

Report Identification Number: SY-16-064

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

Issue Date: May 31, 2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 30 day(s)

Jurisdiction: Tompkins
Gender: Female

Date of Death: 04/11/2016
Initial Date OCFS Notified: 12/23/2016

Presenting Information

The mother gave birth to a daughter 12/21/16. At the time of the child's birth, it was alleged mother had used heroin and marijuana regularly. The newborn had health issues requiring hospitalization, and the issues were believed to be related to mother's drug and cigarette use.

It was previously alleged in an SCR report dated 12/23/16, that sometime in April 2016, the father was drunk in bed with the infant when he rolled over onto the child and smothered her.

Executive Summary

This death was investigated by Tompkins County Department of Social Services (TCDSS) and LE beginning on 4/11/16 in response to an SCR report which alleged that the cause of SC's death was "suffocation due to overlaying due to unsafe sleep environment." The allegations against BF regarding SC were DOA/Fatality, IG, and PD/AM, which were all unsubstantiated. BF was sleeping and was unaware that BM had placed SC in the bed. The allegations against BM and BF for the two SS were IG and PD/AM, which were substantiated.

The previous TCDSS investigation revealed that BM awoke during the night and took SC out of a baby swing to change and feed SC. BM then placed SC in a sofa bed between herself and BF. There was also an additional adult in the sofa bed sleeping next to BM. BM fell asleep leaving SC between her and BF. SC suffocated in the bed, likely due to BF unintentionally lying on top of SC. SC was found deceased by BM approximately 7 hours after she laid SC down in the bed. SC had a bloody nose and BF had blood on the back of his shirt. LE found neither parent to be under the influence of drugs or alcohol at the time of the child's fatality.

The death was reported again on 12/23/16, alleging DOA/Fatality and IG, against BM, which were both substantiated. Within the first 24-hours of receiving this report, TCDSS assessed safety of both SS (ages 1-year-old and 2-days-old). TCDSS made a home visit to BM and BF. BM arranged for the older SS to stay with his MGM in Cortland County, as BM had just been discharged from the hospital. Cortland County DSS made a visit to the older SS who appeared to be safe. TCDSS worker also made a home visit to the home of MGM later that day. TCDSS worker was familiar with MGM and her husband from the original fatality investigation. The younger SS remained in the hospital.

As a result of the new investigation, the two SS were removed and placed in foster care on 12/29/16 due to BM and BF's ongoing substance abuse. Both parents admitted to using heroin for the last month, and most recently on 12/26/17. SS were later placed with a relative while BM and BF obtained treatment for their substance abuse. The allegations of this report were determined by interviewing the parents and reviewing the original fatality investigation case file. Both parents enrolled in mental health counseling and a substance abuse program. Parents also planned to re-enroll in a parenting skills program.

LDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, LDSS will review the plan(s) and revise as needed to further address



on-going 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:

Casework was commensurate with case circumstance.

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: 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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	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	Other Child	Alleged Victim	Female	5 Day(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)

LDSS Response

Upon receiving this fatality report from the SCR on 12/23/16, TCDSS caseworker had a meeting with a supervisor to discuss the case history and how this SC's death was previously investigated. The decision was made to not notify the DA's office or the County Coroner as SC's death was previously investigated. TCDSS confirmed through case history that neither parent was documented to be under the influence of drugs or alcohol at the time of SC's death on 4/11/16.

There was no new information regarding SC's death.

The allegations against BM regarding SC were DOA/Fatality and IG, which were both substantiated. The allegations against BF regarding SC were DOA/Fatality, IG, and PD/AM, which were all unsubstantiated. BF was sleeping and was unaware that BM had placed SC in the bed. The allegations against BM and BF for the two SS were IG and PD/AM, which were substantiated. All allegations were appropriately determined. The two SS were removed from the parents due to their substance abuse issues and placed in foster care. TCDSS assisted the parents in enrolling with mental health counseling and substance abuse services. BF has continued to test positive for marijuana throughout his substance abuse treatment. Both parents attribute their substance abuse problems as a coping mechanism for dealing with the loss of SC.



TCDSS completed all of the required safety assessments in the required time, as well as appropriately assessed the safety of the SS. TCDSS took immediate action to protect the SS when the parents disclosed their substance abuse problems. After exhausting all relative resources that were available at the time, it was determined the SS would need to be placed in foster care. The Preventive Services case for the family remains open.

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

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
037161 - Deceased Child, Female, 1 Mons	037164 - Father, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated
037161 - Deceased Child, Female, 1 Mons	037163 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
037161 - Deceased Child, Female, 1 Mons	037164 - Father, Male, 19 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
037161 - Deceased Child, Female, 1 Mons	037163 - Mother, Female, 19 Year(s)	DOA / Fatality	Substantiated
037161 - Deceased Child, Female, 1 Mons	037164 - Father, Male, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
037403 - Sibling, Male, 1 Year(s)	037164 - Father, Male, 19 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037403 - Sibling, Male, 1 Year(s)	037164 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
037403 - Sibling, Male, 1 Year(s)	037163 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
037403 - Sibling, Male, 1 Year(s)	037163 - Mother, Female, 19 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037404 - Other Child - sibling born after SC's death, Female, 5 Day(s)	037163 - Mother, Female, 19 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
037404 - Other Child - sibling born after SC's death, Female, 5 Day(s)	037163 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated



037404 - Other Child - sibling born after SC's death, Female, 5 Day(s)	037164 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
037404 - Other Child - sibling born after SC's death, Female, 5 Day(s)	037164 - Father, Male, 19 Year(s)	Parents Drug / Alcohol Misuse	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 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 a few notes that were not contemporaneously entered. Some entry dates on notes were almost two months after the event date.

Fatality Safety Assessment Activities

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



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

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

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 The two SS were removed on 12/29/16 and placed in foster care due to BM and BF's drug use.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: Article 10-C, Destitute Child



Date Filed:	Fact Finding Description:	Disposition Description:
01/19/2017	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The two SS were placed in Article 10 foster care.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

This fatality report was previously investigated eight months prior to the current report. There were no immediate needs in response to the fatality that occurred eight months prior to the current report.

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



fatality? Unable to Determine

Explain:

The record does not reflect any immediate services were provided to the parents directly following 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?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** 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)	Status/Outcome	Compliance Issue(s)
04/11/2016	16076 - Deceased Child, Female, 30 Days	16072 - Mother, Female, 19 Years	DOA / Fatality	Indicated	No
	16076 - Deceased Child, Female, 30 Days	16081 - Father, Male, 19 Years	DOA / Fatality	Unfounded	
	16076 - Deceased Child, Female, 30 Days	16081 - Father, Male, 19 Years	Inadequate Guardianship	Unfounded	
	16076 - Deceased Child, Female, 30 Days	16072 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated	

Report Summary:

SC was found laying deceased between her two parents on a sofa bed. One or both parents rolled onto the SC and she was smothered.



Determination: Indicated **Date of Determination:** 09/26/2016

Basis for Determination:

BM placed the SC in bed with her and the BF. BF was unaware that SC had been placed in the bed. Either BM or BF rolled on top of SC during sleep. SC's cause of death was determined to be "suffocation due to overlaying due to unsafe sleep environment."

OCFS Review Results:

TCDSS conducted an adequate investigation with respect to the allegations and addressed service needs for the family. TCDSS immediately addressed the safety of the SS. TCDSS helped the family enroll in services they expressed interest in such as a teen parenting program.

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)
03/13/2016	16033 - Deceased Child, Female, 1 Days	16031 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes

Report Summary:

Child tested positive for marijuana at the time of delivery. Mother tested positive for marijuana throughout her pregnancy.

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

Basis for Determination:

Mother's marijuana use was not found to have a negative impact on the child.

OCFS Review Results:

Safe sleep was never discussed with BM and BF prior to 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:

Cortland County DSS investigation record 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:

Cortland County DSS will provide information on safe sleep, including the risks of bed sharing, to parents and/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	16003 - Sibling, Male, 1 Days	16001 - Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	Yes

Report Summary:

BM gave birth to SS who tested positive for marijuana at the time of delivery.

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

Basis for Determination:

There was not enough credible evidence to support the allegations. There was no negative impact on the child from mother's marijuana use during pregnancy. BM and BF were offered and agreed to voluntary Preventive Services for



assistance with parenting skills and substance abuse counseling for marijuana use. However, 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 SS was determined to be low.

OCFS Review Results:

It was well documented that the child's complications at birth had nothing to do with mother's marijuana use. Child had a heart condition that he got from the delivery process. LDSS appropriately determined the allegations of the report. Safety and risk to the CH 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 BM or BF.

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

Issue:

Review of CPS History

Summary:

LDSS investigation did not include a review of CPS history

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

LDSS will review CPS history on all investigative reports within five days and document that they did so.

Issue:

Overall Completeness and Adequacy of Investigation

Summary:

LDSS 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:

LDSS will provide information to parents and caregivers on safe sleep, including the risks of bed sharing.

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 New York State.

Services Open at the Time of the Fatality

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: 09/26/2016

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

	Yes	No	N/A	Unable to
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				Determine
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"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? Current FASP was due on 4/13/17 and has not yet been launched.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input type="checkbox"/>	<input checked="" 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"/>

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"/>

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.

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