



Report Identification Number: SY-17-003

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

Issue Date: Jun 23, 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	

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-Cardio-pulmonary 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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Madison
Gender: Female

Date of Death: 01/25/2017
Initial Date OCFS Notified: 01/25/2017

Presenting Information

On 1/25/17, one-month-old female SC was found unresponsive in an adult bed at approximately 6:45AM. SC had no pulse and had blood in her nose and mouth. SC was pronounced dead at 7:27AM, and the cause of death was cardiac arrest. There was no explanation for the cause of death, therefore SM and MGM were named as subjects, as they both had access to SC.

Executive Summary

This fatality report concerns the death of a 1-month-old female (SC) that occurred on 1/25/17. A report was made to the SCR on that same date, with allegations of IG, LS, PD/AM, and DOA/Fatality against SM, and IG, DOA/Fatality against MGM. Madison County Department of Social Services (MCDSS) conducted a thorough investigation surrounding SC’s death. At the time of this writing, neither the Death Certificate nor Autopsy were available; however, the Preliminary Autopsy was obtained and noted the cause and manner of death as “pending.”

SM had two children: SC and a now 3-year-old male SS. SM gave birth to the SS while incarcerated, and as a result, the SS was placed in the care and custody of an MA. SM was granted supervised visitation with SS, and the custody arrangement remained the same at the time of this writing. SM reported regular prenatal care and a normal birth of SC with no complications; however, SM did test positive for drugs on at least one occasion during her pregnancy. SC was born healthy and developmentally normal, and was up to date medically at the time of her death.

On the date of the incident, it was discovered SM had placed SC in an adult bed on her side, propped SC’s head on a pillow, and covered her with a blanket to sleep. SC slept beside SM in the same bed. At approximately 6:45AM, MGM went into SM’s room and SM informed her the baby had died. According to MGM, she had to tell SM to call 911, which she did, and EMS arrived on the scene at 7:07AM. First responders reported SC was found lifeless with blood on her nose. SC was transported to the hospital and pronounced dead at 7:27AM.

From the time the investigation began to the time it was determined, MCDSS met regularly with family, assessed the home environments of both children, spoke with many collateral contacts, and referred the family to grief services. Additional concerns were discovered throughout the investigation related to SM’s mental health and substance abuse issues. MCDSS made several attempts to get SM to engage in services to no avail. As a result, an Abuse Petition was filed by MCDSS in Family Court on 3/30/17, and it remained pending at the time of this writing. During the investigation, an Additional Information report was received which alleged SM was sex trafficking her 16-year-old niece (for whom she was not legally responsible) for money. LE found evidence to support the allegations and SM was arrested and charged. SM remained incarcerated at the time of this report. A services case was opened on 3/29/17 to monitor and continue 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 SY-17-003**



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:

MCDSS conducted a thorough and complete fatality investigation, appropriately determined the case, and opened for on-going services.

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 IND the allegations against SM and UNF the allegations against MGM was appropriate. Casework was commensurate with the case circumstances, and MCDSS completed a thorough and complete investigation.

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: 01/25/2017

Time of Death: 07:27 AM

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

County where fatality incident occurred: MADISON

Was 911 or local emergency number called? Yes

Time of Call: 06:55 AM

Did EMS to 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

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

1

At time of incident supervisor was: Not 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 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	59 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Other Household 1	Aunt/Uncle	No Role	Female	38 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	37 Year(s)
Other Household 1	Sibling	No Role	Male	3 Year(s)
Other Household 2	Father	No Role	Male	26 Year(s)
Other Household 3	Father	No Role	Male	24 Year(s)

LDSS Response

On 1/25/17, MCDSS received an SCR report regarding the death of SC. MCDSS initiated their investigation within 24 hours, and coordinated their efforts with LE and other members of their Multi-Disciplinary Team. On this same date, MCDSS was able to observe LE interview SM via closed circuit television, and afterward, the MCDSS caseworker and members of the ME's office interviewed MGM. MCDSS determined there was a 3-year-old male SS, but SM had not had custody of him since birth and he resided with an MA. MCDSS also discovered via MGM's interview SM had been warned many times of the dangers of co-sleeping with SC by service providers, family members, and friends. Further on this same date, MCDSS completed a home visit and observed SM re-enact how SC was put to sleep in SM's adult bed, as well as the position SC was in when SM awoke to find her not breathing. MCDSS did not note any safety concerns regarding the home environment, and gathered information from collateral contacts that SM had received a Pack 'n' Play from MCDSS on 8/2/16 through the OCFS Safe Sleep Program; MCDSS was also provided with a copy of a Safe Sleep agreement signed by SM on that date as well as again on 1/19/17.

MCDSS interviewed the MA, observed the SS and MA's two other children, and finally, assessed the MA's home for safety and found no concerns. MA explained SM only has supervised visits with SS as agreed upon, but MA does not attend visits with SS very often due to SM cancelling or not showing when visitation is scheduled. MCDSS discovered the BF of SS had no contact with SS, and his whereabouts were unknown. SC's BF did not acknowledge paternity until after SC's death. Once acknowledged, MCDSS provided him with a Notice of Existence, interviewed him regarding the allegations, and assessed the safety of his home and two children, ages 6 and 4. MCDSS noted no concerns surrounding



BF, and did speak at length with him regarding the department's concerns with SM.

Throughout the fatality investigation, MCDSS discovered concerns regarding SM’s previous and current mental health and substance abuse issues. Evidence was found that SM stole MGM’s credit card and went to Wal-Mart with friends in the early morning hours after discovering SC had died. Further, it was found via collateral contacts that SM had blown crystal methamphetamine smoke in SC’s face on more than one occasion, and was also frequently under the influence of drugs when caring for SC. MCDSS made several attempts to have SM submit to a drug screening, but SM refused. SM also refused services when offered by MCDSS. As a result, MCDSS filed an Abuse Petition in Family Court in order to compel SM to comply with services.

On 3/3/17, Additional Information was called into the SCR, and it alleged SM was sex trafficking her 16-year-old niece for gas money. MCDSS again worked collaboratively with LE to interview all necessary parties and found the allegations to be true; SM was arrested and charged with five misdemeanors and two felonies and remained incarcerated at the time of this writing. MCDSS made BF aware of concerns with SM, and strongly recommended he not allow SM to be a sole caretaker to his children.

By the conclusion of the investigation, MCDSS had done the following: added to the report and interviewed all appropriate individuals, completed all necessary assessments and Fatality Reports on time, contacted sources, obtained copies of police/medical/hospital records, documented a CPS history check, and spoke with an abundance of collateral contacts. The case was opened for services on 3/29/17, and remained open at the time of this report. A Grand Jury hearing was scheduled for 6/15/17 to decide on possible charges against SM regarding SC's death.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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: This investigation was conducted by the MCDSS MDT.

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

Comments: MCDSS has an OCFS approved Child Fatality Review Team, which reviewed this fatality.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038683 - Deceased Child, Female, 1 Month(s)	038684 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
038683 - Deceased Child, Female, 1 Month(s)	038684 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
038683 - Deceased Child, Female, 1	038684 - Mother, Female, 27	Lack of Supervision	Substantiated



Month(s)	Year(s)		
038683 - Deceased Child, Female, 1 Month(s)	038684 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
038683 - Deceased Child, Female, 1 Month(s)	038685 - Grandparent, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated
038683 - Deceased Child, Female, 1 Month(s)	038685 - Grandparent, Female, 59 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"/>

Additional information:

MCDCSS completed a thorough investigation which included speaking with all individuals named on the report, as well as several collateral contacts.

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"/>

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 checked="" type="checkbox"/>	<input 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 SS had been placed in the custody of a MA since birth, and SM has only been allowed supervised visitation.

Legal Activity Related to the Fatality

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

- Family Court Criminal Court Order of Protection



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/30/2017	There was not a fact finding	There was not a disposition
Respondent:	038684 Mother Female 27 Year(s)	
Comments:	An Abuse Petition was filed by MCDSS against SM on 3/30/17. The initial Family Court appearance took place on 4/3/17 and was adjourned. There was no further documentation in the case record surrounding the proceedings regarding the petition.	

Criminal Charge: Criminally negligent homicide Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	SM	Pending	Pending.
Comments:	Grand Jury regarding charges against SM for SC's death had been scheduled for 6/15/17.		

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

Additional information, if necessary:
 Services were offered to SM to address mental health and substance abuse concerns. SM refused to engage, so MCDSS filed an Abuse Petition in Family Court to compel SM to take part in services. MA accepted on-going CPS/Preventive Services and was very open to engaging. SS remained in the custody of MA at the time of this writing, and only supervised visitation remained in place for SM.

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:
 An on-going CPS case was opened due to an Abuse Petition being filed against SM for her negligence and maltreatment of SC. The SS remained in the custody of the MA, and the MA agreed to on-going services for the SS.

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

Explain:
 MCDSS opened an on-going CPS case involving SM, MA, and the SS. MCDSS assisted the family with funeral costs and referred the family to grief services. MCDSS has tried diligently to work with SM surrounding her mental health and substance abuse issues; however, SM was not receptive. MCDSS filed an Abuse Petition in Family Court in order to compel SM to engage. The investigation was closed at the time of this writing, and the services case remained open.

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 fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

- 6/1988: MGM IND for OTH/COI.
- 6/1989: MGM IND for OTH/COI and SA.
- 8/1991: MGM IND for OTH/COI, XCP, and L/B/W; SM listed as a victim child on this report.
- 12/1991: MGM IND for OTH/COI and SA; SM listed as a victim child on this report.
- 5/1993: MGM IND for OTH/COI.
- 4/1997: MGM IND for IG.
- 6/1999: SM listed as a victim child on this report; IND for IG.
- 8/2005: MGM IND for IG; SM listed as a victim child on this report.
- 9/2005: MGM IND for L/B/W and IG; case opened for services.
- 9/2007: MGM UNF for IG.
- 11/2007: SM listed as child having no role on IND case.

Known CPS History Outside of NYS

There is no known CPS History regarding this family outside of NYS.

Required Action(s)

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

- Yes
- No

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.

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