



**Report Identification Number: AL-19-040**

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

**Issue Date: May 06, 2020**

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

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

**Date of Death:** 12/10/2019  
**Initial Date OCFS Notified:** 12/10/2019

## Presenting Information

Two SCR reports were received on 12/10/19, that alleged on that date at approximately 5:44 AM, the mother and the parent substitute woke up to find the one-year-old subject child unresponsive in his Pack n Play. The parent substitute removed the child from the Pack n Play and attempted CPR on the child. The child was transported to a hospital where further attempts at CPR were unsuccessful. At 6:15 AM, the child was pronounced dead. The child had no visible injuries or medical conditions that would have contributed to his death. The mother and parent substitute had no explanation for how the child passed away, making the child's death suspicious.

## Executive Summary

On 12/10/19, Fulton County Department of Social Services (FCDSS) received two SCR reports regarding the death of the one-year-old male subject child. The mother and maternal great grandparents (MGGP) shared 50/50 custody of the child. The mother resided with the parent substitute and the one-month-old sibling. A three-year-old child (OC), who is the child of the parent substitute's ex-girlfriend, often visited the home.

FCDSS conducted a joint investigation with law enforcement and learned that on 12/10/19, the parent substitute checked on the subject child in his bedroom at 5:44 AM and he discovered the child was unresponsive. He tried to wake the child up by splashing water on his face, and when that didn't work, he brought the child into the bedroom and placed him on the adult bed, where the mother was feeding the sibling. The parent substitute performed CPR and the mother called 911. Law enforcement and EMS arrived, and resuscitative efforts continued in the ambulance on the way to the hospital. The child was pronounced deceased by the ER physician at 6:15 AM.

An autopsy was performed by a forensic pathologist and the coroner had not received the final report at the time this report was written. The law enforcement investigation remained open pending the final autopsy results and no charges had been filed.

FCDSS thoroughly investigated the death of the child through interviews with the family and collateral contacts. They assessed the safety of the sibling and other child and they initiated a safety plan that the mother and parent substitute would not have any unsupervised contact with the children. The other child was assessed to be safe in the care of her mother. The sibling, mother and parent substitute moved in with the parent substitute's mother in Montgomery County. A subsequent report was received by Montgomery County Department of Social Services (MCDSS) on 1/7/20, alleging the mother and parent substitute were co-sleeping with the sibling, not feeding her properly, in addition to concerns they both had untreated mental health issues. MCDSS filed an Article 10 Neglect Petition and the sibling was placed in the custody of the parent substitute's mother under Article 1017. The mother moved in with the maternal grandmother and the parent substitute moved in with friends.

During the investigation, it was learned the parent substitute put the child to bed the night prior to the incident in a Pack N Play with an adult blanket and a u-shaped pillow. The timeline the mother and parent substitute provided regarding when the parent substitute last checked on the child was not consistent with undigested food in the child's stomach and the child was found to be in rigor mortis when first responders arrived. There were also inconsistencies regarding the position the parent substitute reported he found the child. FCDSS substantiated the allegations of Inadequate Guardianship against both adults and DOA/Fatality against the parent substitute regarding the subject child. FCDSS indicated and closed their investigation and MCDSS opened an ongoing CPS services case.



The Neglect Petition was pending in Family Court at the time this report was written. FCDSS referred the family for grief counseling and the mother and parent substitute engaged in mental health counseling.

### PIP Requirement

For issues identified in historical cases, FCDSS will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) FCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, FCDSS will review the plan and revise as needed to address ongoing concerns.

## 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:

FCDSS appropriately indicated and closed the investigation.

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 activity was commensurate with best casework practice.

## 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:** 12/10/2019

**Time of Death:** 06:15 AM

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

Unknown

**County where fatality incident occurred:**

Fulton

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

Yes

**Time of Call:**

05:44 AM

**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**

**At time of incident supervisor was:** Not impaired.

**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	1 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Month(s)
Other Household 1	Father	No Role	Male	20 Year(s)
Other Household 2	Other Adult - Other's Child's Mother	No Role	Female	23 Year(s)
Other Household 2	Other Child - Other Child	No Role	Female	3 Year(s)
Other Household 3	Grandparent	No Role	Female	61 Year(s)
Other Household 3	Grandparent	No Role	Male	68 Year(s)

## LDSS Response

FCDSS thoroughly investigated the death of the subject child through interviews with the mother, parent substitute, MGGP, parent substitute's mother, the OC and her mother. The child's father was unknown. Home visits were conducted at the MGGP's home, the parent substitute's mother's home and the home of the OC. FCDSS searched SCR history, contacted the source of the report, and spoke to the coroner, hospital staff, law enforcement and the pediatrician. All adults were provided with the required Notice of Existence and Notice of Indication letters. FCDSS had previously educated the



parents about safe sleep guidelines during prior CPS investigations and they further educated the family about safe sleep recommendations for the sibling.

Through interviews it was learned the subject child was healthy and developmentally on target. The mother and MGGM shared 50/50 custody of the child due to concerns for the mother’s untreated mental health and her inability to provide consistent care to the child. The mother and parent substitute moved into their apartment in November 2019, and the mother had been taking the child four days at a time. The MGGM had a medical procedure done and the child went to the mother and parent substitute’s home on 12/3/19. On 12/9/19, the mother re-scheduled the child’s well-visit and asked the MGGP’s if the child could stay another night.

The mother and parent substitute reported on 12/9/19, while the mother fed the sibling, the parent substitute gave the subject child a bath and put him to bed in his Pack n Play in his bedroom between 8:00-8:30 PM. The child slept with an adult-sized blanket and a u-shaped pillow and he preferred to sleep on his stomach or on his side. The OC spent the night on 12/8/19, and the parent substitute took her home around 9:30 PM and then he returned to the apartment. The mother reported the parent substitute checked on the child at 12:30 AM prior to coming to bed. The mother reported she did not hear the child fuss or make any noises throughout the night. The parent substitute said he heard the child whimpering around 12:30 AM so he checked on the child and sat with him until he went back to sleep. He got up for work and checked on the child around 5:30 AM. He said the child was lying in the corner of the Pack n Play and he wasn’t moving. He gave inconsistent accounts of the position the child was in and whether the blanket was wrapped around him. He said the child was purple and not breathing so he picked him up. He brought the child into the bathroom and splashed water on his face, then took him into the bedroom where the mother and sibling were and he told her to call 911.

The coroner reported the child’s death was suspicious. The autopsy showed there was nothing medically wrong with the child that led to his death and he had no marks or bruises. The coroner stated that the mother and parent substitute's report that they fed the child dinner at 6:30 PM, then the parent substitute checked on the child at 12:30 AM and he was fine, was not consistent with the undigested food found in the child's stomach. The coroner explained that food begins to digest 20 minutes to two hours after eating and it did not have time to digest prior to death. Medical professionals reported the child’s body was already in rigor mortis at the time first responders arrived, suggesting the child was deceased for some time.

FCDSS and MCDSS coordinated efforts and the Article 10 Neglect Petition was appropriately filed by MCDSS. FCDSS appropriately closed their case and MCDSS monitored the sibling’s placement and the mother and parent substitute’s compliance with court orders through their ongoing CPS services case.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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 a Child Fatality Review Team.

### SCR Fatality Report Summary



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053893 - Deceased Child, Male, 1 Yrs	053894 - Mother, Female, 18 Year(s)	Inadequate Guardianship	Substantiated
053893 - Deceased Child, Male, 1 Yrs	053895 - Mother's Partner, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
053893 - Deceased Child, Male, 1 Yrs	053895 - Mother's Partner, Male, 24 Year(s)	DOA / Fatality	Substantiated
053893 - Deceased Child, Male, 1 Yrs	053894 - Mother, Female, 18 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 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"/>



# Child Fatality Report

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

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

An Article 10 Neglect Petition was filed by MCDSS and court ordered services were sought.

### 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

The sibling was placed in the custody of the parent substitute's mother under Article 1017.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS



<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/08/2020	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	053894 Mother Female 18 Year(s)	
<b>Comments:</b>	MCDSS filed an Article 10 Neglect Petition on 1/8/20. The sibling was placed in the custody of the parent substitute's mother at the first court appearance. The petition was pending at the time this report was written.	

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/08/2020	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	053895 Mother's Partner Male 24 Year(s)	
<b>Comments:</b>	MCDSS filed an Article 10 Neglect Petition on 1/8/20. The sibling was placed in the custody of the parent substitute's mother at the first court appearance. The petition was pending at the time this report was written.	

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 01/08/2020	<b>To:</b> Unknown
<b>Explain:</b> An order of protection was issued barring the mother and parent substitute from any unsupervised contact with the sibling.	

**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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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

**Explain:**  
The mother and parent substitute were engaged in mental health counseling and they were referred for grief counseling and Preventive Services.

### 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? Yes  
 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

### 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)
07/16/2019	Deceased Child, Male, 10 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	Yes

**Report Summary:**  
An SCR report alleged there were ongoing concerns for the safety of the child and the mother's ability to care for him. The mother had untreated mental health concerns to the extent that she screamed and cursed at the MGGP and she was physically aggressive and inattentive with the child. She did not feed the child regularly so he was losing weight and she locked the child in a room for an extended period of time.

**Report Determination:** Unfounded **Date of Determination:** 10/30/2019

**Basis for Determination:**  
The mother was diagnosed with a mental health disorder and she was unable to take her prescribed medication since she was pregnant. The family reported the mother did have outbursts, although the MGGP were the primary caretakers for the child and they were always present to ensure the child's safety. The child's doctor reported he was in good health and there were no concerns for him.

**OCFS Review Results:**  
FCDSS conducted a thorough investigation. They interviewed all family members, conducted multiple home visits and assessed the home to be safe. FCDSS discussed safe sleep and observed a safe sleeping environment and needed supplies



for the child. They searched SCR history, contacted all necessary collaterals and completed safety assessments and the RAP accurately. Although the safety of the child was assessed within 7 days, the Safety Assessment was not completed in Connections until 7/31/19.

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

**Issue:**  
Timely/Adequate Seven Day Assessment

**Summary:**  
Although the safety of the child was assessed within 7 days, the Safety Assessment was not completed in Connections until 7/31/19.

**Legal Reference:**  
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**  
FCDSS will complete all safety assessments within the required timeframe.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/06/2019	Deceased Child, Male, 6 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**  
An SCR report alleged the mother was diagnosed with a mental health disorder, was not taking her medication, and she had violent outbursts in the presence of the child.

**Report Determination:** Unfounded **Date of Determination:** 08/29/2019

**Basis for Determination:**  
The mother and child resided with the MGGP, who were the primary caretakers for the child. The mother was not taking her medication since she pregnant and although she was having violent outbursts, the MGGP were present and protected the child. The child's doctor had no concerns.

**OCFS Review Results:**  
FCDSS conducted a thorough investigation. They interviewed all family members, conducted multiple home visits and promptly addressed safety hazards in the home. They searched SCR history, contacted all necessary collaterals, and completed safety assessments and the RAP timely and accurately. FCDSS discussed safe sleep and observed a safe sleeping environment and needed supplies for the child.

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)
12/18/2018	Deceased Child, Male, 3 Months	Mother, Female, 17 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 3 Months	Mother, Female, 17 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Months	Mother, Female, 17 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Male, 3 Months	Mother, Female, 17 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother had untreated mental health concerns and she was out of control. The child had a medical condition which made him constipated and the child had not gone to the bathroom in several days and the mother did not seek medical attention. There were several dogs and cats allowed to defecate and urinate on the floor and no one cleaned it, making the home condition unsafe. A subsequent report was received on 2/5/19, with concerns the mother was not taking her mental health medication, she was using drugs and alcohol, and she was acting out violently.

**Report Determination:** Unfounded**Date of Determination:** 08/19/2019**Basis for Determination:**

The condition of the home was a concern but the child was not yet mobile at the start of the investigation. The family sectioned off the living room and the pets were not allowed in that area when the child became mobile. The mother had untreated mental health concerns but she was not aggressive toward the child and the MGGP assisted with daily care. The child's doctor reported no concerns for his health.

**OCFS Review Results:**

FCDSS conducted a thorough investigation. They interviewed all family members, conducted multiple home visits and promptly addressed safety hazards in the home. They searched SCR history, contacted all necessary collaterals, and completed safety assessments and the RAP timely and accurately. FCDSS discussed safe sleep and observed a safe sleeping environment and needed supplies for the child. Multiple progress notes were entered more than 30 days past the event date.

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

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Multiple progress notes were entered more than 30 days past the event date.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be entered as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

**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



### Additional Local District Comments

Fulton County has received PIPS in the past regarding late safety assessments and late progress notes. Currently FC is at 100% timely safety assessments and supervisors continue to monitor entry dates on progress notes.

### 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