



Report Identification Number: AL-15-005

Prepared by: Albany Regional Office

Issue Date: 9/16/2015

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

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
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
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		

Case Information



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Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Fulton
Gender: Female

Date of Death: 02/28/2015
Initial Date OCFS Notified: 02/28/2015

Presenting Information

SCR report received 2/28/15 stated that on 2/27/15, mother (MO) went out to a bar to drink, leaving subject child (SC) in the care of maternal grandmother (MGM). At 4AM, 2/28/15, MGM placed subject SC in bed with MO. and then left for work. MO was awake and kept child in bed with her. MO did not use the crib. MO slept until about 7:45AM. When MO woke up, SC was unresponsive. A family member called 911. When LE arrived, a cousin who resides in the home was performing CPR on the SC. MO reeked of alcohol. Child was transported to hospital where she was pronounced dead. The three adults (MO, MGM, and cousin) in the household were named subjects due to the unexplained death of a healthy child. MO's older ch (3 y/o) and MO's brother (14 y/o) have UNK roles. Subject child also has one other surviving half-sibling (3 y/o), not residing in the home.

Executive Summary

An SCR report dated 2/28/15, involved the death of a 7 month old female child (SC), DOB 7/30/14, in Fulton County. FCDSS has been unable to obtain a cause of death from the coroner or medical examiner. Investigation by the FCDSS revealed the mother (MO) went to a bar with a friend the evening before the SC's death, and the maternal grandmother (MGM) babysat the SC, her 3 y/o half-sibling, and MGM's own son (14 y/o). The mother was found to have consumed at least five alcoholic beverages before she returned home around 12:30AM. At approximately 4:30AM, MGM woke up and placed the child in MO's bed, as MGM had to leave for work. MO's friend also woke up at that time to leave with MGM for work. MO reported she breast fed the child and believed she may have fallen asleep while doing so. MO reported co-sleeping every night and she was advised of the risks of co-sleeping by hospital staff at the hospital after giving birth to the SC. FCDSS spoke with the pediatrician who reported reviewing the risks with MO one one occasion. MO reported she awoke around 8AM and the SC was lying face down, unresponsive. An adult cousin attempted CPR on the child. MO's younger brother went next door to call 911. EMS and police arrived and the child was transported to the hospital where she was pronounced dead.

FCDSS interviewed SC's cousin in the home and observed the surviving 3 y/o sibling, but did not attempt to interview her due to her age. All adults in the home were interviewed, as well as the SC's biological father (FA) and other familial resources. Home was observed and grief services were offered to MO and FA.

Some information surrounding the events leading up to the SC's death was obtained from police statements (in case file) as it was not raised during interviews. Information obtained in interviews corresponded with information gathered in police statements. Substance abuse history was not fully discussed with MO throughout the investigation despite MO's breath smelling of alcohol according to police statements taken at the hospital on 2/28/15. Previous CPS history also indicated MO had a hx of substance abuse as a teenager, as well as MGM having a history of alcohol abuse. Mental health and criminal histories were not discussed with anyone in the household. DV history was not discussed with MO, even though police reports documented a history of such between MO and FA of SC. Grief services were offered to MO and FA, but not offered to MGM or the adult cousin in the home. The case remained open until 8/31/15. From 3/2/15 until 5/28/15, there were no home visits documented by FCDSS. There were home visits on 5/28/15, 7/1/15, and 8/5/15, however only SC's 3 y/o sibling was observed and not the 14 y/o cousin.



The investigation has been determined to be Unsubstantiated. FCDSS spoke to the Fulton County Coroner on 2/28/15, the date of the SC's death, prior to the autopsy. At that time, the coroner reported the death appeared to be "a death caused by rollover". Toxicology of SC's stomach contents was pending for several months after the opening of the case, and FCDSS reported their determination would be largely based on these results. FCDSS documented one attempt to obtain the autopsy report via phone call to the coroner's office, dated 7/23/15, and it was reported it was not available. The toxicology and autopsy report was finalized on 8/16/15 and sent to FCDSS. This writer received a copy on 9/11/15. Cause of death: "Unable to be determined--history of infant co-sleeping with an adult"; Manner of Death: "Undetermined". "No significant findings noted on toxicology evaluation".

The investigation was unsubstantiated by FCDSS; however, insufficient evidence was gathered. Alcohol use was not explored fully during the course of the investigation, despite there being a history of such with MO, as well as concerns noted by LE and FCDSS regarding the amount of alcohol consumed by MO prior to SC's death.

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? No,sufficient information was gathered to determine some allegations only.
- Was the determination made by the district to unfound or indicate appropriate? No

Explain:

The amount of time spent with the family and number of home visits completed were sufficient to gather necessary information surrounding the allegations. However, certain additional information was not obtained during interviews.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:

FCDSS gathered enough information to make a determination in this case.

Required Actions Related to the Fatality

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



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Issue:	Failure to Monitor
Summary:	This case remained open as of 8/12/15; From 3/2/15 to 5/28/15, there were no home visits documented by FCDSS. There were home visits on 5/28/15, 7/1/15, and 8/5/15, however only SC's 3 y/o sibling was observed and not the 14 y/o cousin.
Legal Reference:	18 NYCRR 432.2(b)(5)
Action:	Continuing contact with the family to assess risk and safety of all the children listed on the report/in a household (or diligent efforts to do so) are required throughout the duration of an open investigation.
Issue:	Determination of Nature, Extent and Cause of Conditions (Report)
Summary:	All information was not fully explored with the subjects (substance abuse & domestic violence), even though subjects have HXs of both, and MO smelled of alcohol at time of subject CH's death, according to police reports.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(d)
Action:	Substance abuse and domestic violence concerns should be fully explored if there is a history of both involving family members in the report, and services should be offered pertaining to both.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	A 7-Day Safety Assessment was not completed.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	All investigations must include a completed and approved 7 Day Safety Assessment.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/28/2015

Time of Death: 08:32 AM

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

County where fatality incident occurred:

FULTON

Was 911 or local emergency number called?

Yes

Time of Call:

07:54 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:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

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	7 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Other Child	No Role	Male	14 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)
Other Household 2	Father	No Role	Male	33 Year(s)

LDSS Response

On 2/28/15, FCDSS learned of the child fatality prior to receiving the SCR report; FCDSS received phone call from LE informing them there was a fatality; CW made arrangements to meet with LE face to face to discuss the case and to gather more information. The CW saw the 3 y/o surviving child and cousin of the subject CH; CW interviewed cousin of SC. CW went to the home and observed where the child died and spoke to the MGM on 2/28/15. The MGM's account of what happened was consistent with statements she had given to the police. MO was interviewed the following day and her account was also consistent with information obtained in police statements. MO reported she felt she may have fallen asleep while breast feeding the SC, and when she woke up she found the SC face down on the bed and unresponsive. According to LE statements and LE photographs, the bed where the SC was found unresponsive was a double bed with a bed sheet, two pillows, two small piles of clothing and some children's toys; FCDSS did not question MO about the bed or bedding. A Pack and Play was set up at the end of the bed. All household members reported to FCDSS and police that MO and MGM co-slept with the SC regularly, and both were made aware of the risks of co-sleeping by hospital staff when the SC was born as well as the SC's pediatrician. FCDSS interviewed all subjects and household members as well as collateral contacts (pediatrician, hospital where SC was born, first responders, and SC's paternal grandmother). The SC's pediatrician informed FCDSS that the SC was healthy and was up to date medically, and reported safe sleep was reviewed with MO. A 24 Hour safety assessment of the children and their home was conducted. Grief services were offered to MO and FA of SC. FCDSS did not address substance use with MO or MGO, nor did they address possible DV or MH concerns, therefore risk was not adequately assessed. FCDSS did not complete a 7-Day Safety Assessment or RAP. On 2/28/15, FCDSS spoke with the Fulton County Coroner, who informed FCDSS SC's death appeared to be caused by "rollover", and the autopsy was scheduled for 3/1/15. FCDSS made an attempt to follow up with the coroner and Medical Examiner but was not able



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to obtain any information regarding the autopsy results. This writer spoke with the Fulton County Coroner on 8/11/15 and was informed the autopsy report had been written but not yet released. This writer received a copy of the autopsy/toxicology report on 9/11/15, and cause of death was written as the following: "Cause of death unable to be determined--history of infant co-sleeping with an adult" and manner of death written as: "Undetermined".

Official Manner and Cause of Death

Official Manner: Undetermined

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)?No

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

Comments: There is no CFRT in this county.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
018341 - Deceased Child, Female, 7 Mons	018342 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
018341 - Deceased Child, Female, 7 Mons	018345 - Grandparent, Female, 44 Year(s)	DOA / Fatality	Unsubstantiated
018341 - Deceased Child, Female, 7 Mons	018342 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
018341 - Deceased Child, Female, 7 Mons	018345 - Grandparent, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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household?				
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 SC's MO and FA were offered grief services and "other FCDSS" services, but "other services" was not elaborated in the notes. There was no discussion with MO about DV or Drug/Alc abuse/history. No discussion of criminal histories.

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:
 Mother was offered grief counseling.

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

Explain:
 Mother was offered grief counseling.

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

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



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Infant was born: Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/02/2013	3744 - Sibling - Half-sibling, Female, 1 Years	3737 - Mother - Parent Sub to unrelated children, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	3744 - Sibling - Half-sibling, Female, 1 Years	3738 - Father - Parent Sub to unrelated children, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

FA, MO and other unrelated adults (friends of FA and MO) in the home were using prescription pills and smoking marijuana in the presence of the subject ch's half-sibling (1 yr), another half-sibling ch (18 mos), and 6 other unrelated children. The adults were allegedly impaired by drugs while caring for the children.

Determination: Unfounded**Date of Determination:** 03/10/2013**Basis for Determination:**

Upon investigation, which included HVs, interviews, CW observation, and collateral contacts, it appeared the adults were providing a minimum degree of care. No evidence was found supporting the allegations. An UHV found the adults in the home to be lucid, coherent, and otherwise sober. No evidence of drug activity was found in the house. Collateral contacts had no concerns. During the investigation, nothing was found to suggest the children were unsafe.

OCFS Review Results:

N/A

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

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

FCDSS received and investigated four reports between 7/91-8/09 involving the family.

Two of these reports named the MGM as the AS, and the 14 y/o cousin as the subject child. One of these reports named the MO as the AS and the 14 y/o cousin as the subject child. Allegations included Inadequate Guardianship, Lacerations/Bruises/Welts, and Other. None of these investigations were indicated.

One report named the MGM and MO as having No Role. This report was indicated against an unrelated home member for Inadequate Guardianship.

Known CPS History Outside of NYS



N/A

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