unresponsive. The SC was taken for emergency medical care and ultimately died.

The ME was notified and performed an autopsy. The final autopsy report was not completed at the time of this report. The ME did tell SCDSS that the SC was well nourished and had no signs of any physical trauma. The ME further said pending toxicology results, it appeared the SC smothered/asphyxiated, possibly during or after breast feeding.

LE jointly investigated the fatality with SCDSS and there had been no criminal charges and the LE investigation remained open pending the final autopsy results at the time this report was written.

There was a 12yo SS residing in the home at the time of the incident. SCDSS interviewed the 12yo SS and attempted to contact her BF. She was determined to be safe in the continued care of the SM and BF. The SC and 6yo SS shared the same BF. SCDSS also interviewed the 6yo SS and his BM. The 6yo SS was not in the SC's home at the time of the fatal event and was deemed safe.

SCDSS unsubstantiated the allegations of DOA/Fatality and Inadequate Guardianship against the SM regarding the SC. SCDSS found no evidence of aggravating factors relating to the fatality. SCDSS found the SM's statements regarding the events leading up to the fatality were supported by photos taken by LE at the SC's home. SCDSS found the SM exercised reasonable and prudent parenting.

SCDSS offered referrals for funeral and burial assistance, mental health counseling, parenting education, bereavement counseling and preventive services. The parents expressed interest in some of these services. The SS were offered referrals for bereavement counseling as well, but declined services at the time they were offered.



PIP Requirement

A review of this investigation resulted in a citation related to overall casework practices. SCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) SCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

Explain:

It was appropriate to close the case.

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: 10/19/2017

Time of Death: Unknown



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

Unknown

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

04:14 AM

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? 20 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	28 Day(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	12 Year(s)

LDSS Response

SCDSS began an investigation into the death of SC on 10/19/17, after receiving the SCR report. SCDSS contacted LE, ER staff, first responders and the ME to request the autopsy report. SCDSS reviewed photos of SC's home taken by LE, the 911 call, and medical records.

SCDSS interviewed SM, BF and 12yo SS jointly with LE. The night of 10/18/17, SM, BF, SS and SC were at home. BF went to sleep on the sofa in the living room at 10:00PM. SC was reportedly fussy while breastfeeding in the days leading up to her death. SC had her own bedroom, but normally slept in either a bassinet or swing in SM and BF's bedroom. SM and SC went into SM's bedroom at 12AM on 10/19/17. SM breastfed SC intermittently between 12AM and 3:30AM, and took SC to her own room before the last feeding to change her diaper. SM reported she lost her footing while holding SC



and fell lightly into the wall. SM was not sure if the SC’s head tapped the wall or SM’s arm. SC had no injury afterward and SM reported SC did not act differently. SM and SC returned to SM’s bedroom and SM sat in the bed holding SC, and placed a “Boppy” pillow under SC. SM began breastfeeding at 3:30AM and reportedly fell asleep. SM awoke about 20 minutes later and noticed blood near SC’s nose. SM wiped the blood and initially suspected SC had scratched herself. SM then observed SC was unresponsive. SM called for BF and carried SC into the living room. SM called 911 while BF placed SC on the floor and began CPR. SM took over as the 911 operator gave her instructions. EMS arrived and assumed CPR efforts. SC was revived and taken to the ER. SC was admitted with a poor prognosis.

ER and hospital staff reported tests showed SC suffered brain damage due to lack of oxygen. SC was intubated and continued to suffer cardiac arrests. SC was given medication to combat this, but her condition continually declined. SM and BF chose to withdraw the medication after learning SC’s prognosis. SC passed away shortly after.

SCDSS spoke with the 12yo SS. She reported she went to bed at 9:30PM on 10/18/17 and woke up to SC crying at 2:30AM. SS went back to sleep. She woke again at 4:00AM and heard SM screaming that SC wasn’t breathing. SS went into the living room and witnessed SM and BF giving SC CPR. SS said EMS came and took SC to the hospital and she and BF went along separately. SCDSS assessed SS as safe. SCDSS contacted and spoke with the 12yo SS’ BF, with whom she visited regularly.

SCDSS learned the BF had another child, the 6-year-old SS. The 6yo SS was seen at the hospital while visiting the SC before her death and was later interviewed at his home. The 6yo SS visited the SM and his BF regularly on weekends, and was not there during the fatal event. The 6yo SS’ BM was contacted and interviewed as well. The BM had no concerns for SS’ care when at SM’s and BF’s home.

SM had another 15yo SS who she had not seen in several years and did not know where she lived. The 15yo SS was in the custody of her BF. SCDSS made attempts to locate the 15yo SS and her BF but were not successful at the time this report was written.

SM and BF denied any alcohol or drug use in the time leading up to the fatality. SM was on several prescribed medications for a previous injury. The medication list and prescription dates were verified with SM’s physician. SM reportedly only took medication when she was in extreme pain. SM took her medication twice on 10/18/17, a few hours apart, but could not remember exact times. SM also admitted to illicit drug use in December 2016. SM was compliant with a request to have an evaluation and follow recommended treatment. BF admitted to a history of alcohol use and reported abstinence from alcohol.

There was documentation safe sleep practices were discussed with SM and BF. SC’s pediatrician was contacted and had no concerns regarding SC’s health or care.

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? No

SCR Fatality Report Summary



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042321 - Deceased Child, Female, 28 Days	042322 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
042321 - Deceased Child, Female, 28 Days	042322 - Mother, Female, 35 Year(s)	DOA / Fatality	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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input checked="" 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:
 Question number 12 regarding the caretaker having a diagnosed disability was inaccurately answered. The SM has a physical disability that at times she reported was debilitating and for which she requires medical treatment.

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"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? 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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/28/2017	Deceased Child, Female, 7 Days	Father, Male, 37 Years	Internal Injuries	Unfounded	No
	Deceased Child, Female, 7 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Deceased Child, Female, 7 Days	Mother, Female, 35 Years	Internal Injuries	Unfounded	
	Deceased Child, Female, 7 Days	Father, Male, 37 Years	Inadequate Guardianship	Unfounded	
	Deceased Child, Female, 7 Days	Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received alleging that when the SM gave birth to the SC on 9/21/17 the SC's meconium was tested. The report further stated on 9/22/17 the lab results showed the SC's meconium was positive for cocaine and benzodiazepines. Both the SM and SC's urine was negative for any substances at the time of the SC's birth. The SM denied illicit drug use and reported she took prescribed opiates during her pregnancy as needed.

Determination: Unfounded**Date of Determination:** 11/22/2017**Basis for Determination:**

The SM and SC tested negative for any substance at the SC's birth and there was no evidence of drug or alcohol use. The SC had no health complications at birth and was a healthy child. The SM presented sober at home visits throughout the investigation. The SC had no internal injuries as initially reported. The SC and SS appeared to be cared for and there were no concerns.

OCFS Review Results:

SCDSS made an appropriate safety plan that the SM not be alone with the SC or SS, based on her admissions of past and current drug use. The SM went for a substance abuse screening and was recommended to treatment. The BF of the SS was notified of the report and concerns regarding the SM. The SF and SM denied the SM misused prescription medication or illicit drugs. Collaterals were made and all subjects and other people listed were interviewed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/28/2015	Sibling, Female, 12 Years	Other - BF of SS, Male, 40 Years	Other	Unfounded	Yes
	Sibling, Female, 12 Years	Other - BF of SS, Male, 40 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 12 Years	Other - BF of SS, Male, 40 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 12 Years	Mother, Female, 35 Years	Other	Unfounded	

Report Summary:

An SCR report was received as the result of a Court Ordered Investigation requested by Suffolk County Family Court. There were allegations of domestic violence and drug use by the SM and BF of the SS.

Determination: Unfounded**Date of Determination:** 11/10/2015

**Basis for Determination:**

There was a domestic incident where the BF grabbed the SM by the arms and she called the police. The SM went to Family Court where she requested and received an Order of Protection against the BF. The SM admitted taking prescribed medications for a disability. The SM provided the names and doses of the medications, as well as her doctor's contact information. The BF denied alcohol or drug use. The SS denied the BF or SM were ever impaired in her presence.

OCFS Review Results:

The SS, SM and BF were interviewed and the home of the SS seen. Collateral contacts were made and the safety assessments completed. SCDSS gathered sufficient information and made an appropriate determination.

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

Issue:

Predetermination/Assessment of Current Safety and Risk

Summary:

There were questions inaccurately answered in the Risk Assessment Profile. There were 2 questions where "No" was inaccurately selected. The questions were regarding the Caretaker having a debilitating physical illness and the Caretaker being the victim or perpetrator of abusive behavior or threats of violence. The information gathered during the investigation supported "yes" as an answer.

Legal Reference:

18 NYCRR 432.1(aa)

Action:

SCDSS will accurately answer all RAP questions.

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

An SCR report received on 5/13/02 and closed on 1/12/03 with an allegation of IG Sub against the SM regarding a 15yo SS.

An SCR report received on 12/27/02 and closed on 4/1/03 with allegations of LS Sub against the SM regarding a 15yo SS.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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