



Report Identification Number: BU-19-032

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

Issue Date: Feb 26, 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: 5 year(s)

Jurisdiction: Niagara
Gender: Female

Date of Death: 09/19/2019
Initial Date OCFS Notified: 09/19/2019

Presenting Information

An SCR report alleged on 9/18/19, the 5-year-old female subject child went to sleep in the same bed with the maternal grandmother and 9-year-old sibling around 9:00 PM. On 9/19/19, at approximately 6:55 AM, the father arrived at the residence to take the children to school. The father discovered the child unresponsive, with a cold body and rigor mortis had set in.

Executive Summary

This fatality report concerns the death of the 5-year-old female subject child who died on 9/19/19. Niagara County Department of Social Services (NCDSS) received an SCR report regarding the death on the same day. The child died unexpectedly as a result of the mother's friend accidentally giving the child an opioid instead of medicine to treat cold symptoms. The child died while she was visiting her grandmother's home. At the time of the child's death, the grandmother, mother, the mother's friend and the 9-year-old sibling were in the home. The children resided with their father at his home for two months prior to the child's death due to suspicions the mother was abusing drugs. The sibling was assessed throughout the investigation and was assessed to be safe in the care of her father.

The mother was unable to provide information regarding the death; however, she was notably under the influence of illicit substances when the child was discovered deceased. The mother's friend said she gave the children medicine for colds the night prior to the child's death but denied giving the child an opioid. The grandmother and sibling reported the child had heavy breathing and was snoring the night prior to her death and believed it was due to her cold.

An autopsy was performed and listed the cause of death as acute methadone intoxication. The medical examiner reported the manner of death was a homicide.

NCDSS completed required reports and Safety Assessments timely and accurately. The Risk Assessment Profile was appropriately completed. NCDSS added allegations against the mother, grandmother and the mother's friend regarding the children. The investigation revealed the mother and the mother's friend abused drugs while caring for the children and the grandmother had knowledge they were not appropriate caregivers and did not protect the children. The investigation revealed the mother's friend unintentionally gave the child an opioid which was inside of a fever-reducing medication bottle. The adults did not provide information regarding who put the opioid into the bottle; however, provided the name of the person who illegally sold the mother the opioid. The criminal investigation remained open at the time the case was determined.

As a result of the investigation, NCDSS filed Abuse Petitions in Niagara County Family Court against the mother and the mother's friend regarding both children. The court proceeding for the mother was pending and the mother's friend had a finding of Severe Abuse and an Order of Protection was granted for the sibling. NCDSS opened a Services case for the family on 10/17/19.

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:

Casework activity was commensurate with case circumstances.

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 decision to close the investigation was appropriate. NCDSS was providing preventive services at the time of this writing.

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: 09/19/2019

Time of Death: Unknown

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

County where fatality incident occurred: Niagara

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes



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

Yes

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability

- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	59 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	30 Year(s)
Other Household 1	Other Adult - Mother's friend	Alleged Perpetrator	Female	41 Year(s)

LDSS Response

On 9/19/19, NCDSS received an SCR report regarding the 5-year-old subject child's (SC) death. NCDSS initiated their investigation by coordinating with LE. Within the first 24 hours of the investigation, NCDSS obtained information from the family and LE. The ME and DA's offices were notified of the death.

On 9/19/19, LE was dispatched to the case address for a child who was not breathing. When LE arrived, EMS was performing CPR on the SC. The mother (SM) was under the influence of illegal substances and the OA had physical signs of drug abuse. The SC was cold to the touch and rigor mortis had set in. LE said the mother's friend (OA), who had been living in the home, gave the SC and the surviving sibling (SS) an antihistamine and a cough suppressant before they went to bed around 9:00 PM on 9/18/19. She heard commotion in the morning and called 911.

NCDSS assessed the safety of the SS on 9/19/19 at a relative's home. The SS said she and the SC had colds the day prior to the death. The OA gave them medicines for their colds, and they went to sleep in the same bed as their grandmother (MGM). The SC was heard having difficulty breathing, would stop breathing and was making unusual snoring noises; the SC fell asleep and the snoring noise stopped. In the morning, the SS saw the SC was purple, unresponsive and had her eyes and hands clutched.

The MGM said the SM's parenting had worsened over the last few months and the SM showed less interest in the children.



As a result, the children lived with their father at a separate residence. The MGM had no concerns for the care the father provided to the children. She said the children were given medicine by the OA and the SC vomited prior to going to sleep. The MGM last saw the SC when the MGM got up to go to the bathroom at some point during the night, and the SC looked like she was sleeping. The MGM was woken up around 7:00 AM, when the father came to the home to get the children ready for school and he found the SC unresponsive.

The SM said she was awoken by the father on 9/19/19. He was holding the SC who was pale and cold, and had blood coming from her mouth. She said the father brought the SC medicine the night prior to her death.

On 9/20/19, the father was interviewed. It was reported the SM had a history of substance abuse and he had been caring for the children for two months. On 9/18/19, the children asked to visit their SM, and the father agreed as he believed the MGM was an appropriate caregiver who would be in the home with the SM and the children. He last saw the children around 8:30 PM on 9/18/19 when he brought cold medicine to the case address. The father attempted to wake the SC up on the morning of 9/19/19 to no avail and carried the SC outside to wait for EMS. NCDSS and the father agreed upon a safety plan for the sibling to stay with the father, and only have supervised visits with the SM. The SM was made aware of the safety plan over the phone.

The ME's report noted the death was a result of inappropriate administration of an illicit substance to the child by another individual and met the criteria for the manner to be rendered as homicide.

During the investigation, the OA said the SM was illegally buying the opioid and kept it in her bedroom. The OA thought the SC came in contact with the drug when saying goodnight to the SM. Information received from the Niagara County Sheriff's Office Forensic Laboratory noted a medicine bottle taken from the home was labeled as a fever reducer; however, contained an opioid. At the time this report was written, it was unknown who put the opioid into the fever-reducer bottle.

On 10/11/19, NCDSS filed a Severe Abuse Petition against the SM and OA regarding the children. The OA was ordered to stay away from the SS until the SS is 18, and there was an abuse finding. The mother's petition was pending at the time this report was written and she was ordered to supervised visits with the SS.

Official Manner and Cause of Death

Official Manner: Homicide

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: The death was referred to an OCFS-approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052914 - Deceased Child, Female, 5 Yrs	052918 - Grandparent, Female, 59 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

052914 - Deceased Child, Female, 5 Yrs	052917 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	DOA / Fatality	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052918 - Grandparent, Female, 59 Year(s)	Inadequate Guardianship	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052917 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	Poisoning / Noxious Substances	Substantiated
052914 - Deceased Child, Female, 5 Yrs	052917 - Mother, Female, 30 Year(s)	Poisoning / Noxious Substances	Substantiated
052915 - Sibling, Female, 9 Year(s)	052918 - Grandparent, Female, 59 Year(s)	Inadequate Guardianship	Substantiated
052915 - Sibling, Female, 9 Year(s)	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	Inadequate Guardianship	Substantiated
052915 - Sibling, Female, 9 Year(s)	052917 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
052915 - Sibling, Female, 9 Year(s)	052919 - Other Adult - Mother's friend, Female, 41 Year(s)	Parents Drug / Alcohol Misuse	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"/>



Child Fatality Report

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 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"/>

Placement Activities in Response to the Fatality Investigation

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



Legal Activity Related to the Fatality

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

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/11/2019	Adjudicated Abused	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	052919 Other Adult Female 41 Year(s)	
Comments:	There was a finding of Severe Abuse against the mother's friend and an order of protection was ordered against the mother's friend with regard to the sibling.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/11/2019	There was not a fact finding	There was not a disposition
Respondent:	052917 Mother Female 30 Year(s)	
Comments:	The Severe Abuse Petition against the mother was pending at the time of this writing. On 10/15/19, the father was awarded custody of the sibling and the mother was granted supervised visits.	

Have any Orders of Protection been issued? Yes

From: 01/22/2020

To: 08/06/2028

Explain:

A stay-away Order of Protection was granted against the mother's friend with regard to 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" 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"/>				



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The other adult was involved in the following reports:

2/10/95- 1/16/96 UnSub for Internal Injuries and Sub for other regarding another child.

8/1/99- 10/5/99 Sub for Inadequate Guardianship of another child.

2/25/08- 6/17/08 Sub for Inadequate Guardianship and Parent Drug/Alcohol Misuse of another child.

7/18/08- 9/10/08 Sub for Inadequate Guardianship and UnSub for Lack of Supervision and Parent Drug/Alcohol Misuse of another child.

6/13/12- 6/26/12- UnSub for Inadequate Guardianship and Parent Drug/Alcohol Misuse of another child.

Known CPS History Outside of NYS

There was no known history outside of New York State.



Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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