



Report Identification Number: SV-19-045

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

Issue Date: Jan 28, 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		



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 09/09/2019
Initial Date OCFS Notified: 09/09/2019

Presenting Information

On 9/9/19, an SCR report was received alleging that on 9/8/19, the mother's friend fed the 6-month-old subject child at 9:30 PM. At 9:45 PM, the friend put the subject child to sleep in a queen size bed with blankets, pillows and her own 5-year-old child. The friend checked on the subject child and her child at 11:00 PM and they were sleeping. The friend checked on them again at 1:00 AM on 9/9/19, and found that the 5-year-old had rolled on top of the subject child. When the friend woke the 5-year-old child to gain access to the subject child, she found the subject child unresponsive. The friend called 911 at 1:07 AM. The friend began CPR on the subject child while on the phone with 911. EMS arrived to the home and transported the subject child to the hospital where the subject child was pronounced deceased at 1:53 AM.

Executive Summary

This fatality report concerns the death of a 6-month-old female subject child that occurred on 9/9/19. There were two surviving siblings (11 and 7 years old) and a 5-year-old child who was in the home at the time of the incident. WCDSS coordinated with ACS in the Bronx and safety was assessed for all of the children in their homes. There were no noted concerns. The subject child resided with her mother and the two surviving siblings in Westchester County. At the time of the subject child's passing, she was in the care of the mother's friend who lived in the Bronx. The friend and her 5-year-old child resided in that home.

WCDSS had been involved with the mother, the subject child and the surviving siblings since 3/19/19, after an SCR report was received which was unrelated to the fatality. The report received on 3/19/19 had concerns that the mother and the subject child tested positive for marijuana at the time of the subject child's birth. After a thorough investigation, the case was indicated and opened for Preventive Services. The mother had been working with Preventive Services since 5/17/19.

The mother's friend had picked up the subject child from the mother's home on 9/6/19 for a visit and it was agreed the subject child would return home to her mother on 9/10/19. On the evening of 9/8/19, the friend placed the subject child and her 5-year-old child to sleep together in a queen-sized bed with blankets and pillows. When the friend went to check on the children at 1:00 AM, the friend found her child had rolled on to the subject child and when she removed the subject child from underneath her child, the subject child was unresponsive. The friend called 911 at 1:07 AM. EMS arrived and transported the subject child to the hospital where the subject child was pronounced deceased at 1:53 AM.

An autopsy was performed. There were no physical signs of trauma to the subject child; however, the medical examiner's report was still pending at the time of this writing. Law enforcement found no criminality related to the death of the subject child.

WCDSS substantiated the allegations of DOA/fatality and inadequate guardianship against the friend and inadequate guardianship against the mother for the subject child. The friend failed to provide a minimum degree of care by placing the subject child in an unsafe sleeping environment. The friend admitted this was the subject child's regular place of sleep while at her home. The subject child was found unresponsive in a queen-size bed with multiple blankets, pillows and the 5-year-old child, who had rolled on top of the subject child while sleeping. The mother told WCDSS that she practiced safe sleep in her home but admitted she did not ask or discuss the sleeping arrangements at the friend's home and had never been to the friend's home. The mother and the friend fully cooperated with WCDSS and WCDSS offered all



appropriate services to meet the needs of the mother and the surviving siblings. ACS in the Bronx offered all appropriate services for the friend and her child as they resided in the Bronx. The mother had been involved with Preventive Services since 5/17/19 and continued to be involved with services at the time of this writing. The case was indicated and remained open with WCDSS.

PIP Requirement

For issues identified in historical cases, WCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) 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

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 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: 09/09/2019

Time of Death: 01:53 AM

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

Unknown

County where fatality incident occurred:

Bronx

Was 911 or local emergency number called?

Yes

Time of Call:

01:07 AM

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	Female	6 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Other Household 1	Other Adult - mothers friend	Alleged Perpetrator	Female	46 Year(s)
Other Household 1	Other Child - friends child	No Role	Female	5 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)
Other Household 3	Father	No Role	Male	32 Year(s)

LDSS Response

On 9/9/19, WCDSS received the fatality report from the SCR. WCDSS coordinated with ACS in the Bronx as the subject child was in the care of the mother's friend in the Bronx at the time of the reported fatality. WCDSS and ACS contacted



law enforcement, completed a CPS history check, and notified the medical examiner’s office and the district attorney’s office of the death. The 5-year-old child who was in the home at the time of the subject child’s death was assessed as safe by ACS in the Bronx. The safety of the two surviving siblings (11 and 7 years old) was assessed by WCDSS and there were no noted concerns. The mother, the subject child and the surviving siblings were actively involved with Preventive Services since 5/17/19.

On 9/9/19, ACS in the Bronx interviewed the friend about the events leading up to the death of the subject child. The friend told ACS that on the evening of 9/8/19, she placed the subject child to sleep on her back in the queen-size bed with her 5-year-old child at 9:45 PM. The friend said the last time she saw the subject child alive was when she went to check on her at 11:00 PM. The subject child and her child were asleep. The friend said she went in again at 1:00 AM on 9/9/19 to check on the subject child and that was when she discovered her child on top of the subject child. The friend said she woke her child, and the subject child was not breathing and was unresponsive. The friend said she called 911 at 1:07 AM and began administering CPR while on the phone with the 911 operator. The friend said EMS arrived and took over administering CPR and transported the subject child to the hospital. Her child was interviewed and her statements to ACS were consistent with her mother's. Law enforcement took statements and they were consistent with the accounts provided to WCDSS and ACS.

WCDSS interviewed the mother on 9/9/19. The mother said the subject child had been visiting with her friend at her home since Friday 9/6/19. The mother said she had known the friend for over ten years and refers to her as her aunt; however, they were not related. The mother never had any concerns for the subject child's care while with the friend and this was not the first time the subject child visited with the friend in her home. The mother said she had never visited the friend’s home and was not aware the friend did not have the appropriate sleep apparatus for the subject child. In a subsequent visit on 9/10/19, the mother told WCDSS, she could have provided the friend with the portable crib she had for the subject child but admittedly never asked or discussed the sleeping arrangements for the subject child.

WCDSS interviewed family members and offered referrals for bereavement services as well as other needed services to the family. The mother was already involved with Preventive Services and the services continued. ACS in the Bronx offered the friend bereavement services and educated her on safe sleep practices. The friend fully cooperated with ACS.

The mother and the friend were questioned about drug/alcohol misuse and the mother denied she misused drugs/alcohol while caring for her children. The friend admitted to using marijuana as she suffers from a serious medical issue and it helped relieve her pain.

WCDSS obtained information from law enforcement, the medical examiner, emergency services, ACS in the Bronx, the Preventive Services worker for the mother, the fathers of the children, school records for the school aged children, the subject child’s, the surviving sibling and the other child’s pediatrician and there were no noted concerns for their care.

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

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
052712 - Deceased Child, Female, 6 Mons	052713 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
052712 - Deceased Child, Female, 6 Mons	052717 - Other Adult - mothers friend, Female, 46 Year(s)	Inadequate Guardianship	Substantiated
052712 - Deceased Child, Female, 6 Mons	052717 - Other Adult - mothers friend, Female, 46 Year(s)	DOA / Fatality	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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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"/>

Explain as necessary:
No children were removed from their parents care.

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"/>					
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>					



Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input checked="" 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 checked="" 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:
WCDSS had completed a referral for domestic violence services for the mother. The father of the subject child was showing up at the mother's home and would yell and scream at her to the point where the police were called. This happened a couple of times and there was concern for the mother's safety.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome

 With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/19/2019	Deceased Child, Female, 9 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	No

Report Summary:

Report alleged that on 3/8/19 the mother gave birth to the subject child. Both the mother and the subject child tested positive for marijuana.

Report Determination: Indicated**Date of Determination:** 05/17/2019**Basis for Determination:**

Based on interviews and research, WCDSS found credible evidence to substantiate the allegation of parent drug/alcohol misuse. The mother admitted to using marijuana throughout her pregnancy. The subject child was born premature at 35 weeks gestation and weighed 2 1/2 pounds at birth. WCDSS research and discussions with medical professional indicated that mother's excessive use of marijuana could have long term effects on the subject child's brain development. WCDSS appropriately completed a plan of safe care and the mother agreed to services for herself and the subject child as well as the surviving siblings. The case was indicated and opened for services.

OCFS Review Results:

WCDSS gathered sufficient information to make a determination in the case. WCDSS offered and implemented appropriate services for the family to meet their needs.

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)
03/11/2019	Deceased Child, Female, 3 Days	Mother, Female, 27 Years	Inadequate Guardianship	Far-Closed	No
	Deceased Child, Female, 3 Days	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

The report alleged that on 3/8/19, the mother gave birth to the subject child and the mother tested positive for marijuana.

OCFS Review Results:

WCDSS tracked the case FAR; however, during the Family Assessment Response process the tests were finally returned which indicated the subject child also tested positive. The FAR case was closed on 3/19/19 and an SCR report was made the same day.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/06/2017	Sibling, Male, 9 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes



Sibling, Male, 9 Years	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 9 Years	Mother, Female, 26 Years	Swelling / Dislocations / Sprains	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 5 Years	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated

Report Summary:

An SCR report alleged that on 9/6/17, there was screaming and banging in the family home. The mother was acting out of control and hit the then 9-year-old surviving sibling in the mouth. At sometime in the past, the mother hit the then 5-year-old surviving sibling.

Report Determination: Unfounded**Date of Determination:** 11/02/2017**Basis for Determination:**

WCDSS unsubstantiated the allegations of IG, L/B/W and S/D/S against the mother for the surviving siblings. The mother admitted she slapped the 9-year-old in the mouth with an open hand. The surviving siblings were interviewed and observed. The children were not afraid of their mother and this was the only time the mother had ever hit one of the children. The 9-year-old did not sustain an injury and the case was unfounded and closed. The mother was receiving services through the shelter where her and the children were living.

OCFS Review Results:

WCDSS thoroughly investigated the allegations; however, while they asked about the biological father they never notified him or added him to the investigation. There was no documentation in the Connections case record that they made attempts to locate the father. WCDSS did not provide the mother with the notice of existence within the 7 day required time frame as per regulation. The notice was provided a month after the case initiation date.

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

Issue:

Failure to provide notice of report

Summary:

WCDSS thoroughly investigated the allegations; however, while they asked about the biological father they never notified him or added him to the investigation. There was no documentation in the Connections case record that they made attempts to locate the father. WCDSS did not provide the mother with the notice of existence within the 7 day required time frame as per regulation.

Legal Reference:

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

Action:

WCDSS will provide the notice of existence within the required time frame.

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

An SCR report received on 1/25/15 with the allegation if inadequate guardianship against the mother for the surviving sibling. The allegation was unsubstantiated and the case was unfounded and closed on 3/25/15.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Services Open at the Time of the Fatality



Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 05/17/2019

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: 05/17/2019

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

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input 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"/>
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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"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 WCDSS continued to provide a multitude of services to the mother and the surviving siblings.

Preventive Services History

On 5/17/19 a Preventive Services case was opened for the mother of the subject child for the children WCDSS via an SCR report received on 3/19/19, alleged that the mother tested positive for marijuana at the time of the subject child's birth on 3/8/19. The subject child was born premature and tested positive for marijuana. It was also learned the mother was suffering from post-partum depression and had a stroke a few years prior to the subject child's birth and this impacted her cognitive abilities. The mother agreed to services to assist her and her children. The program choices for the family were prevent placement and protective. The mother fully cooperated with WCDSS and WCDSS provided case management services, assistance with housing, school, medical, and counseling. The case remained open at the time of this writing. During the open case the subject child died on 9/9/19, while in the care of the mother's friend. That case has been addressed throughout this fatality report. WCDSS continued to meet with the mother and the surviving sibling and had appropriate services in place to meet the family's needs.

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