



**Report Identification Number: RO-18-007**

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

**Issue Date: Aug 21, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 2 day(s)

**Jurisdiction:** Chemung  
**Gender:** Male

**Date of Death:** 03/13/2018  
**Initial Date OCFS Notified:** 03/13/2018

## Presenting Information

An SCR report alleged that on March 11, 2018, the mother gave birth to the child. Both the child and mother had a positive toxicology for marijuana and cocaine. The mother did not have any prenatal care. On March 13, 2018, at 7:20AM, the child died. The cause of the child's death was unknown. The child's death was suspicious in nature. The father had an unknown role.

## Executive Summary

Chemung County Department of Social Services (CCDSS) received an initial report on 3/12/18 regarding a male child being born with a positive toxicology for marijuana and cocaine. A subsequent report was received the following day on 3/13/18, regarding the death of the child, which occurred on that date. The child never left the hospital after being born. There were no other children living in the home and there were two surviving siblings who lived with the maternal grandmother. The surviving siblings had not seen their mother in over a year.

CCDSS coordinated efforts with LE upon receipt of the fatality report. An autopsy was completed and the ME ruled the cause of death was septic shock due to a perforated colon. The report also stated maternal drug use cannot be excluded as a contributing factor in the child's death. The child was born full term; however, the child was born small and underweight and needed to be sent to the neonatal intensive care unit (NICU). The CW spoke with the NICU doctor who stated the child's growth restriction was due to in utero drug exposure. The NICU doctor also stated in utero cocaine exposure can cause intestinal issues. CCDSS found it not plausible that father was unaware of mother's drug use while pregnant.

Oneida County Department of Social Services (OCDSS) took a secondary role in the investigation to assess the safety of the surviving siblings. Before the newborn child died, the SS had not seen their mother in over a year. The SS were safe in the care of their maternal grandmother. The children were in the care and custody of their maternal grandmother due to mother going through a period of homelessness. The surviving siblings remained in the care of the maternal grandmother with no plan to have unsupervised visits with their mother or to return to her care.

The mother was interviewed on 3/12/18 after the initial report came in and she admitted to using drugs during her pregnancy and being advised by a medical professional to discontinue use. CCDSS made notable efforts to interview the parents after the fatality but the parents missed several scheduled visits and did not return multiple contacts from the CW. CW met with the father briefly on 3/13/18 and provided him information on grief services, funeral services, and the grieving process.

CCDSS obtained all pertinent records from LE, medical records for the child and mother, and contacted collaterals.

The mother and father declined to meet with CW so CW mailed information to the parents regarding mental health services, domestic violence counseling, and grief services. At the time of case closing, LE had not pursued any criminal charges. CCDSS appropriately indicated and closed their case on 5/9/18.

## 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? 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 casework activity was commensurate with the case circumstances.

### 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: 03/13/2018

Time of Death: 07:20 AM

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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	Male	2 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)

### LDSS Response

On 3/13/18, CCDSS received the fatality report from the SCR. CCDSS coordinated efforts with LE after receiving the fatality report. The ME contacted CCDSS and informed them of his initial findings. The ME said he saw no signs of inflicted injuries and he was unable to interview the mother as she left the hospital against medical advice. CCDSS notified the DA and contacted the source of the report. CCDSS completed a history check and discovered there were two surviving siblings (ages 8 & 7). The siblings resided with the maternal grandmother in a different county and had not had contact with their mother in over a year.

CCDSS spoke with medical staff at the hospital who stated the mother had not received any prenatal care since January 2018. CW spoke with the neonatal intensive care unit doctor who said the baby was born full term but small in size and this can be a sign of exposure to drugs and malnutrition. The doctor said the child went into surgery for an intestinal issue at 1AM on 3/13/18, initially did well, and later went into cardiac arrest. The doctor said the growth restriction was due to in utero exposure to drugs and cocaine use is related to intestinal complications.

CW made a home visit on 3/13/18 and the father was the only one home at the time. The father said he and the mother could not meet now but agreed to meet the following day. CW provided the father with information on grief services, funeral services, and the grieving process. The mother was interviewed in the hospital on 3/12/18 as part of the initial report. The mother admitted to using drugs throughout her pregnancy. The mother said in January 2018, she went to the hospital for pregnancy complications and she was advised to discontinue using cocaine.

The mother and father missed several scheduled interviews after the fatality. CW made several attempts to meet with the parents and they failed to show for appointments and did not return contact.

On 3/16/18, CCDSS contacted OCDSS and requested they take a secondary role to assess the safety of the surviving siblings. OCDSS was not able to contact the SS until 3/19/18 when they made a successful home visit. OCDSS interviewed the grandmother and SS2 at home. OCDSS interviewed SS1 the following day at school. The SS had no complaints or concerns with their current living situation and both had said they had not seen their mother in a long time.

CCDSS spoke with the ME who said he believed the mother's cocaine use was correlated with the development of the child's intestinal issue and his demise. CW received the child's death certificate which listed the cause of death as septic



shock due to a perforated colon. The final autopsy report stated "maternal drug use cannot be excluded as a contributing factor in the child's death."

CCDSS obtained all medical records for the child and the mother. CW spoke with several collaterals such as mother's obstetrician, hospital staff, relatives, and a neighbor. CW contacted a DV advocate to make a referral for the mother as there were historical concerns regarding DV. Since the parents would not meet face to face, CW mailed information to them regarding mental health services, DV counseling, and grief services. CCDSS indicated and closed their case on 5/9/18. The parents and maternal grandmother refused services and CCDSS closed the case.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**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
047012 - Deceased Child, Male, 2 Day(s)	047009 - Mother, Female, 29 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
047012 - Deceased Child, Male, 2 Day(s)	047010 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated
047012 - Deceased Child, Male, 2 Day(s)	047010 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
047012 - Deceased Child, Male, 2 Day(s)	047009 - Mother, Female, 29 Year(s)	DOA / Fatality	Substantiated
047012 - Deceased Child, Male, 2 Day(s)	047009 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

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



Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
The SS were not assessed within 24 hours; however, the SS did not reside in the home and had infrequent contact with the mother. Before the fatality of SC, the SS had not seen their mother in approximately 17 months.

### 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"/>
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### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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"/>



Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

Several services were offered and were declined by the parents.

## 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? Yes

Was the child acutely ill during the two weeks before death? Yes

### 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)
03/12/2018	Deceased Child, Male, 1 Days	Father, Male, 31 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 1 Days	Mother, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 1 Days	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report alleged that on 3/11/18, the mother gave birth to the SC. Both mother and SC tested positive for cocaine and marijuana. The father had an unknown role.

**Report Determination:** Indicated

**Date of Determination:** 05/09/2018

**Basis for Determination:**

The mother and SC tested positive for cocaine and marijuana and the mother admitted to using drugs while pregnant. In



January 2018 mother presented at the hospital for pregnancy complications and admitted to cocaine use and marijuana use the night before. Mother was counseled about the potential negative impacts on the child and she left against medical advice.

**OCFS Review Results:**

CCDSS made notable efforts to work with the family even though they were uncooperative during the investigation. CW spoke with multiple collaterals, reviewed the family's CPS history, completed safety assessments on time and correctly determined the report.

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

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

- 2/25/10-4/8/10-IND against mother for the allegation of IG against SS1.
- 1/15/12-3/30/12-UNF against mother for IF/C/S against SS1 & SS2, and LS for SS1.
- 4/30/12-6/27/12-IND against mother for OTH/COI against SS1 & SS2.
- 5/20/13-7/31/13-IND against mother for IF/C/S, IG & LS against SS1 & SS2.
- 7/24/13-9/13/13-UNF against mother for OTH/COI against SS1 & SS2.

**Known CPS History Outside of NYS**

There is no known CPS history outside of NYS.

**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