



Report Identification Number: BU-15-026

Prepared by: Buffalo Regional Office

Issue Date: 4/15/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 17 day(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 07/24/2015
Initial Date OCFS Notified: 07/24/2015

Presenting Information

Today, Friday July 24, 2015, subject child was sleeping in subject mother's bed. Subject mother awoke and found subject child not breathing and not responsive. Medical personnel were called and the subject child was taken to the hospital where he was pronounced dead. Subject child was a healthy two-week old child. There was no explanation provided for subject child's death. The role of the other family members and other children are unknown.

Executive Summary

This fatality review concerns the co-sleeping death of a seventeen day old subject child. At the time of the fatality report, subject mother, subject child, and subject child's three siblings ages; one, two, and three years old, resided in the home of the maternal grandparents with three of subject mother's siblings ages 6-12. The household had a significant history with Child Protective Services and Preventive Services; however this history was largely regarding the maternal grandparent's household. At age fourteen, the subject mother was sexually abused by a Step-father and she also later had PINS diversion program involvement. Subject mother's history as a perpetrator was limited to one UNFOUNDED report.

Subject mother acknowledged co-sleeping with subject child. Subject mother reported sleeping with subject child and her one year old child in her adult queen sized bed. The bed had sheets, blankets, pillows, and an adult body pillow. Subject mother was in the middle of the bed with her two children on either side of her. When subject mother awoke at 6:47AM, from a text message, she found subject child non-responsive so she ran downstairs with subject child to maternal grandmother, whom is a nurse, and she performed CPR.

First responders reported upon arrival subject child was on a table with family members performing CPR and subject child's toes and fingers appeared blue. ER personnel attempted further resuscitation efforts before subject child was pronounced deceased. The ER Doctor reported subject child had blood in his airway indicating suffocation. Police reported no evidence of alcohol/drug use and all adults appeared sober. Police filed no charges.

Contact with the Medical personnel, Child Advocacy Center, and children's pediatrician found no concerns other than some past-due wellness checks. Subject child was born two weeks premature, but had no other medical concerns. The home was observed with ample food supplies and with no significant safety hazards. Due to the summer recess, the case record does not document the Caseworker making collateral contacts with the surviving children's schools.

The surviving children's sleeping accommodations were observed as adequate and ample food supplies were observed in the home. The surviving children reported no domestic violence, alcohol/drug abuse, or other concerns in the home. The children completed medical examinations at the Children's Advocacy Center.

The Erie County Medical Examiner performed an autopsy with the final autopsy report determining the cause of death as Asphyxia and manner of death as Accident.



On 9/22/2015, the allegations of DOA/Fatality and IG were INDICATED. Basis of determination: There is some credible evidence to substantiate the allegations. Subject mother failed to provide a minimum degree of care by failing to provide a safe sleep environment through co-sleeping with subject child with several aggravating factors present. These factors include the physical condition of the sleeping area with multiple pillows, an adult body pillow, blankets, and another child. The Erie County Medical Examiner’s final findings found subject child’s death was the result of positional asphyxia due to co-sleeping. The Caseworker provided safe sleep information and discussed this with the family who gave assurances of compliance with the surviving children. The surviving children appear safe. The case is closed with Child Protective Services intervention no longer required.

Caseworker did a good job at making appropriate case and collateral contacts with good documentation of case activities through timely case notes.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

The Caseworker made appropriate case and collateral contacts in making the determination in this case 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:

The caseworker offered preventive services, but this was declined. The caseworker also offered mental health services, but the subject mother declined this stating she felt it was unnecessary aside from her anti-depressant prescription. The caseworker also sent subject mother a closing letter noting a past missed mental health evaluation appointment and encouraging her follow through with this.

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: 07/24/2015

Time of Death: Unknown

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

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

06:51 AM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 2 Hours

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		17 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	40 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Other Child	No Role	Male	10 Year(s)
Deceased Child's Household	Other Child	No Role	Female	11 Year(s)
Deceased Child's Household	Other Child	No Role	Male	6 Year(s)
Deceased Child's Household	Other Child	No Role	Female	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

The CW initiated the investigation on 07/24/2015, reviewing the case history and making case and collateral contacts.

First responders reported upon arrival SC was on a table and family members were performing CPR and SC's toes and fingers appeared blue. They reported not seeing the bed where SC had been sleeping. Resuscitation efforts were made with no response. Dried blood was reported as observed around the baby's mouth with an absence of any suspicious marks or bruising. SC was driven to the ER where further resuscitation efforts were made before SC was pronounced deceased. The ER Doctor reported SC had blood in his airway indicating suffocation.

Police reported SM having a queen sized bed with adult blanket, pillows, a large adult body pillow, and a baby blanket on the bed. Blood was reported as observed on a bottle, baby blanket, and the right side of SM's nightgown. SM was reported as 5'2" tall and 200 lbs. SC's crib and bassinet were reported as completely filled with diapers and other items. No evidence of alcohol/drug use and all adults appeared sober.

Contact with the Medical personnel, CAC, and children's pediatrician found no concerns other than some past-due wellness checks. SC was born two weeks premature. The home was observed with ample food supplies and with no significant safety hazards. Due to the summer recess, the case record does not document the Caseworker making collateral contacts with the surviving children's schools.

SM acknowledged co-sleeping with SC in her bed. SM reported SC went to sleep at 11PM and woke up screaming at 2:30AM. SC reported feeding SC Enfamil infant baby formula in a bottle and that her other child, age one, was also asleep on the left side of the bed. SM reported after feeding SC he fell asleep and she laid SC down in bed next to her on his back on the right side of the bed. SM reported falling back asleep herself laying in the middle of the bed. When SM awoke at 6:47AM, from a text message from MGM, she found SC non-responsive. SM detailed that SC was wrapped in a receiving blanket, facing her slightly leaned towards her and there was blood in his nose, on the sheet, all over the blanket, and SC's bottle was by his face and also had some blood on it. SC's head was reported as propped on top of the body pillow. SM reported shaking SC with no response so she ran downstairs with SC to MGM whom is a nurse.

MGM reported performing CPR on SC until paramedics and Police arrived 15 minutes later. MGM, MGF, and other adults were somewhat hostile to CW accusing her of having no conscious for coming to the home the day SC died. No adult in the home provided any conflicting information or expressed any concerns with the children's care in the home. Surviving child, age 12, reported before going to bed at 10PM that she saw SM feeding a bottle to SC in SM's bed. The surviving children's sleeping accommodations were observed as adequate and ample food supplies were observed in the home. The surviving children reported no DV, alcohol/drug abuse, or other concerns in the home. The children completed medical examinations at the CAC.

The Erie County Medical Examiner performed an autopsy with the final autopsy report determining the cause of death as Asphyxia and manner of death as Accident.

On 9/22/2015, the allegations of DOA/Fatality and IG were INDICATED. Basis of determination: There is some credible evidence to substantiate the allegations. SM failed to provide a minimum degree of care by failing to provide a safe sleep environment through co-sleeping with SC with several aggravating factors present. These factors include the physical condition of the sleeping area with multiple pillows, an adult body pillow, blankets, and another child. The Erie County Medical Examiner's final findings found SC's death was the result of positional asphyxia due to co-sleeping. The surviving children appear safe. Case closed. CPS intervention no longer required.



NYS Office of Children and Family Services - Child Fatality Report

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Comments: Erie County has a Multi-Disciplinary Team for investigation and review of fatality reports.

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

Comments: Erie County does not have an OCFS approved Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026744 - Deceased Child, , 17 Days	026745 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
026744 - Deceased Child, , 17 Days	026745 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Additional information:



NYS Office of Children and Family Services - Child Fatality Report

Caseworker made appropriate case and collateral contacts and appropriately assessed need for services.

Fatality Safety Assessment Activities

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

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

Placement Activities in Response to the Fatality Investigation



NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: No surviving children were removed from the home as the result of this fatality investigation.				

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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
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Other, specify: Safe sleep information

Additional information, if necessary:
 Caseworker provided safe sleep environment information to the family. Family promised to follow safe sleep rules for all surviving children. Caseworker also offered preventive services and this was declined. The caseworker offered mental health services, but the subject mother declined this stating she felt it was unnecessary aside from her anti-depressant prescription.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
The CW offered counseling services and SM reported they were on a waiting list through Catholic Charities. The family was also encouraged to seek counseling options through the CAC.

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

Explain:
Counseling services were offered, but were declined. SM stated she was already seeking counseling through her Doctor. MGM was already involved in counseling. Caseworker offered mental health services to subject mother, but she declined this as not necessary stating she only needed her anti-depressant medication. Caseworker sent a closing letter reminding subject mother regarding a previously missed mental health evaluation appointment and encouraged her to follow through with this.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

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



NYS Office of Children and Family Services - Child Fatality Report

Infant was born: Drug exposed With fetal alcohol effects or syndrome With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/04/2014	8558 - Other Child - Cousin, Female, 1 Years	8551 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	No
	8558 - Other Child - Cousin, Female, 1 Years	8551 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8559 - Other Child - Cousin, Male, 16 Years	8551 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	8559 - Other Child - Cousin, Male, 16 Years	8551 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8552 - Sibling, Male, 5 Months	8555 - Other Adult - Other child's Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8558 - Other Child - Cousin, Female, 1 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8559 - Other Child - Cousin, Male, 16 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8560 - Other Child - Cousin, Male, 9 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Inadequate Guardianship	Unfounded	
	8552 - Sibling, Male, 5 Months	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Inadequate Guardianship	Unfounded	
	8559 - Other Child - Cousin, Male, 16 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8560 - Other Child - Cousin, Male, 9 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Inadequate Guardianship	Unfounded	
	8560 - Other Child - Cousin, Male, 9 Years	8551 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	8560 - Other Child - Cousin, Male, 9 Years	8551 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8552 - Sibling, Male, 5 Months	8555 - Other Adult - Other child's Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	
	8558 - Other Child - Cousin, Female, 1 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	
8560 - Other Child - Cousin, Male, 9 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Inadequate Guardianship	Unfounded		

8560 - Other Child - Cousin, Male, 9 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Unfounded
8552 - Sibling, Male, 5 Months	8557 - Other Adult - Other child's Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
8558 - Other Child - Cousin, Female, 1 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
8558 - Other Child - Cousin, Female, 1 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
8560 - Other Child - Cousin, Male, 9 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
8552 - Sibling, Male, 5 Months	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
8552 - Sibling, Male, 5 Months	8551 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded
8552 - Sibling, Male, 5 Months	8551 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
8559 - Other Child - Cousin, Male, 16 Years	8555 - Other Adult - Other child's Mother, Female, 18 Years	Inadequate Guardianship	Unfounded
8552 - Sibling, Male, 5 Months	8557 - Other Adult - Other child's Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
8559 - Other Child - Cousin, Male, 16 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Inadequate Guardianship	Unfounded
8559 - Other Child - Cousin, Male, 16 Years	8557 - Other Adult - Other child's Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
8558 - Other Child - Cousin, Female, 1 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Inadequate Guardianship	Unfounded
8558 - Other Child - Cousin, Female, 1 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
8559 - Other Child - Cousin, Male, 16 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Inadequate Guardianship	Unfounded
8560 - Other Child - Cousin, Male, 9 Years	8561 - Other Adult - Other child's Bio-Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The children are exposed to criminal activity. The home environment is unsafe. The police have raided the home twice for dog fighting and once for drug dealing. The adults drink excessively and use drugs around the children. The home is flea infested. Other child has flea bites. Other child is six months old, but weighs only 13 pounds. There are concerns that he is not being fed. Other child is supposed to be followed for a low birth weight, however, SM has not taken him to the Doctors. When SM goes to work, she leaves other child with the people in the home that are sometimes under the influence of drugs or alcohol.



NYS Office of Children and Family Services - Child Fatality Report

Determination: Unfounded	Date of Determination: 03/11/2015
Basis for Determination: Report with allegations of IG and PDRG is Unfounded. SM was residing in the home of PGP's. Child was underweight due to SM not providing cereal inside child's bottle, but child has been seen numerous times by pediatrician and has gained significant weight. Family acknowledges Police were at the home for an ex-boyfriend who was on parole and that dogs were removed, but deny any involvement with dog fighting or any illegal activity. Children in home report no problems or concerns. Child is currently in the custody of the MGM as they are continuing with Family Court proceedings. Children appear safe. No further CPS intervention required.	
OCFS Review Results: There are no apparent concerns upon review.	
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

There is no CPS history that involved SC or SM as a subject three years prior to fatality report. There is extensive history involving the SM's siblings that resided in the fatality home as other children/no role at the time of the fatality. Cross references list siblings as MA/no role, not as subjects. 37 SCR reports as follows: 11 Duplicates/3 Add Info.

4/20/12, UNF 5/29/12, IG All deny DV in home
 12/9/10, UNF 1/7/11, IG, LBW, Children deny, No m/b
 10/09/10 UNF 10/26/10 IG, LMC, Med in process
 8/13/10 UNF 7/5/11, IG, LMC, Mom to be monitored
 3/11/10 UNF 5/5/10, IFCS, Home has no safety factors
 1/25/10 UNF 2/9/10 LMC, Sought immediate care
 10/10/09 UNF 12/18/09 IG, Mom supervises child meds
 7/25/09 UNF LSUP 14 yr. old supervises sibs
 5/28/09 UNF IG, LBW, Children deny & up-to-date
 12/1/08 IND 1/29/09 SA, sex abuse by SGF of SM
 10/29/08 IND 12/29/08 IG, aware violent UNF ExCorp
 9/19/08 UNF 8/20/08 IG no m/b
 4/7/08 UNF 7/22/08 IG, LBW, Child denies, no m/b
 10/4/07 UNF 12/24/07 IG, LBW, school fights/receiving adequate care
 07/31/07 UNF 8/31/07 IG, Adequate care
 5/25/07 UNF 6/29/07 IG, Child appears safe
 1/12/07 UNF 3/19/07 ExCorp, IFCS, IG, LMC, LSUP, Child appears safe
 11/3/06 IND IFCS, IG, Poor home conditions
 3/27/06 UNF 7/12/06 EMON, IG, LMC, LSUP, B/S, LBW, No credible evidence
 3/16/06 UNF 6/22/06 IG No credible evidence
 5/19/05 IND 6/15/05 IG, LSUP, LMC, failed to comply CAC
 8/13/04 IND 9/2/04 IG, LSUP Children unsupervised
 4/27/04 IND 5/21/04 ExCorp, hit m/b

Known CPS History Outside of NYS

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



Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

Preventive services were provided to this family regarding child behavior and parental neglect issues involving SM and her siblings who were under the age of 21 and are listed as other children with no role in the home at the time of the fatality. It does not appear these services are relevant to the safe sleep fatality report.

SM received preventive services as a child 12/18/1995 - 12/19/1997 with prevent placement goal regarding parent service needs. SM also received preventive services 4/24/2003 with prevent placement goal. Services became Court Ordered on 5/5/2000 per an Article 10 Abuse/Neglect petition and ended 7/9/2000 per expiration of the Court Order. SM began preventive services again on 8/23/2011 under a PINS Diversion program regarding behavior issues. These services ended 10/26/11 with goal achieved.

SM's siblings (Other children in the home a the time of fatality) received preventive services 4/26/10 as the result of an Article 10 Abuse/Neglect petition Court Ordered Supervision prevent placement goal and ended 11/5/2010 closed with goal achieved.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We are equally pleased that OCFS found no required actions related to the sole investigation



conducted during the three year period preceding the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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