



Report Identification Number: SY-16-012

Prepared by: Syracuse Regional Office

Issue Date: 10/12/2016

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: 30 day(s)

Jurisdiction: Tompkins
Gender: Female

Date of Death: 04/11/2016
Initial Date OCFS Notified: 04/11/2016

Presenting Information

On 4/11/16 the SCR registered a subsequent report alleging DOA/Fatality and IG against the BM and BF on behalf of the 1-month old SC. The narrative of the report stated the following: on 4/11/16 at approximately 11:06am, the SC was found deceased laying between the BM and BF on a sofa bed. One or both parents rolled on the SC and the SC was smothered. There was blood coming out of the SC's nose. The SC was otherwise a healthy baby. The SC was last seen alive at 1:30am. The fatality report was subsequent to an initial report that was open in Cortland County at the time of the fatality. The details of that report are documented under the CPS History section of this report on page 11.

Executive Summary

The fatality report concerns the death of a 1-month-old child. The SC was pronounced dead on 4/11/16 at 11:22am. The autopsy listed the manner of death as accidental. The cause of death was listed as "Suffocation due to overlaying due to unsafe sleep environment."

The LDSS' investigation revealed that the BM awoke during the night and took the SC out of a baby swing to change and feed the SC. She then placed the SC in a sofa bed between herself and the BF. There was also an additional adult in the sofa bed sleeping next to the BM. The BM fell asleep leaving the SC between her and the BF. The SC suffocated in the bed, likely due to the BF unintentionally laying on top of the SC. The SC was found deceased by the BM approximately 7 hours after she laid the SC down in the bed. The SC had a bloody nose and the BF had blood on the back of his shirt.

The LDSS' investigation is pending supervisory approval at the time of this writing. The LDSS appropriately substantiated the BM for IG and DOA/Fatality. The allegations of IG and DOA/Fatality were appropriately unsubstantiated against the BF as he did not place the SC in the sofa bed, and was unaware the SC was in the sofa bed. The LDSS also appropriately determined the need for ongoing services for the family and is providing said services. Compliance issues were noted with the timeliness of progress notes and a 30-day fatality report, as well as with an uncompleted 7-day safety assessment. These issues will be addressed with the LDSS in a Program Improvement Plan.

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** Yes



appropriate?

Determination:

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

Yes, sufficient information was gathered to determine all allegations.
Yes

Explain:

N/A

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 casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	Tompkins County DSS' investigation didn't contain a 7-Day safety assessment of the surviving sibling in the home.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Tompkins County DSS will ensure that within seven days of the receipt of a report, a 7-Day safety assessment is documented in Connections.
Issue:	The 30-Day Fatality Report is required to be completed in CONNECTIONS within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Summary:	Tompkins County DSS' investigation contained a 30-day Fatality Report that was completed 3 months and 5 days past its mandated due date.
Legal Reference:	CPS Program Manual, VIII, B.2, page 4
Action:	Tompkins County DSS will ensure that the 30-Day Fatality Report is completed within 30 Days of receipt of a report alleging the death of a child as a result of abuse or maltreatment.
Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Tomkins County DSS' investigation contained several progress notes that were entered between 1 month and 3 1/2 months after the occurrence of the event or the receipt of the information which was to be recorded.
Legal Reference:	18 NYCRR 428.5(a) and (c)
Action:	Tompkins County DSS will ensure that investigation progress notes are made as contemporaneously



as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/11/2016

Time of Death: Unknown

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

County where fatality incident occurred:

TOMPKINS

Was 911 or local emergency number called?

Yes

Time of Call:

11:06 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

How long before incident was the child last seen by caretaker? 7 Hours

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

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	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Adult	No Role	Male	19 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	20 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)



LDSS Response

The LDSS' investigation revealed that the BM, BF, the SC, and SC's sibling had been living with the BM's and BF's friends in Tompkins County for approximately two weeks prior to the SC's death. The friends were an adult woman (age 20-hereafter identified as A1) and an adult male (age 19-hereafter identified as A2) who were a couple. The family had been residing with the MGM in Cortland County prior. At the MGM's the family had a Pack and Play for the 1-month-old SC, as well as a bassinet that went on top of the Pack and Play, which is what the SC slept in. The SC's 1-year-old sibling slept in a crib. At the friend's residence, the SC slept in a swing, and there was a Pack and Play for the sibling.

On 4/11/16, there was an additional adult visiting the home. The additional adult was the sister (age 18-hereafter identified as A3) of the 20-year-old woman the BM and BF were living with. At around 11:15pm, all the adults in the home except the BM, worked out at a local gym and didn't return to the home until around 1:00am. Upon returning, the BM, BF and A3 watched a movie. The BM and BF fell asleep on a sofa bed in the living room. A3 fell asleep in a living room chair. The SC was sleeping in a baby swing next to the sofa bed. At around 3:00am, the SC awoke and the BM changed the SC, fed her a bottle, then placed the SC between her and the BF on the sofa bed. The BM stated that the BF was asleep while this occurred. The BM fell asleep and at some point during the night A3 moved to, and slept in, the sofa bed, next to the BM. The BM awoke at approximately 10:30am and discovered the SC was deceased. The BF awoke and saw that the SC was deceased. He saw blood coming out of the SC's nose and he saw that he had blood on his shirt, which indicated to him that he had rolled on, and suffocated, the SC. A1 awoke to the BM screaming and called A2 who had left for work. She asked him to come home as he was a volunteer firefighter and she wanted him to check on the SC. He arrived to the home and said that 911 should be called. A3 called 911. EMS and the NYSP arrived to the home and noted that the SC was deceased and there was no hope for recovery. The SC was transported directly to the medical examiner's office for autopsy. The NYSP noted that the adults were sober and appropriately distraught over the incident. The NYSP determined that there was no criminal negligence regarding the SC's death. The medical examiner determined that the manner of death was accidental. The cause of the death was determined to be suffocation as a consequence of overlay and an unsafe sleep environment. The LDSS confirmed that both parents were aware of safe sleep prior to the SC's death.

The LDSS appropriately substantiated the BM for IG and DOA/Fatality. The allegations of IG and DOA/Fatality were appropriately unsubstantiated against the BF as he did not place the SC in the sofa bed, and was unaware the SC was in the sofa bed. The LDSS also appropriately determined the need for ongoing services for the family and is providing said services. Compliance issues were noted with the LDSS' investigation as follows: there were several progress notes in the case record that were entered as late as 1 month to 3 1/2 months after the date of the investigation event; the 7-day safety assessment was not completed; and the 30-day fatality report was completed 3 months and 5 days late. These issues will be addressed with the LDSS in a Program Improvement Plan.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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



NYS Office of Children and Family Services - Child Fatality Report

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
030828 - Deceased Child, Female, 1 Mons	030829 - Mother, Female, 19 Year(s)	DOA / Fatality	Substantiated
030828 - Deceased Child, Female, 1 Mons	030830 - Father, Male, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
030828 - Deceased Child, Female, 1 Mons	030829 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
030828 - Deceased Child, Female, 1 Mons	030830 - Father, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

There were several notes in the case record that were entered as between 1 month and 3 1/2 months after the date of the investigation event.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to
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NYS Office of Children and Family Services - Child Fatality Report

				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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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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Explain:
 A 7-day safety assessment was not completed. The 30-day fatality report was completed, but not by 5/11/16 as required by regulation. It was not completed until 8/16/16.

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

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



NYS Office of Children and Family Services - Child Fatality Report

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



N/A

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? N/A

Explain: Due to the SC's sibling being only 1-year-old at the time of the SC's death, he was unable to benefit from specific services related to the fatality.

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

Explain: Progress notes do not document if any immediate services were provided to the parents directly after the fatality.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
Was there an open CPS case with this child at the time of death? Yes
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? 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 neither of the issues listed noted in case record
With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Row 1: 03/13/2016, 10601 - Deceased Child, 10596 - Mother, Parents Drug /, Unfounded, Yes



NYS Office of Children and Family Services - Child Fatality Report

Female, 1 Days	Female, 19 Years	Alcohol Misuse	
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Report Summary:

The SC was named as an alleged maltreated child in an initial report investigated by the Cortland County Department of Social Services. The allegation of PDAM was against the BM. The report alleged that the SC tested positive for marijuana at birth. During the course of the investigation, the SC died on 4/11/16 and a fatality report was generated with the SCR.

Determination: Unfounded**Date of Determination:** 05/04/2016**Basis for Determination:**

The report was UNF as there was no evidence that the SC was physically effected by the marijuana in her system. The family had moved to Tompkins County in the course of the investigation, which is the location that the SC died. As a result, the Tompkins County Department of Social Services accepted primary jurisdiction on the fatality report, and the Cortland County Department of Social Services closed this report.

OCFS Review Results:

The Cortland County Department of Social Services appropriately determined the allegations of the report. Information on safe sleep, including the risks of bed sharing, were not provided to the BM or BF prior to the SC's death on 4/11/16.

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

Overall Completeness and Adequacy of Investigation

Summary:

The Cortland County Department of Social Services investigation did not reflect that information on safe sleep, including the risks of bed sharing, was provided to parents or caregivers per 13-OCFS-ADM-02, prior to the SC's death on 4/11/16.

Legal Reference:

SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:

The Cortland County Department of Social Services will ensure that information on safe sleep, including the risks of bed sharing, is provided to parents or caregivers per 13-OCFS-ADM-02.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/10/2015	10594 - Sibling, Male, 1 Days	10592 - Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes

Report Summary:

The SC's sibling was named as an alleged maltreated child in an initial report investigated by the Cortland County Department of Social Services. The allegation was PDAM against the BM. The report alleged that the SC's sibling tested positive for marijuana at birth.

Determination: Unfounded**Date of Determination:** 04/10/2015**Basis for Determination:**

The report was UNF as there was no evidence that the SC's sibling was physically effected by the marijuana in his system. The BM and BF were offered, and agreed to, preventive services for assistance with parenting skills and substance abuse counseling for marijuana use. However, the BM and BF declined preventive services a couple weeks later. The case was closed as there were no pending safety issues and future risk to the SC's sibling was determined to be low.

OCFS Review Results:

The Cortland County Department of Social Services appropriately determined the allegations of the report. Safety and



risk to the SC's sibling was assessed, as well as the need for ongoing services. A child protective history review was not documented. Information on safe sleep, including the risks of bed sharing, were not provided to the BM or BF.

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

Issue:
Review of CPS History

Summary:
The Cortland County Department of Social Services' investigation did not include a review of CPS history.

Legal Reference:
18 NYCRR 432.2(b)(3)(i)

Action:
The Cortland County Department of Social Services will ensure that CPS history is reviewed on all investigative reports per 18 NYCRR 432.2 (b)(3)(i).

Issue:
Overall Completeness and Adequacy of Investigation

Summary:
The Cortland County Department of Social Services investigation did not reflect that information on safe sleep, including the risks of bed sharing, was provided to parents or caregivers per 13-OCFS-ADM-02.

Legal Reference:
SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2 (b)(3)(iii)(c)

Action:
The Cortland County Department of Social Services will ensure that information on safe sleep, including the risks of bed sharing, is provided to parents or caregivers per 13-OCFS-ADM-02.

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

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

Known CPS History Outside of NYS

There is no known CPS History 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.

Casework Contacts

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

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement 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