



Report Identification Number: AL-15-018

Prepared by: Albany Regional Office

Issue Date: 5/2/2016

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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Franklin
Gender: Unknown

Date of Death: 10/02/2011
Initial Date OCFS Notified: 09/29/2015

Presenting Information

On October 2, 2011 the subject child was found unresponsive in the father's bed. The father was co-sleeping with the subject child at the time this occurred. The subject child was later pronounced dead. The father abuses the drug, K2. The step-mother is aware of the father's drug use and allows the father to be the sole caretaker of the 10 and four year old siblings. When the father is incapacitated due to the drug use, the 10 and four year old siblings are unsupervised.

Executive Summary

The fatality report concerns the death of a seven month old male that occurred on 10/2/11. The child was reported by the father to have been found lying face up in his pack n play crib in the same bedroom as the father. At the time of the death, the subject child was residing with his father, twin brother and six year old brother. The day of the subject child's death, the family had spent the evening at the paternal grandparents home. During the 2011 investigation, the medical examiner had not issued findings regarding the cause and manner of death. However, the medical examiner did confirm that the death was not a result of a homicide or accident. The final autopsy report was forwarded to Franklin County Department of Social Services (FCDSS) after the conclusion of the investigation and the cause and manner of death was undetermined.

The fatality was originally investigated as a result of a report made to the New York Statewide Central Register on 10/2/11 alleging DOA/Fatality and IG of the subject child by the father. The evening prior to the subject child's death, the father had given the subject child .40cc of Tylenol at approximately 9:00pm as the subject child felt warm. The father then placed the subject child on his back in a pack n play crib in the same bedroom the father slept that evening. The father reported that the subject child was fussy throughout the night and the father would hold the subject child until he fell asleep when he would place the subject child in the pack n play. The father woke at approximately 9:30am and found the subject child unresponsive. The father called 911 and LE and EMS arrived and transported the subject child to the hospital where he was pronounced dead at 10:55am. FCDSS conducted their investigation and unfounded and closed the report on 12/5/11 as there was no credible evidence to support the allegations or information regarding the cause of the subject child's death. NYS OCFS also issued a fatality report pertaining to this death on 6/11/12.

On September 29, 2015 FCDSS received a report from the New York Statewide Central Register alleging PD/AM, LS, and IG of the subject child's siblings, and IG and DOA/Fatality of the subject child against the father. FCDSS gathered information pertaining to the allegations and the subject child's death by pulling forward the information gathered from the 10/2/11 investigation, and conducting interviews with the children, the father, the step-mother, and paternal grandparents. Additionally, FCDSS coordinated with and gathered information from LE, the source of the report, and other collateral contacts such as the school, medical staff, and service providers. Throughout the investigation, FCDSS made several home visits, implemented and monitored appropriate safety plans, and offered the family appropriate services including substance abuse and grief counseling services. During the investigation, FCDSS learned the father was arrested for possessing K2 (Synthetic Marijuana) as well as selling K2 out of his home. Further, the FCDSS found that the siblings did not have adequate supervision and were often outside unsupervised for periods of time and the condition of the home posed health and safety issues for the children. As a result, FCDSS found credible evidence to substantiate the allegations of IG, LS, and PD/AM of the subject child's siblings as well as IF/C/S, IG, and PD/AM of the subject child's half sibling against the father. The allegations of DOA/Fatality and IG



of the subject child were unfounded against the father. On 10/5/15 FCDSS and the father developed a safety plan for the subject child's siblings and half-sibling to stay with the paternal grandparents and on 11/9/15 FCDSS filed a neglect petition against the father. On 11/10/15 the subject child's siblings and half-sibling were placed in the custody of the grandparents under the neglect petition. The case remains open for court ordered services.

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:

Although the autopsy report had not been completed by the conclusion of the 2011 investigation, the autopsy report had been forwarded to FCDSS after the conclusion. This information was pulled forward for the 9/29/15 investigation.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

FCDSS filed a neglect petition and the case remains open for court ordered services.

Required Actions Related to the Fatality

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

Issue:	Face-to-Face Interview (Subject/Family)
Summary:	While FCDSS made contact with the subject child's mother in order to serve her with the neglect petition filed on behalf of her children, FCDSS did not document they interviewed the mother face to face regarding any of the allegations in the report.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(a)
Action:	FCDSS will develop a plan to ensure that caseworkers have and document face to face contacts with all persons listed on the report.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/02/2011

Time of Death: 10:55 AM

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

County where fatality incident occurred:

FRANKLIN

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household and Other Household 1.

LDSS Response

The fatality was originally investigated by FCDSS upon the child's death on 10/2/11. At that time FCDSS immediately initiated and investigation by contacting the source, going to the home where the subject child died, interviewing all



household members, and coordinating with law enforcement. During this investigation, FCDSS made several visits to the home, contacted all appropriate collateral contacts, and had several consultations with the medical examiner pertaining to the manner and cause of death. Although a final autopsy report had not been issued when the case was determined on 12/5/11, the medical examiner did share that there was no evidence of foul play and it may not be known how the child died. Due to a lack of credible evidence, the report was unfounded and closed on 12/5/11. The final autopsy was forwarded to FCDSS after the conclusion of the investigation in 2011.

On 9/29/15 FCDSS received an SCR report alleging that on 10/2/11 the subject child died while in the care of his father. The report further alleged that the father was abusing drugs while being the sole caretaker for the siblings ages 10 and four and newborn half sibling. On 10/1/15 a subsequent report was made alleging the 10 year old sibling was sexually touching other children while unsupervised in the neighborhood. This investigation was not consolidated in to the 9/29/15 investigation. Another subsequent report was also received on 10/5/15 alleging that the father was dealing drugs and the children were exposed to the drug dealing. The report also alleged the condition of the home posed a hazard to the children and this subsequent report was consolidated in to the 9/29/15 investigation. FCDSS immediately initiated the investigations by speaking with the sources, contacting collaterals, coordinating with law enforcement, and making home visits. During the investigation interviews were conducted with the father, the step-mother, the 10 and four year old siblings, family members and collateral contacts. In addition to conducting interviews regarding the allegations, FCDSS also pulled forward the information from the 10/2/11 investigation as it pertains to the allegation of DOA/Fatality regarding the subject child. FCDSS learned during the investigation that the father had been arrested for possession of K2 (Synthetic Marijuana) as well as arrested for selling/distributing K2 out of his home. Further, FCDSS learned that the 10 and four year old siblings were often without appropriate supervision and the conditions of the home posed health and safety concerns. On 10/5/15 FCDSS implemented and monitored a safety plan that included the subject child's siblings and half sibling staying with the paternal grandparents and on 11/9/15 FCDSS filed a neglect petition against the father. Franklin County Family Court issued an order on 11/10/15 that the subject child's siblings and half-sibling be placed in the custody of the paternal grandparents and the father was permitted supervised contact with his children. FCDSS found credible evidence to substantiate the allegation of Inadequate Guardianship, Lack of Supervision and Parent's Drug/Alcohol Misuse of the subject child's siblings against the father and credible evidence to substantiate the allegations of Inadequate Food, Clothing, Shelter, Inadequate Guardianship, and Parent's Drug/Alcohol Misuse of the subject child's newborn half-sibling against the father as the father often allowed the siblings to be unsupervised in the neighborhood, the condition of the home posed a safety and health concern, and the father was arrested for dealing illegal drugs out of the home. FCDSS determined the CPS investigation on 12/2/15 and the case remains open for preventive services.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical 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?No

SCR Fatality Report Summary



NYS Office of Children and Family Services - Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022928 - Deceased Child, Male, 7 Mons	022931 - Father, Male, 34 Year(s)	DOA / Fatality	Unsubstantiated
022928 - Deceased Child, Male, 7 Mons	022931 - Father, Male, 34 Year(s)	Inadequate Guardianship	Unsubstantiated
026724 - Sibling, Male, 4 Year(s)	026722 - Father's Partner, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
026724 - Sibling, Male, 4 Year(s)	022931 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
026724 - Sibling, Male, 4 Year(s)	022931 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
026724 - Sibling, Male, 4 Year(s)	022931 - Father, Male, 34 Year(s)	Lack of Supervision	Substantiated
026725 - Sibling, Male, 10 Year(s)	026722 - Father's Partner, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
026725 - Sibling, Male, 10 Year(s)	022931 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
026725 - Sibling, Male, 10 Year(s)	022931 - Father, Male, 34 Year(s)	Lack of Supervision	Substantiated
026725 - Sibling, Male, 10 Year(s)	022931 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
026727 - Sibling, Male, 1 Month(s)	022931 - Father, Male, 34 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026727 - Sibling, Male, 1 Month(s)	026722 - Father's Partner, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
026727 - Sibling, Male, 1 Month(s)	022931 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
026727 - Sibling, Male, 1 Month(s)	022931 - Father, Male, 34 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 type="checkbox"/>	<input checked="" 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"/>



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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 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 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"/>



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Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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 children were removed and placed with relatives under the Article 10 Family Court petition.

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:
11/09/2015	There was not a fact finding	There was not a disposition
Respondent:	022931 Father Male 34 Year(s)	
Comments:	A neglect petition was filed against the father on 11/9/2015 on behalf of the surviving siblings and half sibling. As a result of the filing of the neglect, the siblings and half siblings were placed outside the home with relatives. Family Court proceedings are pending.	

Have any Orders of Protection been issued? Yes**From:** 11/10/2015**To:** Unknown**Explain:**

Upon filing a Neglect Petition against the father, Family Court issued a temporary order of protection against the father prohibiting unsupervised contact between he and the siblings.

Services Provided to the Family in Response to the Fatality

Services	Provided	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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 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 father was connected to mental health and substance abuse services.

History Prior to the Fatality

Child Information

- | | |
|--|-----|
| Did the child have a history of alleged child abuse/maltreatment? | Yes |
| 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? | Yes |



NYS Office of Children and Family Services - Child Fatality Report

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/21/2013	6362 - Sibling, Male, 2 Years	6363 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	6361 - Sibling, Male, 6 Years	6363 - Father, Male, 35 Years	Inadequate Food / Clothing / Shelter	Far-Closed	

Report Summary:

On 5/21/13 the father was named as the subject of a CPS report regarding the then six year old and two year old sibling alleging Inadequate Food, Clothing, Shelter. FCDSS spoke with the source of the report, made several home visits, interviewed the six year old sibling, observed both siblings, and spoke with the grandmother. The report was tracked as FAR and the case was closed on 7/10/13.

OCFS Review Results:

While FCDSS did adequately assess the safety of the children, case activities were not consistent with FAR practice. The family was not offered the option of choosing FAR versus a traditional investigation, only unannounced home visits were made to the home, and the family and external supports and resources were not engaged in assessing the families' needs or strengths. The Family Led Assessment Guide was completed without sufficient information and the concern of the father's mental health was not adequately addressed. FCDSS discontinued offering FAR as an option to families in the beginning of 2014 so no corrective action is required.

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

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

Initial CPS involvement began with the receipt of a CPS report dated 6/10/06 alleging Inadequate Guardianship (IG) and Parent's Drug/Alcohol Misuse (PD/AM) against the parents regarding the then one year old sibling. No credible evidence was found and the report was unfounded and closed on 10/10/06. On 9/16/07 a report was received alleging IG and PD/AM against the parents regarding the then two year old sibling. A subsequent report was received on 9/17/07 and consolidated in to the 9/16/07 report alleging IG, PD/AM, and Inadequate, Food, Clothing, and Shelter against the parents of the then two year old sibling. This report was unfounded and closed on 12/12/07. A report was received on 3/25/11 alleging IG and Lacerations/Bruises/Welts against the mother regarding the then five year old sibling. No credible



evidence was found and the case was unfounded and closed on 6/6/11. On 10/2/11 a report was received alleging IG and DOA/Fatality against the father of the subject child. This report was unfounded on 11/30/11 and closed. A report was received on 3/28/12 alleging IG and PD/AM against the mother regarding her newborn child. This report was unfounded and closed on 6/25/13.

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

On 10/11/11 a preventive services cases was opened for the father and surviving siblings. The preventive services case was open concurrent to the original fatality investigation of the subject child. Although limited documentation exists in the case record, it appears the preventive services case was opened to allow for the payment of cleaning supplies and necessary household items to address the housing concerns for the family. The preventive services case was closed on 11/15/11 prior to the conclusion of the investigation.

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

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