



Report Identification Number: AL-16-007

Prepared by: Albany Regional Office

Issue Date: 8/31/2016

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	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-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



NYS Office of Children and Family Services - Child Fatality Report

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

On 2/28/15, the mother, while highly intoxicated smothered child while attempting to breast feed the child. The mother and child were laying on the bed. As a result, the child is deceased as of 2/28/15.

The mother has a history of verbal altercations with parent substitute that turned physical in the presence of the children, ages 4 and 2 months. Both parents shoved each other. Most recently, 4/19/16, after 5 pm, the 2 month old sustained a vertical scratch on the left side of his cheek during the parent's altercation. The 4 year old did not sustain any injuries.

Executive Summary

report involves the death of a seven-month-old female child in Fulton County. On 2/28/15, around 4:00 am the mother breast fed the subject child while in bed. This was the last time the subject child was known to be alive. At approximately 8:00 am, the mother awoke to find the child unresponsive. The family contacted EMS, however resuscitation efforts were unsuccessful. The autopsy report lists the cause of death as undetermined.

The subject child's death was initially reported to the SCR on 2/28/15. A second SCR report alleging the death of the subject child was made on 4/20/16. The 2/28/15 report had allegations of DOA/Fatality and Inadequate Guardianship against the mother, grandmother, and adult cousin of the subject child. The SCR report of 4/20/16 included allegations of DOA/Fatality, Parent's Drug/Alcohol Misuse, and Inadequate Guardianship against the mother regarding the subject child. The report also included an allegation of inadequate guardianship against the mother and father of the youngest sibling now in the household for the two surviving siblings.

Fulton County DSS (FCDSS) conducted both investigations. In regards to the 2/24/15 report, casework staff responded to the situation prior to receiving the SCR report and assessed safety of the surviving children; one child was a sibling, the other child was a minor uncle to the deceased child. Arrangements were made by the family for the surviving children to stay with relatives until all alleged subjects could be interviewed by LDSS. Following the receipt of the report of 4/20/16, FCDSS immediately assessed safety of the surviving siblings and inquired from all interviewed if there were any updates regarding the fatality.

The fatality of 2/24/15 was unfounded on 8/31/15. Caseworker observation, review of medical, emergency services, and law enforcement records, as well as interviews of medical staff, law enforcement, collaterals, family members, subjects, and child found insufficient credible evidence that any of the adults failed to provide the minimum degree of care, according to the criteria outlined in the 1/16/13 Local Commissioners Memorandum, titled, "Investigation and Determination of Sleep-Related Fatality and Injury CPS Reports." The mother and maternal grandmother had a history of bed sharing with the subject child, and both knew the associated risks. It is not known if co-sleeping was a contributing factor to the child's death. On the day of the fatality, the mother had previously been out drinking with a friend. No blood alcohol content had been obtained from the mother, and it is not known if the mother's alcohol consumption played a contributing factor to the child's death. The re-reporting of this child's fatality did not discover any additional information pertaining to the events or circumstances relating to the death. The second report was



indicated on 6/27/16, for inadequate guardianship of the surviving siblings related to a domestic incident. The DOA/Fatality, Parent's Drug/Alcohol Misuse and Inadequate Guardianship for the deceased child were again unfounded.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
- Approved Initial Safety Assessment? Yes
- Safety assessment due at the time of determination? Yes
Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

The investigation of the allegations in the SCR were appropriately investigated.

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 4/20/16 investigation included asking the mother, father, maternal grandmother, mother's current boyfriend, and surviving sibling's father, and a friend if there were any updates to the child's fatality. There were no updates and no new information about the fatality. LDSS addressed the remaining report allegations.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/28/2015

Time of Death: Unknown



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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: 07:45 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

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

1

At time of incident supervisor was: Unknown if they were 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	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Female	4 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Male	5 Month(s)
Other Household 1	Father	No Role	Male	34 Year(s)
Other Household 2	Father	No Role	Male	29 Year(s)

LDSS Response

For the 2/28/15 report, LDSS was contacted by law enforcement prior to LDSS receiving the SCR report. LDSS responded to the police department immediately. The caseworker immediately assessed safety of the two remaining children and the grandmother was interviewed. LDSS received the SCR report. The mother was unavailable for interview the day the SCR report was received. Within 48 hours the mother, cousin residing in the home, and mother's boyfriend were interviewed. The children returned to the home. During the course of the investigation collateral contacts were made with the hospital, pediatrician, ambulance company, coroner, medical examiner, law enforcement, and relatives. For the 4/20/16 report, LDSS assessed safety of the children the same day. They inquired if there were any updates to the fatality and investigated the current allegations.



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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)?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
029841 - Deceased Child, Female, 7 Mons	029862 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
029841 - Deceased Child, Female, 7 Mons	029862 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
029841 - Deceased Child, Female, 7 Mons	029862 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
029949 - Other Child - Surviving Sibling, Female, 4 Year(s)	029946 - Mother's Partner, Male, 35 Year(s)	Inadequate Guardianship	Substantiated
029949 - Other Child - Surviving Sibling, Female, 4 Year(s)	029862 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
029950 - Other Child - Sibling, Male, 5 Month(s)	029862 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
029950 - Other Child - Sibling, Male, 5 Month(s)	029946 - Mother's Partner, Male, 35 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 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 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"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the	<input checked="" type="checkbox"/>	<input 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 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 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 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"/>

Explain as necessary:

During the 2/28/15 report, the family had arranged for the surviving children to stay with a relative. CPS has requested the children remain with the relative until all alleged subjects could be interviewed; the grandmother agreed and the family complied. For the 4/20/16 report, there were no updates or new information about the fatality. Safety assessments were made regarding current case circumstances related to domestic violence.

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



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Foster care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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:
 During the 2/28/15 investigation, the above services were offered. When the fatality was re-reported on 4/20/16, the mother was offered counseling and preventive services for other issues and declined all services and referrals.

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:
 For the 2/28/15 report, the family was offered services multiple times by LDSS and each time services were refused. The caseworker did on multiple occasions ask various family members how they were doing and if they needed grief counseling. For the 4/20/16 report, services related to the current familial circumstances were offered and refused.

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

Explain:
 For the 2/28/15 report, the family was offered services multiple times by LDSS and each time services were refused. The caseworker did on multiple occasions ask various family members how they were doing and if they needed grief counseling. For the 4/20/16 report, services related to the current familial circumstances were offered and refused.

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



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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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/09/2015	10185 - Other Child - minor uncle to deceased child, Male, 14 Years	10181 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	Yes
	10185 - Other Child - minor uncle to deceased child, Male, 14 Years	10182 - Mother's Partner, Male, 34 Years	Inadequate Guardianship	Unfounded	
	10184 - Sibling, Female, 4 Years	10181 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	10184 - Sibling, Female, 4 Years	10182 - Mother's Partner, Male, 34 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The mother, mother's boyfriend and maternal grandmother were residing together. At the time, a surviving sibling was living in the home as was the grandmother's child. There was a domestic incident where the boyfriend pushed the grandmother.

Determination: Unfounded

Date of Determination: 02/29/2016

Basis for Determination:

Based on interviews conducted and police reports obtained, it was found that there was a verbal altercation between the mother and boyfriend and some sort of physical contact between the grandmother and mother's boyfriend. The children were home at the time, however not injured or impacted as a result of the incident.

OCFS Review Results:

The CONNECTIONS history for the family was not checked until the end of the investigation. The caseworker began the investigation by assessing safety for the children on 11/09/15, the date the report was received, however never saw the one of the children named on the report again. The caseworker followed up with the other child and a child born 1/28/16 on 2/09/16. The caseworker was not assessing for the children's safety regularly.

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

**Issue:**

Failure to Monitor

Summary:

FCDSS did not maintain an ongoing assessment of safety during the investigation.

Legal Reference:

18 NYCRR 432.2(b)(5)

Action:

During an CPS investigation steps must be taken to continuously evaluate the safety of the children.

Issue:

Review of CPS History

Summary:

The CONNECTIONS history for the family was not checked until the end of the investigation.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

For any report assigned to the investigative track, within one business day of the oral report date, the child protective service must review SCR records pertaining to all prior reports involving members of the family. Within five business days of the oral report date, the child protective service must review its own child protective service record(s) that apply to the prior reports.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

LDSS chose the out of home parent for one of the children in the home as the secondary caretaker for the RAP. The secondary caretaker should have been the parent substitute who was an alleged subject, living in the home with the children.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(b)

Action:

Choose the alleged subjects on the report that make the most sense when establishing the primary and secondary caretaker for the RAP.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/28/2015	10171 - Deceased Child, Female, 7 Months	10174 - Other Adult - cousin, Male, 28 Years	DOA / Fatality	Unfounded	Yes
	10171 - Deceased Child, Female, 7 Months	10172 - Mother, Female, 26 Years	DOA / Fatality	Unfounded	
	10171 - Deceased Child, Female, 7 Months	10172 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	10171 - Deceased Child, Female, 7 Months	10173 - Grandparent, Female, 45 Years	Inadequate Guardianship	Unfounded	
	10171 - Deceased Child, Female, 7 Months	10173 - Grandparent, Female, 45 Years	DOA / Fatality	Unfounded	



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10171 - Deceased Child, Female, 7 Months	10174 - Other Adult - cousin, Male, 28 Years	Inadequate Guardianship	Unfounded
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Report Summary:

On 2/28/15, the 7 month old child died. The child was last known to be breast feeding while in the mother's bed at approximately 4:00 in the morning. At approximately 8:00 in the morning, the mother awoke to find the child unresponsive. The mother had been out drinking earlier on 2/27/15 and into the morning of 2/28/15, it is not known if her alcohol consumption contributed to the child's death. It is also not known if the mother and child co-sleeping contributed to the child's death. The cause of death was unable to be determined by the autopsy.

Determination: Unfounded**Date of Determination:** 08/31/2015**Basis for Determination:**

Caseworker observation, review of medical, emergency services, and law enforcement records as well as interviews of medical staff, law enforcement, collaterals, family members, subjects, and child found insufficient credible evidence that any of the adults failed to provide the minimum degree of care, according to the criteria outlined in the 1/16/13 Local Commissioners Memorandum, titled, "Investigation and Determination of Sleep-Related Fatality and Injury CPS Reports." It is unable to be determined if the mother's alcohol consumption or co-sleeping contributed to the child's death.

OCFS Review Results:

LDSS did not fully discuss substance abuse history, mental health issues, or criminal histories with the primary caretakers. LDSS also did not continue to monitor and assess safety for the children monthly, as required.

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

Failure to Monitor

Summary:

This case remained open as of 8/12/15; from 3/02/15 to 5/28/15, there were no home visits documented by LDSS. There were home visits on 5/28/15, 7/01/15 and 8/05/15, however only the 4 year old sibling was observed and not the 14 year old uncle.

Legal Reference:

18 NYCRR 432.2(b)(5)

Action:

Continuing contact with the family to assess safety and risk 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:

FCDSS did not explore issues of substance abuse and mental health with the family.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(d)

Action:

FCDSS make take steps to make sure investigations are comprehensive and all allegations are completely investigated.

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)



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Action:

All investigations must include a completed and approved 7-day safety assessment.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/02/2013	10133 - Other Child - Other Family, Male, 12 Years	10122 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	10136 - Other Child - Other Family, Female, 4 Years	10130 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10133 - Other Child - Other Family, Male, 12 Years	10131 - Mother's Partner, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10134 - Other Child - Other Family, Male, 10 Years	10131 - Mother's Partner, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10136 - Other Child - Other Family, Female, 4 Years	10131 - Mother's Partner, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10133 - Other Child - Other Family, Male, 12 Years	10132 - Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10123 - Sibling, Female, 4 Years	10122 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10134 - Other Child - Other Family, Male, 10 Years	10122 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10135 - Other Child - Other Family, Female, 7 Years	10122 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10136 - Other Child - Other Family, Female, 4 Years	10122 - Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10123 - Sibling, Female, 4 Years	10130 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10133 - Other Child - Other Family, Male, 12 Years	10130 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10134 - Other Child - Other Family, Male, 10 Years	10130 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10135 - Other Child - Other Family, Female, 7 Years	10130 - Father, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10123 - Sibling, Female, 4 Years	10131 - Mother's Partner, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10135 - Other Child - Other Family, Female, 7 Years	10131 - Mother's Partner, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10123 - Sibling, Female, 4 Years	10132 - Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10134 - Other Child - Other Family, Male, 10 Years	10132 - Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10135 - Other Child - Other Family, Female, 7 Years	10132 - Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10136 - Other Child - Other	10132 - Mother, Female,	Parents Drug /	Unfounded	



NYS Office of Children and Family Services - Child Fatality Report

Family, Female, 4 Years	35 Years	Alcohol Misuse	
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Report Summary:

The CPS investigation involved the 4 year old child. The allegations were parent's drug/alcohol misuse by the mother, biological father regarding the 4 year old, and other adults the family was living with at the time.

Determination: Unfounded**Date of Determination:** 03/07/2013**Basis for Determination:**

The CPS investigation involved the 4 year old child. The allegations were parent's drug/alcohol misuse by the mother, biological father to the 4 year old, and other adults the family was living with at the time. Home visits, interviews, caseworker observation, and collateral contacts determined that the adults were providing the minimum degree of care to the child. The report was unfounded.

OCFS Review Results:

No findings.

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

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

The initial fatality report dated 2/28/15 was the first SCR report the child was named in. Due to the deceased child's age, there are no CPS investigations involving the deceased child that occurred more than 3 years prior to the child's death.

The maternal grandmother was named in a report dated 7/08/91 with the allegation of other, where the report was indicated and the allegations against her were unfounded.

The maternal grandmother was named in 2 reports, 2/04/96 and 4/24/96, where in both she was listed as having no role. The deceased child's mother was also named on these two reports as a child with no role.

The maternal grandmother was named in a report dated 1/08/08 with allegations of inadequate guardianship and lacerations, bruises and welts for hitting a teenage child. This report was unfounded. There was another report dated 8/05/09 with allegations of inadequate guardianship for similar reasons involving the same child, another child was present. This report was also unfounded.

The mother's current boyfriend and father to the youngest surviving sibling was named in a SCR report dated 6/25/12 with a different family. The allegations were parent's drug/alcohol misuse and inadequate guardianship. The report was unfounded.

Known CPS History Outside of NYS

There is 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

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