



Report Identification Number: SY-20-001

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

Issue Date: Jun 08, 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: 4 month(s)

Jurisdiction: Jefferson
Gender: Male

Date of Death: 01/05/2020
Initial Date OCFS Notified: 01/05/2020

Presenting Information

An SCR report was received with concerns the 4-month-old subject child was placed in a Pack 'N Play for a nap by his mother, and the Pack 'N Play contained blankets, a pillow and stuffed animals. The report alleged an hour later, the mother checked on the child and found a blanket covering his face and the child unresponsive. The child was unable to be resuscitated and was pronounced dead at 3:29PM.

Executive Summary

This fatality report concerns the death of a 4-month-old male subject child (SC) that occurred on 1/5/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother (SM) and her boyfriend (PS). Jefferson County Department of Social Services (JCDSS) received the report and thoroughly investigated the child's death. An autopsy was completed, and the manner and cause of death were both ruled undetermined; however, the medical examiner noted contributing factors were unsafe sleep and respiratory illness.

At the time of the child's death, he resided with his mother, mother's boyfriend, 1yo surviving sibling, and the mother's boyfriend's 1yo child; however, the mother's boyfriend's child was not present the night of the fatal incident as she was on visitation with her biological mother. The mother reported the biological fathers of the subject child and his sibling were unknown. The investigation revealed on 1/5/20, the child was sleeping on and off throughout the day which was not unusual. The mother and her boyfriend checked on the child in regular intervals. The parents were unsure of specific times of events; however, the mother recalled her boyfriend left the home sometime after 1:30PM to run an errand. The mother checked on the child about 45 minutes after her boyfriend left the home, and at that time found the child unresponsive in his Pack 'N Play. The mother picked the child up and found him to be limp, and immediately called her boyfriend to tell him to contact 911. The mother began chest compressions. The boyfriend called emergency services and arrived back at the home shortly before the ambulance arrived. Paramedics began life saving measures on the child and transported him to the hospital where he was pronounced deceased at 3:29PM. The child had been asleep in his Pack 'N Play with a Boppy pillow, a blanket and two stuffed animals. The mother reported when she found the child unresponsive, the blanket had been covering his face and his face was turned into the Boppy pillow. It was determined both the mother and her boyfriend had been educated several times surrounding the risks associated with an unsafe sleep environment.

From the time the investigation began to the time of its closure, JCDSS spoke with several collateral sources and offered the family appropriate services in response to the child's death. There were no concerns found surrounding the sibling or the mother's boyfriend's child. JCDSS gathered some credible evidence the mother and her boyfriend placed the child in an unsafe sleep environment which contributed to his death; therefore, the case was indicated and closed.

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:

JCDSS gathered sufficient information to appropriately determine the allegations and assess the safety of the SS and PS' child.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The case record reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/05/2020

Time of Death: 03:29 PM

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

County where fatality incident occurred: Jefferson

Was 911 or local emergency number called? Yes

Time of Call: 02:35 PM

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
 Other

Eating

Unknown

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 45 Minutes

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Other Child - PS' child	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

LDSS Response

On 1/5/20, JCDSS received the SCR report regarding the death of SC, which occurred on that same date. JCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. JCDSS discovered there were other children in the household and worked promptly to assess their safety.

On 1/5/20, JCDSS and LE visited the family's home and met with SM and PS, as well as observed the SS and the home environment; there were no safety concerns noted. PS's child was not present at this home visit, as she was with her BM. SM reported she awoke at 10:00AM that day, but PS was still asleep. She explained she fed the 1yo SS and checked on SC around 11:30AM. SM reported SC was fine, and she checked on him about three more times between that time and approximately 1:30 PM. SM stated SC slept most of the day, and PS had left that afternoon to go to the hardware store as their washing machine needed repairs. Neither SM nor PS could recall the exact time, but noted PS was gone approximately one hour. SM explained she checked on SC again while PS was still gone and that is when she found SC unresponsive. SM stated SC was in his Pack 'N Play, had a blanket over his face, and was lying on his side with his face turned toward the pillow. SM said SC was limp when she picked him up, and immediately ran downstairs and started chest compressions. SM explained she called PS and told him to call 911, since she had a "WiFi phone" and was unsure if emergency services could be called from it. SM said PS arrived before EMS, and then the ambulance came and transported SC to the hospital. SM said SC had just been to a well visit the week prior to his death and there were no concerns. PS was spoken with at the same time as SM and corroborated her timeline of events. JCDSS also spoke with LE who noted the statements they obtained from SM and PS consisted of the same information gathered in JCDSS' interviews. The Pack' N Play was observed and contained a large Boppy pillow, a blanket, and two stuffed animals. SM and PS reported they were both aware of safe sleep practices.

On 1/7/20, JCDSS again met with the family at their residence. SS and the daughter of the PS were observed and noted to be safe. JCDSS offered services to the family. SM explained she was already engaged in counseling; however, PS expressed interest and scheduled an appointment to discuss what was available.



On 1/8/20, JCDSS met with the BM of PS' child in her home. BM explained she had no concerns surrounding her daughter's care when with PS and SM. BM stated her daughter was with her the night of the fatal incident and she had no further information about SC's death. JCDSS observed the home environment and noted no concerns.

On 2/13/19, JCDSS again met with the family as they moved into a new residence. JCDSS observed the residence and found no concerns or safety hazards.

Throughout the investigation, JCDSS spoke with numerous collateral sources, including LE, the ME, first responders, medical staff, and family members. There were no concerns noted by any of the collateral contacts regarding the safety and well-being of any of the children in the household. There was no criminality found on behalf of SM or PS. JCDSS offered the family appropriate services in response to SC's death. JCDSS determined SM and PS placed SC at imminent risk of harm by not adhering to safe sleep practices. Therefore, JCDSS indicated and closed the investigation.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Jefferson County MDT.

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
054226 - Deceased Child, Male, 4 Mons	054227 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
054226 - Deceased Child, Male, 4 Mons	054227 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
054226 - Deceased Child, Male, 4 Mons	054228 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Substantiated
054226 - Deceased Child, Male, 4 Mons	054228 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

JCDSS interviewed the family and appropriate collateral sources. Progress notes and other documentation were completed and entered timely.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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:
JCDSS offered the family appropriate services in response to the SC's death.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
No children needed to be removed as a result of this fatality report.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" 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 checked="" 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 JCDSS provided the parents and visiting nurse with bereavement counseling referrals. JCDSS also provided the parents with information on assistance with funeral costs. Mental health services were discussed, and SM expressed interest.

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? No

Explain:

The SS and PS's child were only 1 year old at the time of SC's passing.

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

Explain:

JCDSS provided SM and PS referrals for grief counseling and bereavement services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** 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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/16/2019	Other Child - PS' child, Female, 10 Months	Mother's Partner, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

This report was received with concerns PS was experiencing suicidal ideations while caring for his daughter. The report alleged 3 weeks prior to the report date, PS smashed his head into a mirror while his daughter was present. The mother's role was unknown.

Report Determination: Unfounded**Date of Determination:** 10/26/2019**Basis for Determination:**

JCDSS completed a thorough investigation into the allegations. PS denied the allegations in the report and it was discovered PS and the mother of their child were involved in custody disputes via family court. PS explained the mother of his child would call the police on him for no reason. Collateral sources did not report any concerns regarding PS' mental health or his care of his daughter. Services were offered and the case was unfounded and closed.

OCFS Review Results:

This investigation met all statutory requirements.

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)
08/06/2018	Sibling, Male, 4 Days	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

This report was received with concerns SM was experiencing mental health issues due to a poor relationship with her mother, and as a result, the SS was not feeding well. The report alleged SS was only five days old and losing weight.

Report Determination: Unfounded**Date of Determination:** 10/05/2018**Basis for Determination:**

JCDSS completed a thorough investigation into the allegations. JCDSS discovered SM's mother was living with SM and SS to assist in SS' care; however, SM's mother was drinking alcohol and causing tension in the home. SM had her mother leave her apartment and reported her mental health improved immediately afterward, as she felt it was caused by stress. SS was seen by his pediatrician and the weight loss was due to feeding concerns. SM was told to supplement breastfeeding with formula feeding, and SS began gaining weight as a result. SM was linked with services and the case was unfounded and closed.

OCFS Review Results:

This investigation met all statutory requirements.

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

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

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

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No