



Report Identification Number: SY-19-051

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

Issue Date: Mar 11, 2020

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 18 day(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 10/25/2019
Initial Date OCFS Notified: 10/23/2019

Presenting Information

An SCR report was received, which alleged on the morning of 10/23/19, the 2-week-old subject infant was found unresponsive on his parents' bed. On the evening of 10/22/19, the parents put the infant to sleep in his pack and play. At around 2AM on 10/23/19, the parents woke to feed the infant and the mother kept him in the bed with herself and the father. At around 6AM, the parents woke and found the infant unresponsive. The parents called 911 and the infant was brought to the hospital. When the infant arrived, he was in full cardiac arrest and sustained a brain injury due to lack of oxygen. He was stabilized after Cardiopulmonary Resuscitation was performed but he never recovered. He was declared deceased on 10/25/19. The infant had no known preexisting medical conditions. There was no explanation provided by the parents for the infant's death. There were no other children in the home.

Executive Summary

This report concerns the death of the 2-week-old subject infant. Onondaga County Department of Social Services (OCDSS) received an initial report from the SCR on 10/23/19, the day the infant was found unresponsive in bed with his parents. On 10/25/19, the infant was taken off life support and pronounced dead. OCDSS received a subsequent report from the SCR on the same day regarding the infant's death. The subject infant resided at home with the father. The mother had an extensive history regarding the surviving siblings, none of whom were in her care. The youngest sibling was placed in a foster home and the eldest siblings were previously placed in foster care and the mother's parental rights had been terminated.

OCDSS first became involved with the infant 2 days after his birth when an SCR report was registered regarding the mother's positive toxicology for illicit substances. Due to concerns surrounding the mother's substance abuse and previous neglect adjudications, a neglect petition was filed, and the infant was removed from the mother and released to the care of the biological father. A full stay away OP was put in place for the father's residence and visitation was ordered to be supervised.

Through interviews, it was learned the mother stayed at the father's home on the evening of 10/22/19, despite the OP barring her from the home. The mother reported she was caring for the infant while the father was at work. The mother placed the infant in his pack 'n play around 10PM after feeding him. The father returned home during this time. Around 2:30AM, the infant was fussy and crying. The mother fed the infant and then placed him in bed with her and the father as the infant was still fussy. The father woke at 6:15AM to use the bathroom and it was during this time that the mother found the infant unresponsive. The father called 911 and attempted resuscitation efforts while awaiting the arrival of first responders. First responders arrived and transported the child to the hospital where he remained on life support until succumbing to his injuries on 10/25/19.

OCDSS completed a joint investigation with Syracuse Police Department. Due to the mother breaking the OP, she was arrested and charged with criminal contempt 2 and endangering the welfare of a child. An autopsy was completed, and it was found the infant died from complications of anoxic ischemic encephalopathy due to near sudden unexpected infant death with resuscitation due to unsafe sleep environment.

OCDSS contacted all necessary collaterals and determined there was credible evidence to substantiate the allegations of inadequate guardianship, internal injuries, and DOA/fatality against the mother and father regarding the subject infant. As



the mother and father created an unsafe environment for the infant and fell asleep, they were held responsible for the incident and subsequent fatality; allegations against them were substantiated.

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

Explain:

The level of casework activity was commensurate with case circumstances. Following a thorough investigation into the allegations, OCDSS made an appropriate determination. Following determining the investigation, the case remained open for foster care services as the sibling remained in foster care with a permanency goal of return to parent.

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:
Following appropriate determination of the allegations, the case remained open for foster care services as the sibling remained in foster care with a permanency goal of return to parent.

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: 10/25/2019

Time of Death: 07:22 PM

Date of fatal incident, if different than date of death:

10/23/2019

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

06:36 AM

Did EMS 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? 3 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	18 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	57 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Other Household 1	Other Adult - Bio father of the sibling	No Role	Male	33 Year(s)
Other Household 1	Sibling	No Role	Male	1 Year(s)

LDSS Response

OCDSS received the initial report regarding the unresponsive 2-week-old infant found in bed with his parents on 10/23/19. A fatality report was registered with the SCR on 10/25/19 once the infant was taken off life support. OCDSS initiated the investigation immediately and assessed the safety of the surviving siblings within 24 hours of receipt of the report. OCDSS reviewed SCR history, spoke to the source, LE and DA's office, and met with the family.

Through interviews conducted with family members and first responders, it was learned the day leading up to the death



was a typical day. The mother was providing care for the infant as the father was at work. The mother was court ordered to be supervised with the infant only but did not adhere to the court order. Additionally, the mother was at the father's home providing care for the infant despite an OP barring her from the home. On the evening of 10/22/19, the mother fed the infant and placed him to sleep in his pack 'n play. Both the mother and father corroborated that around 2-3AM the infant became fussy. The mother fed the infant and placed him in bed with her and the father due to the infant still being fussy. Around 6:15AM the parents woke and found the infant unresponsive. The father called 911 and began CPR. First responders arrived and took over resuscitation efforts and transported the infant to the hospital.

Hospital records regarding the subject infant were received. Records reflect the infant presented to the ER in cardiac arrest. The infant arrived at the hospital at approximately 6:53AM on 10/23/19. The infant was diagnosed with anoxic brain injury due to lack of oxygen to the brain upon his arrival at the ER. Due to lack of oxygen to the brain, the infant was in organ failure and had no brain activity. Palliative care continued until 10/25/19 when the infant succumbed to his injuries.

OCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. The parents were offered bereavement services. Additionally, the mother was receiving continued services through OCDSS as the sibling remained in foster care at the time of this writing.

Official Manner and Cause of Death

Official Manner: Undetermined

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
053413 - Deceased Child, Male, 18 Days	053414 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
053413 - Deceased Child, Male, 18 Days	053414 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
053413 - Deceased Child, Male, 18 Days	053414 - Mother, Female, 32 Year(s)	Internal Injuries	Substantiated
053413 - Deceased Child, Male, 18 Days	053415 - Father, Male, 57 Year(s)	DOA / Fatality	Substantiated
053413 - Deceased Child, Male, 18 Days	053415 - Father, Male, 57 Year(s)	Inadequate Guardianship	Substantiated
053413 - Deceased Child, Male, 18 Days	053415 - Father, Male, 57 Year(s)	Internal Injuries	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

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"/>

Explain:
 A multitude of services were offered with regard to bereavement and mental health counseling. Additionally, the mother was engaged in services through her order of supervision with regard to the surviving sibling.

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 The surviving siblings were already placed with alternate caregivers. The 1yo sibling was in foster care and the teenage surviving sibling was in the care of his father and had limited contact with the mother.

Legal Activity Related to the Fatality

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

Family Court Criminal Court Order of Protection

Criminal Charge: Other - Criminal Contempt 2 Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/23/2019	The Mother	Pending	Pending
Comments:	The mother was arrested and charged with criminal contempt 2 and Endangering the welfare of a child as a result of having violated the order of protection issued in Family Court on 10/18/19.		

Have any Orders of Protection been issued? No

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 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

OCDSS offered the parents a multitude of services following the death of the subject child. It was unknown if the services were being utilized at the time of this writing. Prior to the death, the mother was ordered to comply with mental health treatment, substance abuse treatment, and parenting skills due to the sibling's placement in care. The mother has a history of noncompliance.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The 1yo surviving sibling was in foster care at the time of this writing and receiving appropriate services. The teenage surviving sibling was in the care and custody of his father and appropriate services were offered to him. The mother's parental rights to the two additional surviving siblings had been terminated therefore services were not offered to those children.

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

Explain:

Bereavement services were offered to the mother and father of the deceased child. OCDSS continued working with the mother through an open foster care case regarding her 1yo son. A multitude of services were being provided to the mother as part of the conditions of her order of supervision.



History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

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)
10/09/2019	Deceased Child, Male, 2 Days	Mother, Female, 32 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Male, 2 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report was received on 10/9/19 alleging the mother gave birth to the subject child on 10/17/19. The mother tested positive for cocaine at the time of the child's birth.

Report Determination: Indicated

Date of Determination: 10/28/2019

Basis for Determination:

OCDSS determined there was credible evidence to substantiate the allegations of PD/AM and IG. The mother had her last child removed from her care 15 months prior to the birth of the subject child for the same concerns. The mother was adjudicated of neglect to that sibling as well as three other siblings. She had her parental rights terminated to one child on 10/12/17 and surrendered her rights to another sibling on 3/14/14. The mother had not been successful in completing court orders to remedy the situation. The subject child was removed from his mother and released to the care of the biological father. This investigation remained open for Preventive Services and foster care services.

OCFS Review Results:

OCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for indicating the report and



offering a multitude of services to the family. OCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. OCDSS was diligent in conducting a thorough background check on the father prior to the infant being placed in his care by family court.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/14/2018	Sibling, Male, 2 Days	Mother, Female, 31 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 2 Days	Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

On 8/14/18, OCDSS received a report from the SCR alleging the mother gave birth to the surviving sibling on 8/12/18. At the time of birth, the surviving sibling tested positive for cocaine. The mother had children removed from her care in the past.

Report Determination: Indicated

Date of Determination: 08/22/2018

Basis for Determination:

OCDSS found there was credible evidence to substantiate the allegations. The mother had a previous neglect finding and her parental rights had been terminated. The mother gave birth on 8/12/18 and admitted she was still using drugs and had not engaged in services required previously. The surviving sibling was placed in foster care and a neglect petition was filed against the mother.

OCFS Review Results:

OCDSS assessed the safety of the child immediately and determined a removal was necessary. OCDSS adhered to all regulations and completed timely safety and risk assessments.

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

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

The mother had significant CPS history regarding the surviving siblings from 2008 until her second termination of parental rights in October, 2017. Information on foster care is discussed in the following section related to foster care placement history. The mother had a history of CPS indications related to domestic violence, substance abuse, and her failure to provide for the siblings' physical needs. Additionally, the mother failed to comply with the terms and conditions of her court orders, which ultimately led to the mother's termination of parental rights.

Known CPS History Outside of NYS

There was no known history outside of New York.

Preventive Services History

A Preventive Services Case was opened from 6/25/08-9/08/08, the mother was overwhelmed with the care of the surviving sibling, who was an infant at the time. The mother failed to engage in services and the case was closed due to noncompliance.

A Preventive Services Case was opened from 2/11/10-11/08/10 due to the mother struggling to find suitable housing, childcare, mental health treatment, and meet her own basic needs. During this open case, several FAR reports were generated. The surviving sibling was removed, and foster care services were put in place for reunification efforts.

A Preventive Services Case was opened on 7/7/15 due to a CPS report from 6/15/15 alleging the mother's substance abuse and mental health combined with the infant sibling's positive toxicology at birth posed a safety concern. Neglect was filed



against the mother. Ultimately, the child was placed in foster care and the mother's parental rights were terminated, which is explained in the foster care section of this history.

Foster Care Placement History

The one-year-old surviving sibling was born with a positive toxicology for cocaine. The mother admitted to using cocaine 4 hours prior to her admittance to the hospital. The mother had a long history of neglect adjudications, removals, and termination of her parental rights. Due to her past failures to ameliorate the conditions that led to previous placements, a neglect petition was filed in Onondaga Family Court on 8/15/18 and the sibling was placed in foster care. At the time of this writing, the sibling remained in the care of the department.

The mother's parental rights were terminated for one sibling on 3/25/14 and that child was freed for adoption and she was TPR'd for an additional surviving sibling in October, 2017. That sibling was placed in foster care and adjudicated neglected in December, 2011 due to the mother's substance abuse, history of domestic violence, and lack of supervision. Despite OCDSS working closely with the mother on reunification efforts for more that 2 1/2 years, the mother was unable to maintain a sober lifestyle, secure stable housing, or meet her basic needs.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	053414 Mother Female 32 Year(s)	
Comments:	The sibling was born with a positive toxicology for cocaine. The mother admitted to using illicit drugs 4 hours before being admitted to the hospital in labor. The mother failed to ameliorate the conditions that led to her previous neglect adjudications and removals. She failed to comply with services previously which led to a termination of her parental rights for a different sibling.	

Have any Orders of Protection been issued? Yes	
From: 10/18/2019	To: Unknown
Explain:	
A full stay away order of protection was issued for the address of the biological father.	

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