



**Report Identification Number: RO-15-003**

**Prepared by: Rochester Regional Office**

**Issue Date: 9/9/2015**

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
<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
CPR-Cardio-pulmonary Resuscitation		
<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	MN-Medical Neglect	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	
<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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 6 day(s)

**Jurisdiction:** Wayne  
**Gender:** Female

**Date of Death:** 12/22/2013  
**Initial Date OCFS Notified:** 01/14/2015

## Presenting Information

On 12/22/2013 the 5 day old SC was having difficulty breathing. The BM was up with the SC from 1:00am to 4:00am. Around 4:00am the BM placed the SC in the bassinet and went to sleep. At some point the BF moved the SC into the bed with him and the BM. When the parents went to check on the SC she was found in the bed on her back her lips were blue. When authorities arrived at the home there were several pieces of drug paraphernalia on the night stand.

## Executive Summary

WCDSS was informed of the SC death during an interview with the BM and BF regarding an SCR report from 10/28/14. Documentation stated the surviving brother was born on 10/26/14. The surviving brother tested positive for barbiturates and opiates and the child was experiencing serious and significant withdrawal. The BM admitted to the use of tylenol with codeine, but medical professional felt the BM was not taking medication as prescribed.

WCDSS received a subsequent SCR report on 1/14/2015 with allegations of IG, PD/AM, and DOA/Fatality regarding the 5 day old SC and 2 surviving half-sisters in the home. The SC was born on 12/16/13 and died on 12/22/13. The subject of the report was the BM, and the BF; the SF was listed as no role. According to WCDSS documentation the BM had placed the SC in her bassinet around 4:00am, at some point in the night the BF took the SC out of the bassinet and placed her in the bed with both parents. The BM reported that the phone rang at 7:00am; she then returned to the bedroom and found the SC in the bed on her back, her lips were blue, and she was unresponsive. The parents admitted to drinking the night before but both denied illegal drug use. The night of the death, the 2 half-sisters were visiting with family and were not home when the SC was discovered.

According to the autopsy report the cause of death was unknown and manner of death was unknown.

WCDSS conducted an assessment of immediate danger, completed safety and risk assessments and gathered sufficient information to make all determinations for all allegations of abuse and maltreatment. The SCR reports of 10/28/14 and 1/14/2015 were indicated against the BM and BF for IG and PD/AM and unfounded for DOA/Fatality. The parents were offered grief counseling and accepted. They both agreed to re-engage in substance abuse treatment. The SCR reports were closed on 3/19/2015.

There are no corrective actions needed.

## 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:**

Casework Activity commensurate with case circumstances.

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 notes a consultation took place, but no details noted.

**Explain:**

Decision to close the case was appropriate.

**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: 12/22/2013

Time of Death:

Time of fatal incident, if different than time of death: 07:30 AM

County where fatality incident occurred: WAYNE

Was 911 or local emergency number called? Yes

Time of Call: 07:30 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?** 3 Hours

**Is the caretaker listed in the Household Composition?** Yes - Caregiver

1

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Other Household 1	Stepfather	No Role	Male	35 Year(s)

### LDSS Response

WCDSS received an SCR report on 10/28/2014 with allegations of PD/AM and IG regarding the birth of a new baby. During the course of this report the parents disclosed that they had a baby die in 2013.

WCDSS received an subsequent SCR report on 1/14/15 with allegations of IG, P/D/AM and DOA/fatality in regards to the SC and 2 half-siblings. The subjects of the report were the BM and BF. On 12/22/13 the SC was found in the parent's bed cold to the touch and not breathing. The SC was born with breathing difficulty due to meconium in the lungs. The SC was released to the BM because she was a nurse. There was no SCR report after the SC died.

WCDSS made contact with the local police department that responded to the home after the death. The police reported the death as "unattended death" they searched the home on the day of the death and the home was found to be free of drugs, the police did not find anything that would cause concern with the parents and no charges were filed. WCDSS interviewed the BM and BF separately the BM stated that the SC was placed in her bassinet around 4:00am The BM stated that around 7:00am, when the phone rang she answered the phone and then she returned to bedroom where she and the BF found the SC in the bed cold to the touch and unresponsive. The BF called emergency medical services and the SC was taken to the hospital and declared deceased.

WCDSS interviewed the 2 surviving sister neither child reported any CPS concerns and both were comfortable with the parents.

WCDSS conducted an assessment of immediate danger to surviving siblings, completed safety and risk assessments and gathered sufficient information to make all a determinations for all allegations of abuse and maltreatment. The parents



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agreed to re-engage in substance abuse treatment and both parents agreed to grief counseling.

The SCR report of 1/14/15 was indicated, on 3/19/15 and closed, against the BM and BF for the allegations of IG, and PD/AM and unfounded for the allegation of DOA/Fatality.

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016541 - Deceased Child, Female, 6 Days	016542 - Mother, Female, 32 Year(s)	DOA / Fatality	Unsubstantiated
016541 - Deceased Child, Female, 6 Days	016542 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
016541 - Deceased Child, Female, 6 Days	016542 - Mother, Female, 32 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
016541 - Deceased Child, Female, 6 Days	016543 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
016541 - Deceased Child, Female, 6 Days	016543 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
016541 - Deceased Child, Female, 6 Days	016543 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
016544 - Sibling, Female, 10 Year(s)	016542 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
016544 - Sibling, Female, 10 Year(s)	016542 - Mother, Female, 32 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
016544 - Sibling, Female, 10 Year(s)	016543 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
016544 - Sibling, Female, 10 Year(s)	016543 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
016545 - Sibling, Female, 9 Year(s)	016542 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated



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	Year(s)		
016545 - Sibling, Female, 9 Year(s)	016542 - Mother, Female, 32 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
016545 - Sibling, Female, 9 Year(s)	016543 - Father, Male, 22 Year(s)	Inadequate Guardianship	Substantiated
016545 - Sibling, Female, 9 Year(s)	016543 - Father, Male, 22 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

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





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## 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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? No

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



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**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)	Status/Outcome	Compliance Issue(s)
10/28/2014	2543 - Sibling, Male, 5 Months	2544 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated	No
	2543 - Sibling, Male, 5 Months	2544 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

WCDSS received an SCR report on 10/28/14 with allegations of PD/AM and IG regarding the surviving brother and 2 surviving half-sisters. The subject of the report was the BM; the BF was listed as no role. The narrative stated that the BM gave birth to the surviving brother 4 weeks early and the baby tested positive for barbiturates and opiates and was experiencing significant withdraw.

**Determination:** Indicated**Date of Determination:** 03/19/2015**Basis for Determination:**

The BM admitted to taking Tylenol with Codeine, although medical professionals did not feel the withdrawal would have been as severe if the BM was taking her medication as prescribed. The BM did have a history of substance and alcohol abuse, and agreed to re-engage with substance abuse treatment. The BM reported that she had been going to mental health treatment due to on-going grief from the death of the SC. WCDSS made all appropriate collateral contacts with medical providers, friends, family and non custodial parents.

**OCFS Review Results:**

WCDSS conducted an adequate investigation and made all appropriate contacts.

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

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

There is no CPS history more than three years old.

**Known CPS History Outside of NYS**

There is no CPS history outside of NYS



**Services Open at the Time of the Fatality**

**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**