



**Report Identification Number: AL-19-017**

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

**Issue Date: Oct 24, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	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	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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:** 5 month(s)

**Jurisdiction:** Fulton  
**Gender:** Male

**Date of Death:** 06/03/2019  
**Initial Date OCFS Notified:** 06/04/2019

## Presenting Information

An SCR report alleged on 6/3/19, at about 12:00 PM, the five-month-old infant was found unresponsive in his room by his mother and stepfather. Someone from the home called law enforcement, and law enforcement performed CPR, but were unsuccessful. It was suspected the baby suffocated in his crib and died as a result. The parents had a history of using marijuana and other illegal drugs in front of the infant and his sibling. The parents were high on marijuana and intoxicated at the time of the infant's death and while caring for the nine-year-old sibling. There were other people in the home using alcohol and drugs when the infant passed away. There were concerns for the care of the nine-year-old sibling. She was left unattended all the time and allowed to walk the streets unsupervised. The sibling videotaped the parents having sex without their knowledge and shared it with peers. The parents were made aware and did not address the situation.

## Executive Summary

On 6/4/19, the Fulton County Department of Social Services (FCDSS) received an SCR report regarding the death of the five-month-old male infant, that occurred on 6/3/19. At the time of the infant's death, he resided with his mother, stepfather and the nine-year-old sibling. The nine-year-old sibling had regular visitation with her father and the infant did not have regular contact with his father. The stepfather had three children, ages eight, six and four, who resided with their mother and often visited the stepfather.

Through interviews with the mother and stepfather, it was learned on 6/3/19, around 11:00 AM, the mother and stepfather placed the infant on his back on a twin-sized bed for a nap. They placed pillows around him and covered him with a blanket. The parents then took a nap in another bedroom. The nine-year-old sibling was at school at the time and the stepfather's children were not in the home. When the mother awoke she checked on the infant and discovered he was on his stomach with a blanket around his neck and he was unresponsive. The mother yelled for the stepfather, who brought the infant into the living room and called 911 at 12:54 PM. Law enforcement and EMS arrived and performed CPR. The infant was transported to St. Mary's Hospital via ambulance, where he was pronounced deceased at 1:09 PM.

An autopsy was performed by a forensic pathologist and the final autopsy report had not been received at the time this report was written. A criminal investigation was not conducted, as law enforcement said they found nothing suspicious about the infant's death and they felt it was an accident.

Following the infant's death, the mother, stepfather and nine-year-old sibling moved to a relative's home in New York City. The New York City Administration for Children's Services (ACS) accepted a secondary role on the case. They interviewed the family and assessed the sibling to be safe in the mother's care. The mother and stepfather had previously been educated about safe sleep guidelines by FCDSS. They denied any drug or alcohol misuse and there was no evidence gathered that the mother or stepfather were under the influence at the time of the infant's death. The family denied that the sibling was ever left home alone or unsupervised. ACS referred the mother and stepfather for bereavement services and they engaged in counseling. The family was seeking permanent housing and they were provided with information on housing assistance.

The mother reported there was a history of domestic violence perpetrated towards her by the infant's father and she was engaged in services with Catholic Charities. She reported the father did not have regular contact with the infant and he threatened her when he found out about the infant's death. The infant's father was interviewed and said he had only seen



the infant once. He had no information about the infant's death and no concerns for the infant's care. He declined bereavement services.

FCDSS interviewed the stepfather's children, assessed them to be safe in their mother's care, and referred them for bereavement services.

FCDSS properly unsubstantiated the allegations of DOA/Fatality, Lack of Supervision and Parent's Drug/Alcohol Misuse against the mother and stepfather due to a lack of credible evidence that the parents' actions caused the infant's death, that they misused drugs or alcohol or that they were not properly supervising the sibling. Case documentation did not support FCDSS' decision to unsubstantiate the allegation of Inadequate Guardianship against the mother and stepfather regarding the infant. The parents failed to exercise a minimum degree of care when they left the infant unattended on a twin-sized bed, surrounded by pillows and covered with a blanket, despite their knowledge that the infant had rolled off the bed onto the floor on previous occasions.

The case was closed since the family moved to New York City and no additional service needs were identified

## 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?** No

### Explain:

The case was unfounded and closed, although case documentation supported substantiating the allegation of Inadequate Guardianship against the mother and stepfather regarding the infant. The determination did not incorporate key information gathered about the unsafe sleep environment, which placed the infant at risk of harm.

**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:**

Casework was commensurate with case circumstances.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities****Incident Information**

**Date of Death:** 06/03/2019

**Time of Death:** 01:09 PM

**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:**

12:54 PM

**Did EMS 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

**How long before incident was the child last seen by caretaker?** 1 Hours

**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	5 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Stepfather	Alleged Perpetrator	Male	29 Year(s)



Other Household 1	Father	No Role	Male	27 Year(s)
Other Household 2	Other Adult - Sibling's Father	No Role	Male	31 Year(s)
Other Household 3	Other Adult - Mother of Stepfather's Children	No Role	Female	28 Year(s)
Other Household 3	Other Child - Stepfather's child	No Role	Female	6 Year(s)
Other Household 3	Other Child - Stepfather's child	No Role	Female	4 Year(s)
Other Household 3	Other Child - Stepfather's child	No Role	Female	8 Year(s)

### LDSS Response

Upon receipt of the SCR report on 6/4/19, FCDSS began gathering information about the infant’s death. Within 24 hours, they contacted the source of the report, reviewed CPS history, notified the DA’s office and spoke to law enforcement.

Law enforcement shared that the mother reported finding the infant unresponsive on his stomach. When they arrived at the home, law enforcement observed a crib in the parent’s bedroom and the stepfather reported placing the infant down for a nap on one of the twin beds. They found no sign of trauma on the infant’s body and he appeared to be in good health. They had no concerns for drug or alcohol use by either parent.

FCDSS conducted a home visit at the mother’s home and spoke to a neighbor. The neighbor had no concerns for the children. The neighbor called the mother and she stated that following the infant’s death, they moved to a relative’s home in New York City. The mother allowed FCDSS to assess the home, which was observed to have no safety hazards. There was a crib located in the parent’s bedroom and several twin-sized beds for the siblings.

The stepfather’s three children and their mother were interviewed by FCDSS. The children reported that they often visited the stepfather’s home. They said the infant was able to roll over on his own and he sometimes slept in his crib, although often slept in the parent’s or sibling’s bed. They were aware of several recent incidents where the infant had rolled off the bed onto the floor after he was placed on the bed for a nap.

ACS assessed the relative’s home to be safe for the nine-year-old sibling and they interviewed the mother, stepfather and sibling. It was learned, the infant was healthy and was “acting normal” on the morning of 6/3/19. The mother fed the infant a bottle around 11:00 AM and then placed him in his crib for a nap. The infant became fussy, so the stepfather laid down with him in a twin-sized bed until the infant fell asleep. Around 11:30 AM, the stepfather placed pillows around the infant so he didn’t roll off the bed and the mother covered him with a blanket. Both parents then took a nap in their bedroom. When the mother woke up, she checked on the infant and found him face-down on the bed, with the blanket around his neck. The infant was not moving or breathing and both parents were too nervous to perform CPR. The stepfather called 911 at 12:54 PM and the mother went to get a neighbor who knew CPR. EMS arrived, performed CPR, and transported the infant to the hospital. The sibling was in school when the incident occurred and had no additional information about the incident.

FCDSS coordinated their investigation with ACS and they spoke to law enforcement, the medical examiner’s office, school staff, several maternal and paternal relatives and a neighbor. Information gathered supported that the infant had no injury or pre-existing medical condition and that the parents utilized an unsafe sleeping environment for the infant on a regular basis, despite being previously informed about safe sleep guidelines by FCDSS. There were no concerns expressed for the surviving children and they were assessed to be safe in their parent’s care. FCDSS referred the mother, stepfather and surviving children for the appropriate bereavement services, and they remained engaged in these services at the time the case was closed.

### Official Manner and Cause of Death



**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Other physician

**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:** Fulton County does not have an OCFS-approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051691 - Deceased Child, Male, 5 Mons	051695 - Stepfather, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
051691 - Deceased Child, Male, 5 Mons	051693 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
051691 - Deceased Child, Male, 5 Mons	051693 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
051691 - Deceased Child, Male, 5 Mons	051695 - Stepfather, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
051691 - Deceased Child, Male, 5 Mons	051695 - Stepfather, Male, 29 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
051691 - Deceased Child, Male, 5 Mons	051693 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051693 - Mother, Female, 30 Year(s)	Lack of Supervision	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051695 - Stepfather, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051693 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051693 - Mother, Female, 30 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051695 - Stepfather, Male, 29 Year(s)	Lack of Supervision	Unsubstantiated
051694 - Sibling, Female, 9 Year(s)	051695 - Stepfather, Male, 29 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

FCDSS were unable to obtain a release of information from the mother to speak to hospital staff.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:**  
Risk was adequately assessed and the family was referred for and accepted bereavement counseling.

### 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"/>

### 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**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:**

The family engaged in bereavement counseling.

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

**Explain:**

The family engaged in bereavement counseling and they were provided with information for housing assistance.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** No

#### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

### CPS - Investigative History Three Years Prior to the Fatality



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/24/2019	Sibling, Female, 9 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 9 Years	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 4 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Months	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 4 Months	Stepfather, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 9 Years	Stepfather, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Years	Stepfather, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 4 Months	Stepfather, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and the stepfather abused marijuana, pills and alcohol to the point of impairment while caring for the children and the stepfather sold marijuana from the home with the children present. It was also alleged the stepfather was violent with the mother and physically assaulted her in the presence of the children.

**Report Determination:** Unfounded

**Date of Determination:** 05/09/2019

**Basis for Determination:**

The mother and stepfather denied the allegations, they appeared sober and there were no drugs or paraphernalia observed in the home. The nine-year-old sibling expressed no concerns and the children were assessed to be safe. At the time of the report, paternity had not yet been established for the infant and the stepfather was listed as the father. The mother was engaged with a DV advocate due to a history of domestic violence with the infant's father. No additional service needs were identified and the case was appropriately closed.

**OCFS Review Results:**

FCDSS conducted a through investigation into the mother's household. They searched SCR history, provided required notifications, completed accurate and timely safety assessments and contacted the necessary collaterals. FCDSS provided safe sleep education and observed a safe sleeping environment for the children.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/12/2019	Deceased Child, Male, 1 Months	Other Adult - Mother of Stepfather's Children, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 1 Months	Other Adult - Mother of Stepfather's Children, Female, 27 Years	Lack of Supervision	Unsubstantiated	



# Child Fatality Report

Other Child - Stepfather's Child , Female, 4 Years	Other Adult - Mother of Stepfather's Children, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Stepfather's Child , Female, 4 Years	Other Adult - Mother of Stepfather's Children, Female, 27 Years	Lack of Supervision	Unsubstantiated
Deceased Child, Male, 1 Months	Stepfather, Male, 29 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 1 Months	Stepfather, Male, 29 Years	Lack of Supervision	Unsubstantiated
Other Child - Stepfather's Child , Female, 4 Years	Stepfather, Male, 29 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Stepfather's Child , Female, 4 Years	Stepfather, Male, 29 Years	Lack of Supervision	Unsubstantiated

**Report Summary:**

An SCR report alleged the stepfather and mother were leaving the stepfather's child, four-years-old at the time, home alone and responsible for the care of the infant for extended periods of time.

**Report Determination:** Unfounded

**Date of Determination:** 04/26/2019

**Basis for Determination:**

The mother, stepfather and four-year-old child denied the allegations. There were no safety concerns for the children and the case was closed.

**OCFS Review Results:**

FCDSS conducted a through investigation into the mother's household and stepfather's children's household. They searched SCR history, provided required notifications, completed accurate and timely safety assessments and contacted the necessary collaterals. At the time of the report, paternity had not yet been established for the infant and the stepfather was listed as the father. FCDSS provided safe sleep education and observed a safe sleeping environment for the children.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/15/2019	Deceased Child, Male, 26 Days	Mother, Female, 29 Years	Other	Unsubstantiated	No
	Deceased Child, Male, 26 Days	Father, Male, 26 Years	Other	Unsubstantiated	
	Sibling, Female, 9 Years	Mother, Female, 29 Years	Other	Unsubstantiated	

**Report Summary:**

An SCR report was received in which the Montgomery County Family Court Judge ordered FCDSS to investigate allegations the mother drank alcohol, used drugs and prostituted herself in the presence of the children.

**Report Determination:** Unfounded

**Date of Determination:** 04/26/2019

**Basis for Determination:**

There was a lack of credible evidence to substantiate the allegations. The custody/paternity proceedings between the mother and father regarding the infant continued in Family Court. There were no safety concerns for the children or service needs identified and the case closed.

**OCFS Review Results:**

FCDSS conducted a through investigation into the mother's household, father's household and stepfather's children's household. They searched SCR history, provided required notifications, completed accurate and timely safety



assessments and contacted the necessary collaterals. FCDSS provided safe sleep education and observed a safe sleeping environment for the children.

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

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

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

### Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

### 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