



**Report Identification Number: AL-18-024**

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

**Issue Date: Mar 18, 2019**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Warren  
**Gender:** Male

**Date of Death:** 10/08/2018  
**Initial Date OCFS Notified:** 10/08/2018

## Presenting Information

An SCR report was received on 10/8/18. The report alleged that on 10/7/18, the mother and father began to consume alcohol to the point of impairment while acting as the sole primary care givers for the 2-month-old subject child (SC). The parents were intoxicated to the point they were unable to provide a minimal degree of care. At 8:00PM the mother, father and the SC fell asleep on the couch. The SC was placed in a horse shoe shaped boppy pillow on the couch. At 11:30PM the mother woke and saw blood coming from the SC's nose. The SC was unresponsive and 911 was called. EMS arrived and the SC was transported to the hospital where the SC was pronounced dead upon arrival. The mothers blood alcohol content was .08 and the father's was .07. The SC was being treated for a respiratory issue; there was concern the parents were not providing the medical treatment as directed. The roles of the SS were unknown.

## Executive Summary

This report concerns the death of a 3-month-old male child (SC) that occurred on 10/8/18. Warren County Department of Social Services (WCDSS) received an SCR report on 10/8/18. The SC was born with several medical diagnoses which would have required surgery in the future. The parents had placed the SC on his back in a u-shaped pillow on the L-shaped couch than the SC. The parents began to consume alcohol while watching a movie. The parents fell asleep on a different part of the couch than the SC. The mother awoke several hours later and found the SC unresponsive. The mother woke the father who called 911 and administered CPR until EMS arrived and transported the SC to the Hospital. The SC was pronounced dead upon arrival at 12:48AM.

The 4yo SS and the 1yo SS were spending the night at the home of the MGM at the time of the SC's death. WCDSS assessed the safety of the SS. The parents made a safety plan for the SS to stay with the MGM pending further investigation. The parents agreed they would not use drugs or alcohol while caring for the SS. WCDSS assessed the home environment of MGM and there were no noted safety concerns. WCDSS interviewed the parents, family members, the father of the 4yo SS and the 1yo SS. WCDSS offered the family bereavement services.

An autopsy was performed; however, the cause and manner of death were undetermined at the time of this writing. WCDSS had a conversation with the ME and the ME did not believe the SC's medical conditions or the way he was sleeping caused his death. There were no signs of abuse or maltreatment. There were no criminal charges pursued in relation to the fatality.

WCDSS requested and reviewed all pertinent medical records of the SC as well as the SS and there were no noted concerns about the care of the children. WCDSS completed all safety assessments and required reports timely and accurately.

On 1/03/19, the allegations for DOA/fatality against the parents with respect to the SC were unsubstantiated. Based on the ME's preliminary findings, there was no evidence to substantiate the DOA allegation. The allegation of LMC against both parents for the SC were Unsubstantiated. WCDSS obtained the SC's medical records and spoke with physicians who stated they had no concerns for the parents care of the SC. The parents brought the SC to all medical appointments. The allegations of PD/AM, IG and LS were substantiated against both parents for the SC. The parents admitted to consuming alcohol the evening the SC died. The parents were found to be over the legal limit several hours after they stopped consuming alcohol by LE. The parents placed the SC at imminent risk of harm by failing to provide a minimum degree of care. The parents were tested for drugs and alcohol. The parents were positive for alcohol and marijuana. Treatment was



recommended for the parents. The safety and risk assessments were done adequately and on time. The parents moved home with the children but continued to follow the safety plan of no alcohol or drug use while caring for the children. The parents fully cooperated with WCDSS and agreed to preventive services and were engaged in a drug/alcohol treatment program. The case was indicated and opened for services.

## 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:

n/a

**Was the decision to close the case appropriate?** N/A

**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:

WCDSS indicated and opened the case for services. The allegations of IG, LS and PD/AM were substantiated against both parents for the SC. The SS were with the MGM at the time of the reported fatality. A preventive services case was opened and the case was monitored by CPS. The parents were attending drug and alcohol treatment and the 4yo SS was in counseling to cope with the death of the SC.

## 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:** 10/08/2018

**Time of Death:** 12:48 AM

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

Unknown

**County where fatality incident occurred:**

Warren

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** No - but needed

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

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

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)

### LDSS Response

On 10/8/18, WCDSS received the fatality report from the SCR, initiated their investigation within 24 hours and coordinated efforts with LE. WCDSS contacted the sources of the reports, completed a CPS history check, and verified notification of the ME and DA. The surviving siblings (4yo and 1yo) were assessed and a temporary safety plan was implemented with the parents pending further investigation.



On 10/8/18, WCDSS located the parents and the SS at the home of the MGM. WCDSS interviewed the parents separately and their accounts of the events leading up to the death of the SC were consistent. On 10/7/18, the parents said they had sent the SS to the MGM's home to spend the night. The parents said they had been drinking beer and had a few shots of fireball while watching a movie. The parents said they had started drinking at 5:00 PM. The parents said the SC was sleeping in his u-shaped pillow on the couch which was an L-shaped sectional. The parents said they fell asleep on the couch between 8-9PM. The SC was on one end of the couch by himself and they were sleeping parallel to each other on the other part of the couch. The mother said she woke at 11:30PM and when she went to pick up the SC, he was unresponsive. The mother woke the father and he called 911. The father administered CPR until EMS arrived and transported the SC to the Hospital.

WCDSS assessed the safety of the SS and interviewed the 4yo SS and observed the 1yo SS. The 4yo SS was not able to identify alcoholic beverages; however, she said the SC often slept on the couch because his portable crib was in the car. She said the 1yo SS sleeps in a crib in the same room as her. WCDSS observed the sleeping arrangements at the MGM's home and appropriately discussed safe sleep. WCDSS implemented a safety plan with the parents. The parents agreed not use or be under the influence of alcohol or drugs while caring for the SS. WCDSS spoke with the MGM and she verified the SS were with her the night the SC died. The MGM had no concerns for the care of the SS while in the care of their parents.

WCDSS learned from LE the SS were not at the home at the time of the reported fatality. LE provided WCDSS with statements, photos and results of the breathalyzer that was administered. The test was administered four to five hours after the parents stopped drinking and the mother's blood alcohol level was .08 and the fathers was .07. LE found empty beer cans and liquor bottles at the scene as well as drug paraphernalia throughout the home, which was accessible to the SS. There were no arrests.

The WCDSS obtained information from the ME, EMS, medical records from the hospital, and the SS and the SC's pediatrician. The children's pediatric records noted no concerns for the care of the SS or the SC by the parents. WCDSS spoke with family members and there were no noted concerns for the care of the SS and the relatives denied knowledge of parent's marijuana use. WCDSS spoke with the father of the 4yo SS and he reported concerns about the mother's alcohol use. WCDSS verified with the parents that they were aware of safe sleep practices. WCDSS offered the parents trauma services and funeral assistance.

The parents agreed to drug testing and tested positive for marijuana use and alcohol levels which were indicative of regular use. The parents were cooperating with treatment recommendations and were actively involved with preventive services at the time of this writing.

### 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

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

**Comments:** Warren County does not have an OCFS approved CFRT.



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049359 - Deceased Child, Male, 2 Mons	049361 - Father, Male, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
049359 - Deceased Child, Male, 2 Mons	049361 - Father, Male, 23 Year(s)	Lack of Supervision	Substantiated
049359 - Deceased Child, Male, 2 Mons	049360 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
049359 - Deceased Child, Male, 2 Mons	049360 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
049359 - Deceased Child, Male, 2 Mons	049360 - Mother, Female, 21 Year(s)	Lack of Medical Care	Unsubstantiated
049359 - Deceased Child, Male, 2 Mons	049361 - Father, Male, 23 Year(s)	Lack of Medical Care	Unsubstantiated
049359 - Deceased Child, Male, 2 Mons	049361 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
049359 - Deceased Child, Male, 2 Mons	049360 - Mother, Female, 21 Year(s)	Lack of Supervision	Substantiated
049359 - Deceased Child, Male, 2 Mons	049361 - Father, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
049359 - Deceased Child, Male, 2 Mons	049360 - Mother, Female, 21 Year(s)	DOA / Fatality	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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### 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"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

### Fatality Risk Assessment / Risk Assessment Profile

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

**Explain:**  
 WCDSS offered preventive services to the family and a preventive services case was opened. WCDSS had referred the parents to a drug and alcohol treatment program and the parents were actively engaged in treatment. WCDSS continued to work with the family at the time of this writing.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	-------------------------------------	--------------------------	--------------------------

Explain as necessary:  
The children were not removed.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input checked="" 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"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### History Prior to the Fatality

### Child Information

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



- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**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)	Allegation Outcome	Compliance Issue(s)
09/01/2017	Sibling, Female, 3 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

The report alleged the mother had anger-management problems, and she had on multiple occasions lost control of herself and physically attacked the dog in the home while the 3yo SS had been present. Further, the mother gets extremely frustrated with the SS and was often overwhelmed with her care. The mother's only way of preventing herself from hurting the SS was to lock herself in the bathroom for periods of time. The roles of the PS and the newborn SS were unknown.

**Report Determination:** Unfounded **Date of Determination:** 11/06/2017

**Basis for Determination:**

WCDSS unsubstantiated the allegations IG against the mother for the 3yo SS. Based on interviews with family members and collaterals there was no credible evidence to support the allegations. The mother denied the allegations and the mother was meeting the needs of her children. The 3yo SS was comfortable with her mother and the PS. Collaterals had no concerns for the care of the children. The case was UNF and closed.

**OCFS Review Results:**

OCFS found that Warren County Department of Social Services made the appropriate determination based on the information gathered during 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

SCR report received 4/11/14 with allegations of IG and PD/AM against the mother for the SS. The allegations were unsubstantiated and the case was UNF and closed.(Ulster Co. DSS)

SCR report received 9/26/14 with allegations of IG and PD/AM against the mother for the SS. The allegations were



unsubstantiated and the case was UNF and closed.(Schenectady Co. DSS)

SCR report received 11/26/14 with allegations of IG, LMC, LS and PD/AM against the mother for the SS. The allegations were unsubstantiated and the case was UNF and closed.(Schenectady Co. DSS)

SCR report received 3/15/15 with allegations of IG, LS and PD/AM against the mother for the SS. The allegations were unsubstantiated and the case was UNF and closed.(Schenectady Co. DSS)

**Known CPS History Outside of NYS**

There was no known history outside of NYS.

**Legal History Within Three Years Prior to the Fatality**

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

**Recommended Action(s)**

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

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