

**Report Identification Number: AL-14-043**

**Prepared by: Albany Regional Office**

**Issue Date: 3/30/2015**

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.

# NYS Office of Children and Family Services - Child Fatality Report

## 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-plumonyary 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 Suprevision
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

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**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Rensselaer  
**Gender:** Male

**Date of Death:** 10/11/2014  
**Initial Date OCFS Notified:** 10/11/2014

## Presenting Information

On 10/11/14 the subject child, otherwise healthy, died. the time of death was 8:40am. The 8 week old subject child died while in the care of the grandparents. Last night, 10/10/14, the grandfather gave the subject child 4oz of formula and the the subject child fell asleep on the grandfather's chest. At approximately 11pm, the grandmother removed the subject child from the grandfather's chest and placed him in the bassinet on his side to sleep. At 7:47am, the grandmother and grandfather checked on the subject child, he was laying on his stomach with his head turned to the side and was not breathing. There was a blanket and mattress in the crib. The subject child did not have any pre-existing medical conditions and did not have any signs of injury. The grandparents have no explanation for the subject child's death. The cause of death is unknown at this time. The roles of the biological mother and surviving sibling (age 6) are unknown.

## Executive Summary

On 10/11/14, the subject child was pronounced dead at 8:40am at the hospital. An SCR was made and investigation started by Rensselaer County CPS as there was no explanation as to how the child died. The investigation revealed, the subject child had been in the custody of his grandparents since birth due to being born with a positive toxicology and his biological mother's ongoing substance abuse. On the night of 10/10/14, the subject child followed his typical routine was placed to sleep on his side in a bassinet in the living room of his grandparents home. The grandmother's paramour slept in the living room on the couch and used his sleep apnea machine as he did every night. He had night feeding responsibilities every night. On the night of 10/10/14 into the morning of 10/11/14 the subject child did not wake to be fed as he normally did at least twice. The grandmother woke in the morning to find the subject child unresponsive and on his stomach in the bassinet. The investigation did not reveal any credible evidence that the grandmother or her paramour did anything to neglect or cause the death of the subject child. There was one 6 year old surviving sibling who was not awake at the time of the subject child's death. The grandmother has had custody of the 6 year old surviving sibling since he was an infant. Collateral contacts did not reveal any concerns regarding the safety of the surviving sibling or how the grandparents cared for the children. The biological mother was listed on the report with no role. Despite diligent efforts, the biological mother could not be located. RCDSS conducted a joint investigation with the NYSP. There were no criminal charges filed. At the time of case closure, the autopsy report had not been complete. The preliminary findings of the autopsy revealed no evidence of trauma or any concerns of abuse or neglect. The allegations of inadequate guardianship and DOA/Fatality against the grandmother and her paramour for the subject child were unfounded. The case was 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?**
  - **Safety assessment due at the time of determination?**

Yes

Yes

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- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

## Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

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

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

## 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: 10/11/2014

Time of Death: 08:40 AM

County where fatality incident occurred: RENSSELAER

Was 911 or local emergency number called? Yes

Time of Call: 07:47 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

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

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At time of incident supervisor was:

- |   |  |
|---|--|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent              |
| <input type="checkbox"/> Alcohol Impaired       | <input checked="" type="checkbox"/> Asleep   |
| <input type="checkbox"/> Distracted             | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> Other:              |

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**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	Male	1 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	52 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	61 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Mother	No Role	Female	25 Year(s)

## LDSS Response

On 10/11/14, an SCR report was received by RCDSS with allegations of DOA/Fatality against the maternal grandmother and her paramour regarding 8 week old subject child. The biological mother and 6yr. old biological sibling of the subject child were listed with no roles.

The guardians, maternal grandmother and her paramour and were interviewed and provided a time line of events. On 10/10/14, the grandmother dropped the subject child off at the day care provider's home in the morning in order to get to work by 7am. Her work day ended at 3pm and she picked up the 6 year old surviving sibling from the bus stop and then went to the day care provider's home to get the subject child. She then went home and her paramour arrived home shortly after. The two adults and two children ate dinner and the 6 year old sibling went to bed. The subject child was fed a bottle and only ate 2 Oz instead of the usual 4 oz between 7pm and 11pm. The subject child fell asleep on the grandmother's paramour's chest. Around 11pm, the grandmother removed subject child from the paramour's chest and placed him on his side in the bassinet located in the living room of the home next to the couch. The paramour slept on the couch and used his sleep apnea machine. The grandmother went to sleep in her bedroom. The grandmother woke at 7:45am and went into the living room. She checked on the subject child and found him cold and unresponsive face down in the bassinet. She called 911 and NYSP arrived 5 minutes later. The police officer started CPR and 5 minutes later the ambulance arrived. The subject child was taken by ambulance to the hospital where he was pronounced dead at 8:40am.

The RCDSS caseworker discussed the subject child's typical routine. The subject child typically slept in the bassinet in the living room next to the couch. He usually woke up around 1am and again between 3:30 and 5:00am for feedings. The paramour who slept on the couch typically woke up to the subject child crying when he needed to eat. The paramour routinely took care of the night feedings. The subject child had been to the pediatrician on 10/7/14 and received a vaccination. The grandmother reported the subject child had been fussy and congested and she took him to the hospital two weeks previously. The subject child was diagnosed with thrush and prescribed medication. The subject child no longer had thrush and was not taking medication at the time of the death.

The surviving sibling was observed on the date of the initial report and no safety concerns were noted. The grandmother requested he not be interviewed that day. RCDSS interviewed the 6 yr. old surviving sibling on 10/20/14. There were no concerns noted and the child did not have any information to provide as he was asleep when the fatality occurred.

The RCDSS caseworker compared the interviews of the grandmother and paramour with the police and the caseworker.

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There were no discrepancies identified. RCDSS made diligent efforts to contact the biological mother of the deceased child, listed on the report with no role. Attempts were made to contact the biological mother at the psychiatric hospital where they learned she had 9 visits since February 2014. RCDSS went to the last known addresses for unannounced home visits and tried last known phone numbers. No contact was ever made with biological mother throughout the case. Collateral contacts were made with the maternal grandfather, child care provider, doctor's office for the subject child and the surviving sibling. It was documented in the Pediatrician records that sleep position was discussed and the subject child was positioned on back and side. The school denied any concerns for the surviving sibling.

At the time of case closure, the final autopsy report was not issued. There was no credible evidence to substantiate the allegations and the case was unfounded and closed.

## Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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:** CPS worked together with Law enforcement throughout the investigation.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The case was reviewed on 11/5/14 by the Rensselaer County Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
013841 - Deceased Child, Male, 1 Mons	013843 - Grandparent, Female, 52 Year(s)	DOA / Fatality	Unsubstantiated
013841 - Deceased Child, Male, 1 Mons	013843 - Grandparent, Female, 52 Year(s)	Inadequate Guardianship	Unsubstantiated
013841 - Deceased Child, Male, 1 Mons	013844 - Grandparent, Male, 61 Year(s)	DOA / Fatality	Unsubstantiated
013841 - Deceased Child, Male, 1 Mons	013844 - Grandparent, Male, 61 Year(s)	Inadequate Guardianship	Unsubstantiated

## 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"/>

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When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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:**

The caseworker made diligent efforts to contact the biological mother of the subject child. She is actively using drugs and homeless. All attempts to contact her by phone and in person were not successful.

### 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 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

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	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

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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Legal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<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:**  
 The grandparents and surviving sibling were offered referrals for bereavement counseling, however, they all refused services.

**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:**

Grief counseling referral was offered for surviving sibling, however the family refused.

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

**Explain:**

Grief counseling was offered to the caregivers, however they refused.

## History Prior to the Fatality

### Child Information

- |   |     |
|---|-----|
| <b>Did the child have a history of alleged child abuse/maltreatment?</b>                    | Yes |
| <b>Was there an open CPS case with this child at the time of death?</b>                     | No  |
| <b>Was the child ever placed outside of the home prior to the death?</b>                    | No  |
| <b>Were there any siblings ever placed outside of the home prior to this child's death?</b> | No  |
| <b>Was the child acutely ill during the two weeks before death?</b>                         | Yes |

### Infants Under One Year Old

**During pregnancy, mother:**

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- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Had medical complications / infections<br><input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use<br><input type="checkbox"/> Smoked tobacco<br><input checked="" type="checkbox"/> Used illicit drugs |
|---|---|

**Infant was born:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Drug exposed<br><input type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
08/21/2014	1212-Deceased Child, Male, 1 Days	1206-Mother, Female, 25 Years	Inadequate Guardianship	Indicated	No
	1212-Deceased Child, Male, 1 Days	1206-Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

An SCR was received by RCDSS on 8/21/14 regarding the now deceased child with allegations of Inadequate Guardianship and Parent's Drug/Alcohol misuse. The biological mother and the baby tested positive toxicology for cocaine at the time of delivery. The grandmother went to Family Court and obtained full physical custody with the biological mother only allowed supervised contact. All investigation requirements were met including interviews, collateral contacts, obtaining medical records, and completing safety and risk assessments. The allegations were indicated and the case was closed.

<b>Determination:</b> Indicated	<b>Date of Determination:</b> 09/19/2014
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**Basis for Determination:**

The mother and the child tested positive for cocaine. The mother admitted to drug use. Therefore, the allegation of Parent Drug/Alcohol misuse and Inadequate Guardianship are substantiated.

**OCFS Review Results:**

There were no concerns regarding the review of the investigation.

**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 one CPS investigation that occurred more than three years prior to the fatality.

On 7/25/2006, an SCR was received by Rensselaer County Department of Social Services alleging Inadequate Guardianship, Parent Drug/Alcohol Misuse and Child's drug alcohol/use. The allegations were regarding the biological mother of the deceased child when she was 17 years old and staying in a home with unrelated adults. It was alleged that one of the adults in the home was using drugs and also providing the 17 year old (subject child's mother) with drugs. All allegations were unfounded and the case was closed.

## Known CPS History Outside of NYS

No known 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

<b>Action:</b>	Although RCDSS assessed for safety of the surviving sibling within 24 hours, the initial safety assessment was not completed in connections until 3 days later. It is recommended that the initial safety assessment be completed in connections within 24 hours.
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**Are there any recommended prevention activities resulting from the review?**  Yes  No