



Report Identification Number: AL-19-020

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

Issue Date: Oct 16, 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: 7 day(s)

Jurisdiction: Fulton
Gender: Female

Date of Death: 06/13/2019
Initial Date OCFS Notified: 06/13/2019

Presenting Information

An SCR report was received on 6/13/19, which alleged the infant passed away that morning while in the care of her mother, grandmother, and uncle. The mother fed the infant and her twin sibling at around 5:30AM. After the feedings, the infants were placed in their sleeping area. At approximately 6AM the mother heard the sibling crying and went to check on the twins. The mother noticed the subject infant was not breathing and the grandmother called 911 and began CPR until first responders arrived. Upon arrival, first responders took over resuscitation efforts and the infant was transported to the hospital where she was pronounced deceased. On 6/10/19, the infant went to her first medical well check appointment and was deemed healthy. The twins were born prematurely, but did not have any known preexisting medical conditions.

Executive Summary

Fulton County Department of Social Services (FCDSS) received a report from the SCR on 6/13/19, concerning the death of the 7-day-old infant twin. At the time of the infant's death, she was in the care of her mother and grandmother. The seven-day-old twins and their three siblings, ages 4, 9 and 17, resided with their mother, maternal grandmother and uncle. There were 3 different biological fathers, none of which had consistent contact with any of the children.

It was learned the infant was at home with her mother, grandmother, cousin, and siblings at the time of the death. On the morning of 6/13/19, the mother fed the subject infant and her twin surviving sibling around 4AM. She then placed them in their sleeping baby box, which the mother received from the hospital after giving birth to the twins. The infants were in the baby box together as the hospital told the mother they could utilize the same baby box. The mother heard the twin surviving sibling crying and went in to check on them around 6AM. The mother found the subject twin unresponsive at that time. She immediately called 911 and began CPR at the guidance of the 911 operator. She continued efforts until EMS arrived and took over resuscitation efforts. The infant was transported to the hospital where she was pronounced deceased.

Immediately after learning about the death, FCDSS made efforts to assess the safety of the surviving siblings. The Gloversville Police Department conducted a joint investigation with FCDSS. LE determined there was no criminality and closed their investigation.

At the time of this writing, the final autopsy report had not yet been received from the ME's office. The ME reported no trauma observed on the child.

FCDSS met New York State regulations and requirements pertaining to casework contacts, safety assessments, risk assessments, and the provision of services in the investigation. FCDSS contacted all necessary collaterals. At the time this report was written, the investigation had not yet been determined. Bereavement services were offered to the family, but services were not being utilized at the time of this writing.

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? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

At the time of this writing, the investigation was still open, but pending closure to be unfounded.

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:

At the time of this writing the investigation remained open, but was pending to be unfounded.

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: 06/13/2019

Time of Death: Unknown

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: 06:20 AM

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? Yes

How long before incident was the child last seen by caretaker? 2 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	Aunt/Uncle	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	62 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Day(s)
Other Household 1	Father	No Role	Male	51 Year(s)

LDSS Response

FCDSS received the report from the SCR on 6/13/19 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, medical personnel, and various service providers. The surviving siblings were assessed within the required time frame.

It was learned the twins were delivered at 38 weeks via a scheduled C-Section. The mother said she was concerned about the subject infant's health since their discharge from the hospital on 6/9/19. The mother and grandmother reported the infant coughed and wheezed and never seemed full after feeding. The mother called the doctor continuously with her concerns and the doctor assured her it was normal behavior. The twins were seen by their pediatrician for their first well-child visit 3 days prior to the death. The twins were both deemed healthy at the visit.

Through interviews with the mother, it was learned the mother gave birth to the twin infants on 6/6/19. The infants were sent home from the hospital with "baby boxes" for sleeping. FCDSS observed the baby box and educated the mother on



safe sleep practices, which she reported she was aware of. The mother reported she followed safe sleep guidelines by placing the infants to sleep on their backs with no other items. The mother reported supervising the infants during "tummy time." The mother said the day leading up to the death was typical, though the subject infant continued to cough and wheeze as she had since leaving the hospital. The mother fed the infants around 4AM and returned them to their baby boxes. The mother said she heard the twin sibling crying around 6AM and went to check on the twins. She said she fed the twin sibling and placed him back to bed. She then attempted to feed the subject infant and found her to be unresponsive. She immediately called 911 and began CPR at the direction of the 911 operator. The grandmother assisted with CPR and continued resuscitation efforts until the arrival of EMS.

FCDSS made extensive efforts to locate and interview the biological fathers of the siblings and the twins to no avail. The mother said the fathers were not involved in any of the children's lives. The grandmother and uncle resided in the home with the mother and assisted with the caretaking of the children. The grandmother expressed no concerns for the mother's care of the children. The uncle who resided in the home was cognitively delayed and was unable to be interviewed.

Medical personnel did not convey any concerns to FCDSS. The ME would not provide FCDSS with a preliminary report or initial findings. LE reported initial conversations with the ME showed no concerns for abuse or maltreatment. LE reported the ME found there to be fluid in the infant's lungs and the lungs were a deep purple rather than the normal light pink color.

In response to the fatality, FCDSS provided the family with a multitude of community based services, but it is unknown if these services were utilized. The investigation remained open pending closure at the time of this writing. FCDSS intended to unfound the investigation.

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: There is no OCFS approved Child Fatality Review Team in Fulton County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051485 - Deceased Child, Female, 7 Days	051487 - Grandparent, Female, 62 Year(s)	Inadequate Guardianship	Pending
051485 - Deceased Child, Female, 7 Days	051486 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Pending
051485 - Deceased Child, Female, 7 Days	051487 - Grandparent, Female, 62 Year(s)	DOA / Fatality	Pending
051485 - Deceased Child, Female, 7 Days	051624 - Aunt/Uncle, Male, 20 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

051485 - Deceased Child, Female, 7 Days	051486 - Mother, Female, 35 Year(s)	DOA / Fatality	Pending
051485 - Deceased Child, Female, 7 Days	051624 - Aunt/Uncle, Male, 20 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:

There was no removal of the siblings. Safety interventions were not necessary due to the conditions surrounding the death. The surviving siblings were not in immediate or impending danger of serious harm.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information, if necessary:
 FCDSS offered bereavement and mental health services to the family, but it was unknown if the services were utilized.

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:
 FCDSS provided the family with a referral for the Family Counseling Center Crisis Unit, but it was unknown if services were utilized.

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

Explain:
 FCDSS provided the family with a referral for the Family Counseling Center Crisis Unit, but it was unknown if services were utilized.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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
 - Had heavy alcohol use
 - Smoked tobacco



- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

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)
04/19/2018	Sibling, Female, 2 Years	Grandparent, Female, 61 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 2 Years	Grandparent, Female, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Female, 61 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report was received on 4/19/18, which alleged the then 2-year-old surviving sibling was found on the road with no adult supervision. The sibling was not appropriately dressed and had no shoes, no clothes, and was dirty. The grandmother was supposed to be watching the sibling and was unaware she was outside.

Report Determination: Unfounded

Date of Determination: 06/26/2018

Basis for Determination:

FCDSS determined there was no credible evidence to substantiate the allegations as this was an isolated incident. Following the incident, the family installed baby gates and new locks prior to CPS intervention.

OCFS Review Results:

FCDSS assessed safety of the children and found there to be no immediate safety concerns for them. FCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. FCDSS appropriately determined the allegations given the information obtained 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

9/2/15-10/29/15 : UNF against the mother for IG and PD/AM regarding the surviving sibling.

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