



Report Identification Number: SV-17-005

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

Issue Date: Aug 18, 2017

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		
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
CPR-Cardiopulmonary Resuscitation		
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



Case Information

Report Type: Child Deceased
Age: 0 day(s)

Jurisdiction: Dutchess
Gender: Female

Date of Death: 02/26/2017
Initial Date OCFS Notified: 02/28/2017

Presenting Information

On 2/26/17, SM gave birth to SC prematurely (24 weeks). At the time of the birth, SC had a low heart rate, and SM tested positive for cocaine. SC lived for almost two hours and passed away at 5:35PM.

Executive Summary

This fatality report concerns the death of a premature newborn female (SC) that occurred on 2/26/17. A report was made to the SCR on 2/28/17, with allegations of IG, PD/AM, and DOA/Fatality against SM. Dutchess County Department of Social Services (DCDSS) conducted a thorough investigation surrounding SC’s death. The final autopsy report was issued and noted the cause of death as “Acute Chorioamnionitis” and the manner of death as “Natural.”

At the time of the fatality, SM resided with the BF of SC and no other children. SM had three other children, aside from SC. Two of those three children had been freed for adoption, one of which was voluntary, and the other, SM’s parental rights were terminated. SM’s one-year-old son (SS) was placed in Foster Care in May 2016 due to SM overdosing on drugs; SS remained with his foster family at the time of this writing. The BF of the SS resided in another country and was unable to be located/contacted.

On 2/26/17, SC was born at 24 weeks and 6 days’ gestation at 3:40PM, and was pronounced deceased at 4:25PM. SC was found to have had several infections, including Acute Funistis, Acute Chorioamnionitis, and Discitis. SM tested positive for cocaine upon admission to the hospital. SM had a history of high risk pregnancies, and had tested positive for drugs and alcohol on at least two occasions during her pregnancy with SC. Multiple collateral contacts confirmed SM was counseled numerous times surrounding the risks of using drugs/alcohol during pregnancy, specifically pre-term delivery and death. Medical staff reported SM did not receive regular prenatal care, and if she had, SC’s infections could have been detected and treated, which may have prevented the early delivery and subsequent death of SC.

From the time the investigation began to the time it was determined, DCDSS met regularly with those named on the report, assessed home environments of SC and the SS, spoke with an abundance of collateral contacts, and offered SM, BF, and SS appropriate services. BF declined, and SM accepted some but was not compliant in engaging. The Foster Care case remained open with services in place at the time of this writing. SS remained in the care of his foster family, with only supervised visitation with SM. DCDSS found a multitude of evidence to show a connection between SM’s drug/alcohol use and lack of prenatal care to SC’s pre-term delivery and death. DCDSS substantiated the allegations in the report. LE did not charge anyone criminally for the death of SC.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**



- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

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

Explain:

DCDSS gathered sufficient information to determine the case by interviewing family members and a multitude of collateral contacts. Their decision to indicate the allegations was appropriate.

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

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 level of casework activity was commensurate with the case circumstances. The case remained open for services at the time of this writing.

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: 02/26/2017

Time of Death: 04:25 PM

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

County where fatality incident occurred: Dutchess

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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: Premature Birth

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

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

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

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	1 Hour(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	39 Year(s)
Other Household 1	Father	No Role	Male	50 Year(s)
Other Household 2	Sibling	No Role	Male	1 Year(s)

LDSS Response

On 2/28/17, DCDSS received an SCR report regarding the death of SC, which occurred on 2/26/17. DCDSS initiated their investigation upon receipt of the report, and coordinated their efforts with LE. On this same date, DCDSS and LE met with medical staff at the hospital where SC was born and died, and then met with SM. A timeline of events was obtained, and DCDSS discovered SM was behaving erratically and had tested positive for cocaine upon giving birth. SM reported to DCDSS and LE the name of the BF of SC, and that SM and BF had a history of DV and drug abuse; however, SM denied using drugs or alcohol while pregnant. DCDSS obtained signed releases for SM's mental health, medical, and substance abuse service providers, and offered SM additional appropriate services, which SM accepted at that time. DCDSS learned SM had one other child, a 1-year-old male SS, that was placed in Foster Care in May 2016 due to SM overdosing on drugs. SM had been ordered to supervised visitation with SS, and a Child Protective services case was opened requiring SM to attend substance abuse and mental health services. It was also discovered that SM had two other children that were freed for adoption in the past due to SM's drug use and treatment non-compliance.

Within the first 24 hours of the fatality investigation, DCDSS documented a CPS history check for SM and BF, completed the Rapid Indicator Sex Trafficking Screening tool, interviewed SM and BF, spoke with hospital staff regarding SM and the passing of SC, requested any police reports involving SM and/or BF, and assessed the safety of the SS. DCDSS established SS was safe with his foster family, and no concerns were noted for that child.

DCDSS requested all appropriate records surrounding SC and her death. Through multiple collateral contacts, DCDSS found that SM did not receive regular prenatal care, had tested positive for drugs and alcohol during her pregnancy with SC, and had used drugs on or around the date SC was prematurely born. Pathology reports received detected SC had infections that were acquired in utero. DCDSS spoke at length with hospital staff that delivered SC, and was informed that SM's lifestyle and drug use may have been the underlying cause of SC's preterm delivery. DCDSS also discovered that if SM had received regular prenatal care, her doctor could have successfully treated SC's infections prior to her birth.

By the conclusion of the investigation, DCDSS completed all necessary assessments/reports on time, evaluated the family's need for services, completed home visits, assessed the safety of the SS on more than one occasion, and spoke with an abundance of collateral contacts regularly and thoroughly. DCDSS indicated the allegations in the report. The final



Child Fatality Report

autopsy report was issued and noted the cause of death as "Acute Chorioamnionitis" and the manner of death as "Natural." It is unclear in the case record if Family Court was made aware of SC's death. The Foster Care case remained open at the time of this writing, and SM continued to have only supervised visitation with SS.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

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 fatality investigation was conducted by the DCDSS MDT.

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

Comments: Dutchess 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
038969 - Deceased Child, Female, 1 Hour(s)	038970 - Mother, Female, 39 Year(s)	DOA / Fatality	Substantiated
038969 - Deceased Child, Female, 1 Hour(s)	038970 - Mother, Female, 39 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
038969 - Deceased Child, Female, 1 Hour(s)	038970 - Mother, Female, 39 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



documentation?				
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Additional information:

DCDSS completed a thorough investigation surrounding SC's death, which included conducting all necessary interviews with household members and collateral contacts.

Fatality Safety Assessment Activities
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	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"/>

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 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
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?

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"/>
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Explain as necessary:
 SS had been placed in Foster Care in May 2016, prior to SC's birth and death.

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>

Additional information, if necessary:
 DCDSS offered SM appropriate and needed services, to which SM accepted, but was then uncooperative or refused; BF declined the offer. The SS remained in the care and custody of his foster family at the time of SC's death. The foster family was cooperative with DCDSS and the services in place for SS.



Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
At the time of SC's death, the SS remained in the care and custody of his foster parents. In response to the fatality, DCDSS reached out to the foster family and inquired if they were in need of any additional services, which they declined.

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

Explain:
DCDSS offered services to SM on multiple occasions, which were accepted, but SM failed to engage. DCDSS continues to monitor via CPS On-Going Services and Family Court to compel SM to engage in needed services. These services include substance abuse and mental health treatment. The Foster Care case regarding the SS was open at the time of SC's death, and the foster family was compliant with services and monitored by DCDSS.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** 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)	Status/Outcome	Compliance Issue(s)
05/24/2016	Sibling, Male, 7 Months	Mother, Female, 38 Years	Inadequate Guardianship	Indicated	No



Child Fatality Report

Sibling, Male, 7 Months	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Indicated
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Report Summary:

Report received with allegations of PD/AM and IG against SM regarding then 7-month-old SS. On 5/24/17, SM was found unresponsive in her home, with SS beside her on the floor; EMS had to revive SM using Narcan. SM had a lengthy history of drug and alcohol abuse, and she was unable to make an appropriate plan for SS.

Determination: Indicated	Date of Determination: 07/26/2016
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Basis for Determination:

DCDSS completed a thorough investigation which included interviews with SM, SS's BF, familial resources, and various collateral contacts. DCDSS appropriately removed SS from SM's custody and placed him into Foster Care. DCDSS also filed an Abuse Petition in Family Court. The case was opened (CPS required) at the end of the investigation, and SS remained in Foster Care.

OCFS Review Results:

OCFS agreed with the case determination. The casework was commensurate with the case circumstances.

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)
01/29/2016	Sibling, Male, 1 Months	Mother, Female, 38 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes
	Sibling, Male, 1 Months	Mother, Female, 38 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Report received with allegations of IG and PD/AM against SM regarding then 1-month-old SS. The report alleged SM was using illicit drugs while caring for SS, and drug trafficking was also taking place in the home. Further concern that SM became violent with others in front of SS when under the influence of drugs.

Determination: Unfounded	Date of Determination: 03/22/2016
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Basis for Determination:

DCDSS completed a thorough investigation which included interviews with SM, BF of the SS, and several collateral contacts. DCDSS also had SM and BF drug tested on numerous occasions throughout the investigation, all but one of which came back negative. DCDSS appropriately responded to the positive screening by referring SM to services, which SM accepted. There was no evidence to support the allegations in the report, and DCDSS appropriately UNF.

OCFS Review Results:

Upon review, the RAP is inaccurate regarding domestic violence ("yes" should have been selected for SM, as she does have a history of DV with a previous partner). Also, on 1/29/16, the CW discovered SS in an unsafe sleep environment, but failed to discuss safe sleep with SM at that time. A safe sleep discussion did not occur until two days later.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

RAP was inaccurate regarding the DV question. In the progress notes, it is documented SM had a DV history with a previous partner.

Legal Reference:

18 NYCRR 432.2(d)

Action:



DCDSS will complete RAPs accurately.

Issue:
Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:
On 1/29/16, DCDSS CW noted SM reported she was laying down with the then 3-month-old SS. The CW then observed the SS to be laying on an adult bed. The CW did not discuss safe sleep practices with SM, despite observing the SS in an unsafe sleep environment.

Legal Reference:
18 NYCRR 432.1 (b)(3)(ii)(a)

Action:
According to 13-OCFS-ADM-02: When a child welfare worker finds that a parent or caretaker is using an item for infant sleeping that he or she reasonably thinks is unsafe, the child welfare worker should address the potentially unsafe practice, just as he or she would with any other safety concern.

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

- 3/16/05: IND for PD/AM against SM regarding then newborn female SS.
- 6/8/12: UNF for IG against SM regarding then 2-month-old male SS.
- 8/9/12: IND for PD/AM and IG against SM regarding then 4-month-old male SS.
- 11/1/12: IND for IG against SM regarding then 5-month-old male SS.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS for this family.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes
Date the Child Protective Services case was opened: 05/25/2016

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Issue:	Timeliness of completion of FASP
Summary:	A Comprehensive FASP was due on 8/23/16, and not approved until 9/16/16. The First Reassessment FASP was due on 12/21/16, but one was never completed. The next Reassessment FASP was not completed until 6/8/17.
Legal Reference:	18 NYCRR 428.3(f)(5)
Action:	DCDSS will complete all FASPs by the appropriate due dates.

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

A Foster Care case was opened on 3/16/05 regarding a then newborn female SS, due to SM's continued abuse of drugs. SM surrendered her rights, and this child was freed for adoption in 2007.

A Foster Care case was opened on 1/16/13 regarding a then 5-month-old male SS. The SS entered Foster Care due to SM's continued drug use/mental health concerns and non-compliance with treatment. SM's parental rights were terminated due to abandonment, and the child was freed for adoption in 2015.

The 1-year-old SS was placed into Foster Care on 5/24/16 due to SM's drug use and continued non-compliance with treatment. The Foster Care case regarding this SS remained open at the time of this writing, with a permanency plan to return to parent.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
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05/25/2016	Adjudicated Abused	Care/Custody to Local Social Services District
Respondent:	038970 Mother Female 39 Year(s)	
Comments:	On 5/25/16, then 7-month-old SS was placed into foster care due to SM being found unresponsive from a drug overdose while the sole caretaker of the child. The SS remained in Foster Care at the time of this writing.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
09/14/2016	Adjudicated Neglected	Direct Custody Transferred to Continued with Non-Relative (Article 10)
Respondent:	038970 Mother Female 39 Year(s)	
Comments:	On 9/14/16, SM was adjudicated for Neglect through Family Court. The then 11-month-old SS was ordered to remain in Foster Care.	

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