



Report Identification Number: SV-20-016

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

Issue Date: Sep 30, 2020

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 05/08/2020
Initial Date OCFS Notified: 05/08/2020

Presenting Information

An SCR report alleged on 5/8/2020, the 2-month-old male subject child was found unresponsive and not breathing as the mother rolled on top of the child while co-sleeping. The child was pronounced dead on 5/8/2020. On 5/7/2020, the mother consumed alcohol and used marijuana to the point of impairment. As a result, the mother was unaware that she rolled on top of the child. Between 5:00- 5:30 AM, the child was found underneath the mother on the couch. The child was on his back and the mother was on her stomach. The mother's arm covered the child's face, interfering with his breathing. The mother and a unrelated home member performed CPR and called 911. LE attempted CPR until EMS arrived and transported the child to the hospital. The residence had garbage strewn about and was infested with cockroaches. The home was unsafe for the two unrelated children, ages 5 and 9 years. The unrelated home members and the mother were named alleged subjects.

Executive Summary

This fatality report concerns the death of the 2-month-old male subject child that occurred on 5/8/2020. A report was made to the SCR on the same day regarding concerns the mother co-slept with the child while she was impaired on drugs and alcohol. Additionally, there were concerns the home was in deplorable condition. The child died during an open CPS investigation which alleged the mother used illicit substances during her pregnancy. A Plan of Safe Care was completed with the mother. At the time of the child's death, he resided with his mother, three unrelated adults and two children, ages 5 and 9 years. The children were assessed to be safe in the care of their parents.

Westchester County Department of Social Services (WCDSS) immediately coordinated investigative efforts with law enforcement upon receipt of the report. An autopsy was performed; however, the medical examiner's report had not yet been finalized at the time this report was written. The criminal investigation remained open at the time of case closure.

The mother reported drinking a shot of alcohol and smoking tobacco from a hookah the night prior to the child's death. She denied that she was impaired when she laid on the same bed as the child. She reported the child was otherwise healthy. The investigation revealed the mother had safe sleeping provisions for the child, and that she was educated on safe sleep guidelines; however, regularly co-slept with the child.

The unrelated adults in the home reported the mother used marijuana regularly both in and out of the presence of the child. WCDSS documented the mother and other adults in the home were part of a safety plan that the mother was to be supervised around the child due to concerns for her drug use. The adults said the mother would often sleep on the corner of the bed or hanging off the bed if she was impaired as she did not trust herself to sleep directly next to the child. The other adults reported discovering the child unresponsive under the mother's arm, woke her, called 911 and began CPR until first responders arrived.

WCDSS gathered information regarding the child and his death from the family, the home members, friends, law enforcement, hospital staff and community-based service providers.

Several home visits were completed throughout the investigation and bereavement services were offered to the home members and mother. Despite attempts, WCDSS was unable to speak with the father about the death. The mother was enrolled in counseling at the time of case closure; however, was hesitant to continue therapy as she was not ready for assistance. The unrelated home members planned to seek counseling services outside of the Department if they needed



them.

The allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter were unsubstantiated against the unrelated home members regarding the children. The mother was unsubstantiated for the Inadequate Guardianship regarding the other children. The mother was substantiated for the allegations of Inadequate Guardianship, DOA/Fatality, Inadequate Food/Clothing and Shelter and Parent Drug/Alcohol Misuse regarding the child. The basis for determination was that the mother failed to provide a minimum degree of care while caring for the child while under the influence of drugs and alcohol. The home was assessed to be appropriate for the children, and mother did not have caretaking responsibilities for the other children. The other adults appropriately cared for the children.

PIP Requirement

WCDSS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS 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?** 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:

Casework activity was commensurate with case circumstances. The mother was offered services through the Department, but did not accept them as she moved out of the county's jurisdiction and did not have any children in her care.

Was the decision to close the case appropriate? Yes

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

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

**Explain:**

The decision to close the case was appropriate.

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: 05/08/2020

Time of Death: 05:43 AM

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

Unknown

County where fatality incident occurred:

Westchester

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 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	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other Child - OC2	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Other Child - OC1	Alleged Victim	Female	9 Year(s)



Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	43 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)

LDSS Response

On 5/8/2020, WCDSS received the fatality report from the SCR, subsequent to an open investigation. Within the first 24 hours of the investigation, WCDSS coordinated investigative efforts with law enforcement, notified the district attorney of the death and conducted a home visit. A CPS history check was completed within the required timeframe and the safety of the surviving children was assessed.

Law enforcement said the mother and child were sleeping on the same surface on the night prior to the child's death. The child had a Pack and Play; however, it was not utilized. The mother reported to law enforcement she went to a friend's home and arrived home around 10 PM and was not impaired by drugs or alcohol. She did not appear intoxicated in a surveillance video that was obtained. The mother reported to law enforcement that she woke around 3 AM to feed the child and then slept until 5:00-5:30 AM when she was awoken by the other adults saying something was not right.

The mother was interviewed at the hospital on 5/8/2020. She reported she placed the child on his side on the mattress and placed blankets around him so that he could not move. Despite having safe sleep recommendations, the mother often put the child on his stomach to sleep.

On 5/8/2020, a home visit was conducted and an unrelated home member (OA1) said he shared concerns with the caseworker who investigated the initial investigation generated at the time of the child's birth. He said he and his partner (OA2) had ongoing concerns for the mother's mental health and marijuana use. OA1 stated they had an ongoing safety plan with the mother that OA1 and OA2 would supervise the mother around the child, but no specific details were known by the adults. OA1 said the mother co-slept often and he believed the mother was rough with the child when she was frustrated, and she would yell and curse. The children of OA1 and OA2 were not present at the time of the home visit and were staying at a hotel due to the fatal incident. They were assessed to be safe in the care of their mother at the hotel.

On 5/14/2020, the 5-year-old child was observed to be safe in the care his parents. Although the 5-year-old child was asked some questions, the record did not reflect the child was interviewed regarding safety and risk factors or the reported concerns. OA2 said she often told the mother to put the child in the Pack 'N Play to sleep, but the mother would not listen. The night prior to the child's death, the mother came home around 11 PM, fed the child and went to bed. OA1 said he woke up and did not see the child, so he woke up OA2, realizing the child was under the mother's arm. The mother was awoken, EMS was called, and CPR was performed. OA2 learned from her daughter, who was a friend of the mother, the mother was high on marijuana the night prior to the child's death. OA1 suspected the mother was high because when she was, she would position herself in a different way on the bed. The 9-year-old child was observed and engaged with the CW; however, the record did not reflect the 9-year-old child was interviewed regarding the fatal incident.

An unrelated home member, OA3, said the mother would yell and curse at the child and was unable to calm the child down regularly. He stated it was obvious the mother was high on marijuana the night prior to the child's death as the mother's speech and movement was slow and she smelled of it. He reported texting OA2 requesting she watch the mother and child as he suspected the mother was impaired. Around 5:30 AM, he was asked to call 911 as the child was unresponsive.

Several home visits were completed throughout the investigation and interviews were conducted. WCDSS appropriately offered services to the mother and the unrelated home members. The case was appropriately closed as there were no



concerns for the surviving siblings, and the mother had moved out of the Department’s jurisdiction and had no children in her care.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
054013 - Deceased Child, Male, 2 Mons	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
054013 - Deceased Child, Male, 2 Mons	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
054013 - Deceased Child, Male, 2 Mons	054014 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
054013 - Deceased Child, Male, 2 Mons	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
054013 - Deceased Child, Male, 2 Mons	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054013 - Deceased Child, Male, 2 Mons	054014 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
054013 - Deceased Child, Male, 2 Mons	054014 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
054013 - Deceased Child, Male, 2 Mons	054014 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
054013 - Deceased Child, Male, 2 Mons	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054013 - Deceased Child, Male, 2 Mons	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Guardianship	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated



Child Fatality Report

054018 - Other Child - OC1, Female, 9 Year(s)	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054014 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054014 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054018 - Other Child - OC1, Female, 9 Year(s)	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054014 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054015 - Unrelated Home Member, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054017 - Unrelated Home Member, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054014 - Mother, Female, 20 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
054019 - Other Child - OC2, Male, 5 Year(s)	054016 - Unrelated Home Member, Female, 43 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Additional information, if necessary:

The family was offered appropriate services in response to the death. Some services offered by WCDSS were declined, but were accepted through other community-based resources. The mother was enrolled in counseling at the time of case closure.

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?

N/A

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)
02/25/2020	Deceased Child, Male, 2 Months	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 2 Months	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the mother gave birth to the child on 2/24/2020. The mother's toxicology was positive for marijuana, opioids and benzodiazepines at the time of delivery. The child tested positive for marijuana at the time of delivery. The mother had no provisions for the child, a safe place to stay, or an adequate plan for his care. The mother was homeless. The mother had a history of untreated mental health diagnoses which involved suicide attempts. The mother was the sole caretaker for the child. The role of the father was unknown.

Report Determination: Indicated

Date of Determination: 05/14/2020

Basis for Determination:

The allegations of Inadequate Guardianship and Inadequate Food/Clothing and Shelter were unsubstantiated against the mother with regard to the child. The investigation revealed the mother had adequate supplies and accommodations for the child and acted appropriately. The allegation of Parent Drug/Alcohol Misuse was substantiated. The record reflected the child tested positive for marijuana at the time of birth which put the child at risk of harm.

OCFS Review Results:

WCDSS initiated the investigation timely and completed the 7-day Safety Assessment timely and accurately. Home visits were conducted and safe sleep information was provided and a Plan of Safe Care was completed. Although the mother was provided with written notice timely, the other adults were not provided with written notice of the report. The children who resided in the home were not added to the case. Progress notes were not entered contemporaneously to their event dates.

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

Issue:



Failure to provide notice of report

Summary:

Although the mother was provided with written notice timely, the record did not reflect the other adults were provided with written notice of the report.

Legal Reference:

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

Action:

WCDSS will mail or deliver notification letters to subject(s) and other adults named in the report within the first seven days following the receipt of the report.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Progress notes were not entered contemporaneously to their event dates. Some progress notes were entered nearly three months after their event dates. Also, despite residing in the home, children were not added to the case.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates. Additionally, WCDSS will maintain a case record encompasses the entirety of case circumstances.

Issue:

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

Summary:

Although children were identified as living in the home, the case record did not reflect the children were seen or interviewed during the investigation. The record did not reflect the safety and/or risk of the children was assessed prior to case closure; therefore, the case was closed with a predetermination of safety and risk.

Legal Reference:

432.1 (o)

Action:

WCDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

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

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

Known CPS History Outside of NYS

There was no known CPS history outside of New York.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No