



Report Identification Number: AL-16-005

Prepared by: Albany Regional Office

Issue Date: 2/6/2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Montgomery
Gender: Female

Date of Death: 02/24/2016
Initial Date OCFS Notified: 02/24/2016

Presenting Information

On 2/24/16, 5-month-old female child was found in her infant seat by MA, limp and not breathing; SM was present. 911 was called around 9:30AM, and SC was transported to the hospital where she was pronounced dead. SC was last seen alive around 8:30AM by MGM. SC had no pre-existing medical conditions and was an otherwise healthy child. There was an open investigation at the time of SC's death, and a subsequent SCR report was made on 2/24/16.

Executive Summary

SCR report was received on 2/24/16 which alleged DOA and IG against SM, MGM, and MGM's spouse re: SC. LDSS contacted the source of the report. LDSS decided to not make attempts to see the family that evening, and noted this was because "the family had been with law enforcement all day". The source stated that SM was delayed in obtaining medical care for SC prior to her death. On 2/25/16, LDSS supervisors and CW met and discussed detailed plan of action. LDSS met with SM, MGM, a relative as collateral contact, observed all three children residing in SC's home, and observed SC's home and assessed it for safety. LDSS made contact or attempted to make contact with LE, ER/hospital staff, the SC and siblings' pediatrician, EMS, and requested medical records and other documentation from aforementioned collaterals. SC's twin sibling was examined thoroughly at the ER with no concerns found. Interviews with family members revealed that SC had been ill the night before her death, and a discussion around bringing SC to the hospital took place, however, SM did not have a ride or child care. SM had reported SC was lethargic and eating less the night before SC's death, so SM planned to take SC to the doctor in the morning, as SC's twin had a scheduled appointment. SM reported to LDSS that on 2/24/16, around 5:30AM, SM changed SC's diaper and fed her, but she only consumed a small amount of formula. SM and MGM, reported they saw SC responsive in SC's bounce seat at 8:30AM. LDSS interviews revealed that at 9:30AM, MA was at the home to care for SC's 1-year-old sibling while SM took SC and SC's twin sibling to the doctor. Interviews revealed MA lifted SC out of the bounce chair, and SC appeared to be not breathing. EMS was called and SC was transported to the hospital; SC was pronounced dead at 10:02AM. Medical staff reported to LDSS that SM acted appropriately when informed of SC's passing, and med staff had no concerns re: SM's care of the children (CHN). LE reported to LDSS that there would be no criminal charges and statements made to LE by the family were consistent with statements made to LDSS. On 2/26/16, LDSS followed up with LE and hospital staff re: preliminary autopsy results and was informed there were no signs of gross neglect, abuse or trauma. During the investigation, LDSS offered the family grief services and mental health (MH) counseling on numerous occasions and also assisted SM with obtaining a pack & play for SC's twin sibling, and a thermometer. SC's twin sibling was hospitalized more than once throughout the LDSS investigation. LDSS assisted SM with following through with all doctors' recommendations. LDSS also assisted SM with applying for housing through DSS, scheduling and attending follow-up medical appointments for the surviving siblings, as well as scheduling and attending a specialist appointment for the SC's twin sister re: on-going medical issues. LDSS saw and spoke with family members on numerous occasions throughout the investigation, and the family accepted referral for prevention services. At the time of this report, the official autopsy report was not yet finalized by the ME, and despite efforts, LDSS was unable to speak directly with the ME regarding the official cause of death. LDSS did speak with the attending physician who was present when SC was brought into the ER, and he reported to LDSS that he could not speculate if SC would be alive if SM had presented SC for medical treatment earlier, but did not find



anything “worrisome” regarding SM waiting until the morning to bring SC to be seen by a doctor. At the time of this report, cause of SC’s death remains undetermined.

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:

N/A

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	A 7-Day Safety Assessment was not completed.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	A 7-Day Safety Assessment must be completed in all CPS investigations.

Fatality-Related Information and Investigative Activities



NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 02/24/2016

Time of Death: 10:02 AM

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

County where fatality incident occurred:

MONTGOMERY

Was 911 or local emergency number called?

Yes

Time of Call:

09:32 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: Sitting in infant seat, unknown if awake or sleepi

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

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	Aunt/Uncle	No Role	Male	17 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	42 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Month(s)
Other Household 1	Father	No Role	Male	23 Year(s)

LDSS Response

LDSS was approximately five weeks into an on-going CPS investigation with the family when LDSS received notice from one of SC's family members that SC had died. An SCR report was received on 2/24/16 with allegations of DOA and IG against SM, MGM, and MGM's spouse re: SC. LDSS contacted the source of the report. On 2/25/16, LDSS met with SM,



NYS Office of Children and Family Services - Child Fatality Report

MGM, and a relative as a collateral contact. It was reported to LDSS that SC and her twin sibling had been seen at their pediatrician due to illness on more than one occasion since birth; both had been previously diagnosed with medical conditions, but SC was not prescribed medication at any recent doctor visits. SM, MGM, and collateral contacts informed LDSS that SC had appeared ill the night before her death; SM reported SC "had a little cough", but denied hearing SC cough the morning of her death. There was nothing noted about SC having a fever. SM reported to LDSS SC was responsive and smiling the night before her death; however, she did vomit, but SM assumed it was spit-up. SM reported to LDSS that due to SC and her twin sibling having on-going medical concerns, she had planned to take SC to SC's twin sibling's follow-up pediatric appointment the morning of 2/24/16. Family members and collateral contacts expressed no concerns re: SM 's ability to seek medical care for her children when needed. LDSS observed all three children residing in SC's home (SC's surviving siblings, and SC's 17-year-old uncle); all of SM's children have the same biological father. There was nothing noted by LDSS or collaterals to indicate the 1-year-old sibling had any recent or previous health issues.

On 2/25/16, LDSS observed SC's home and assessed it for safety. LDSS also made contact or attempted to make contact, with LE, ER/hospital staff, the SC and sibling's pediatrician, EMS, and requested medical records and other documentation from aforementioned collaterals. SC's twin sibling was examined thoroughly at the ER with no concerns found. On 2/26/16, LDSS followed up with LE and hospital staff re: preliminary autopsy results and was informed there were no signs of abuse or trauma. LDSS offered the family grief services and MH counseling on numerous occasions and also assisted SM with obtaining a pack and play for SC's twin sibling, as well as a thermometer. LDSS assisted SM with scheduling and attending follow-up medical appointments as well as scheduling a specialist appointment for the SC's twin sister. LDSS saw and spoke with family members on numerous occasion throughout the investigation, and the family accepted a referral for prevention services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: LDSS worked with LE and informed DA of fatality report.

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

Comments: N/A

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029261 - Deceased Child, Female, 5 Mons	029263 - Grandparent, Female, 42 Year(s)	Inadequate Guardianship	Unsubstantiated
029261 - Deceased Child, Female, 5 Mons	029267 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated



NYS Office of Children and Family Services - Child Fatality Report

029261 - Deceased Child, Female, 5 Mons	029267 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
029261 - Deceased Child, Female, 5 Mons	029264 - Other Adult - Grandmother's S/O, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
029261 - Deceased Child, Female, 5 Mons	029264 - Other Adult - Grandmother's S/O, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
029261 - Deceased Child, Female, 5 Mons	029263 - Grandparent, Female, 42 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

siblings/ other children in the household within 24 hours?				
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"/>
--	--------------------------	--------------------------	-------------------------------------	--------------------------

Explain:
7 Day Safety Assessment was not completed.

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

	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"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.



NYS Office of Children and Family Services - Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Prevention Services Case opened.

Additional information, if necessary:

LDSS offered services to the family which included grief counseling, mental health services, a new pediatrician for the surviving siblings, health specialist for SC's twin sister, and prevention services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

LDSS offered the family grief services and MH counseling on numerous occasions and also assisted SM with obtaining a pack & play for SC's twin sibling, as well as a thermometer. LDSS assisted SM with scheduling and attending follow-up medical appointments as well as scheduling a specialist appointment for the SC's twin sister. LDSS completed a referral for preventive services, and it was opened.

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

**Explain:**

LDSS offered grief counseling and mental health service referrals to MO throughout the investigation. LDSS assisted MO with scheduling and attending follow up doctor's appointments, and also referred family for prevention 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? Yes
- 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

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)
01/18/2016	9784 - Deceased Child, Female, 4 Months	9787 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	No
	9785 - Sibling, Female, 4 Months	9788 - Grandparent, Female, 42 Years	Inadequate Guardianship	Unfounded	
	9786 - Sibling, Male, 1 Years	9788 - Grandparent, Female, 42 Years	Inadequate Guardianship	Unfounded	
	9786 - Sibling, Male, 1 Years	9787 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded	
	9785 - Sibling, Female, 4 Months	9787 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	



NYS Office of Children and Family Services - Child Fatality Report

9786 - Sibling, Male, 1 Years	9787 - Mother, Female, 19 Years	Inadequate Guardianship	Unfounded
9784 - Deceased Child, Female, 4 Months	9788 - Grandparent, Female, 42 Years	Inadequate Guardianship	Unfounded
9784 - Deceased Child, Female, 4 Months	9787 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded
9785 - Sibling, Female, 4 Months	9787 - Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

Report received with the allegations of IG and PDRG against MO, and the allegation of IG against MG regarding SC and SC's siblings. The report alleged MO was using drugs and alcohol on a regular basis, has used excessive force on the children, and the children are improperly fed and hungry as a result. The report also alleged that MG was aware and failed to intervene.

Determination: Unfounded

Date of Determination: 04/25/2016

Basis for Determination:

LDSS conducted interviews with subjects, other household members, and collateral contacts. LDSS conducted a thorough investigation included comprehensive interviews with family and collateral contacts, and did not find any credible evidence to substantiate the allegations. LDSS felt the report was retaliatory in nature, due to reports from MO that she was having on-going issues with someone in the community.

OCFS Review Results:

N/A

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/04/2015	9867 - Sibling, Male, 6 Months	9868 - Mother, Female, 18 Years	Inadequate Guardianship	Unfounded	No
	9867 - Sibling, Male, 6 Months	9868 - Mother, Female, 18 Years	Lack of Medical Care	Unfounded	

Report Summary:

Report alleged: MO failed to provide 5-month-old CH with adequate medical care. Two weeks prior, CH had a cough, was congested and had difficulty breathing. CH was taken to his pediatrician and was prescribed antibiotics. MO failed to give CH the medication as prescribed. MO also does not want to care for CH. MO will leave CH in the care of others that she hardly knows. MO will also leave CH in the care of others who have had their own children removed from their care. MO also becomes frustrated when CH cries and whenever he does so, MO screams into his face. FA has an unknown role. Allegations against MO: IG, LMED.

Determination: Unfounded

Date of Determination: 04/03/2015

Basis for Determination:

LDSS investigation did not reveal any credible evidence to substantiate the allegations of the report. The investigation consisted of interviews with MO, FA, and collateral contacts. LDSS observed CH and CH appeared to be safe.

OCFS Review Results:

N/A

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



NYS Office of Children and Family Services - Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/22/2014	9809 - Sibling, Male, 1 Days	9790 - Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Indicated	No

Report Summary:

Report alleged on September 21, 2014, MO gave birth to CH. At the time of birth, MO's urine test was positive for marijuana. It is unknown if MO has a medical marijuana prescription. Allegations against MO: PDRG.

Determination: Indicated

Date of Determination: 11/05/2014

Basis for Determination:

MO tested positive for marijuana when she presented to deliver CH at the hospital. Subsequently, CH's meconium drug screen also tested positive for marijuana.

OCFS Review Results:

N/A

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

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

In August 2012, MG was named as a subject in a report alleging PDRG, LMED, IG, EMNG, and C/T/S re: MO as a child, and MO's sibling. The report was unfounded.

In March 2008, MG was named as a subject in a report alleging IG re: MO as a child, and SC's uncle. The report was unfounded.

In March 2007, MG was named as a subject in a report alleging IG and PDRG re: MO as a child, and SC's uncle. The report was unfounded.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History



NYS Office of Children and Family Services - Child Fatality Report

There is no record of Preventive Services 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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Action:	<p>Subsequent SCR report with DOA allegation was received, and LDSS chose not to make attempts to see the family until the following day; LDSS had also not seen the children since 2/2/16.</p> <p>Being that there were concerns from the source of the report that SM failed to provide adequate medical care for SC, and LDSS had knowledge that SC had a twin sibling who had reportedly also been ill for a few days, as well as a 1-year old sibling residing in the home, better practice would have been for LDSS to assess safety immediately, rather than waiting until the following day.</p>
----------------	--

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