



**Report Identification Number: AL-18-001**

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

**Issue Date: Jun 13, 2018**

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Rensselaer  
**Gender:** Female

**Date of Death:** 01/15/2018  
**Initial Date OCFS Notified:** 01/19/2018

## Presenting Information

On the morning of 1/15/18 the SM was co-sleeping in the same bed as the 2-month-old female SC. When the mother woke up she found the SC face down and unresponsive in the bed which included soft bedding and a comforter. The SM contacted 911 and the SC was transported to a local hospital where she was pronounced deceased. There was a bassinet and crib in the home which were not being utilized by the mother as they were full of objects and there was concern that the SM was co-sleeping in the same bed with the SC contributing to her death. The SF was at work and the 10-year-old male SS was asleep in his own bed at the time of the incident. Both have unknown roles.

## Executive Summary

This report concerns the death of a 2-month-old female SC. On 1/19/18 the Rensselaer County Department of Social Services (RCDSS) received a report regarding the fatality. The report alleged DOA/Fatality and Inadequate Guardianship (IG) against the SM with regard to the SC. RCDSS appropriately added all relevant family members to the report for investigation. The SC was put to sleep in an adult bed with SM and found unresponsive on her stomach, propped on a pillow with a comforter placed from her mid-back down. The SC was an otherwise healthy child.

RCDSS had contact with the ME and an autopsy was performed. The final autopsy report stated the manner and cause of death was undetermined with a history of infant co-sleeping with an adult.

RCDSS conducted a thorough investigation and ensured the safety of the 10-year-old male SS.

At the time of this report, all allegations were still pending.

## 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**

This case investigation was delayed while the family was unable to be contacted for a 2 month period. The case worker showed diligent efforts in person, on the phone and in letter form over that time period.

**Was the decision to close the case appropriate?** Unknown

**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:**

After the initial home visit, the investigation was delayed when the CW was unable to contact the parents over a 2 month period. Numerous attempts were made in person, on the phone and through letters during this time. The family did not answer the door or return calls.

### 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:** 01/15/2018

**Time of Death:** 08:04 AM

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

**County where fatality incident occurred:** Rensselaer

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

**Time of Call:** 07:40 AM

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

**Is the caretaker listed in the Household Composition?** Yes - Caregiver 1

**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	2 Month(s)
Deceased Child's Household	Father	No Role	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)
Other Household 1	Other Adult - SS bio-father	No Role	Male	35 Year(s)

**LDSS Response**

RCDSS received a report 4 days after the death of the SC. At that time, CW gathered information from law enforcement that had already investigated and closed their case. RCDSS contacted the source, spoke with the ME's office and requested Pediatrician and hospital records.

On 1/14/18 the SF went to work around 9:00pm and the SC was sleeping in her pack n play. The SC woke for a feeding at 11:30pm and again at 2:30am. The SM fed the SC and laid her in the adult bed, next to her. The SC was put on her stomach, propped on a pillow, with a comforter from mid-back down. This was the usual sleeping arrangement. The SS slept in a bed in his own room. The SM woke up at 7:00am and noticed the SC was in the same position, not breathing and she called 911. The police were the first to respond to the scene. An officer carried the SC out to EMS as they arrived and the SC was taken to the hospital where she was pronounced dead at 8:04am.

An autopsy was performed. The ME reported a preliminary finding of no signs of abuse or maltreatment. Final autopsy results showed no evidence of injury or trauma. The manner and cause of death were undetermined with a history of infant co-sleeping with an adult as a factor.

RCDSS completed all safety assessments and fatality reports. All appropriate collateral contacts were made and all CPS, criminal and WMS systems checks were completed. RCDSS interviewed the SM, SF and SS. The SS's biological father could not be reached but a letter of notification was mailed to his last address and he was added to the report. The SM did not remember ever being educated about safe sleep and it was not noted in any medical records. She admitted to putting the SC to sleep in her adult bed, on her stomach, propped on a pillow with a comforter covering her from mid-back down on a regular basis.

Pediatrician records showed the SC was developing normally and was up to date with immunization shots. There were also no concerns in the record for the SS.

The school SW reported no concerns for the SS.



The hospital attending physician reported that he did not see any signs of abuse and the parents acted appropriately when the SC was pronounced dead.

Contact with most first responders revealed 911 was called at approximately 7:40am for a 2 month old not breathing. Upon arrival the SM was attempting CPR as directed by the 911 operator. The SC was transported to the hospital via ambulance.

The CW made numerous attempts to meet with the family over 2 months before finally connecting on 3/22/18. At that HV the SM declined grief counseling and stated that everyone was doing ok. On multiple occasions the SM denied any history of DV or substance abuse even though there were prior CPS reports with concerns of DV. The SS stated that he was “ok”, denied any physical discipline or being left alone.

The law enforcement investigation did not reveal any new information. They immediately investigated and closed with no criminal charges filed.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**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)?** Yes

**Comments:** Although the LE agency had already investigated and closed their case prior to the report being made, CPS worked with the CFRT, ME and investigating LE agency to gather information and thoroughly investigate this case.

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

**Comments:** This case was reviewed by the Rensselaer County Child Fatality Review Team on 3/23/18. RCDSS and LE both presented their investigations up to date and further investigative plans were discussed.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
044607 - Deceased Child, Female, 2 Mons	044610 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Pending
044607 - Deceased Child, Female, 2 Mons	044610 - Mother, Female, 33 Year(s)	DOA / Fatality	Pending

### CPS Fatality Casework/Investigative Activities

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



All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

All collateral contacts were made to gather pertinent information for the investigation.

**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 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 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"/>
<b>Explain as necessary:</b> The SS was not removed after the fatality occurred.				

### Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Early Intervention</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Child Care</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Intensive case management</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**

The parents did not feel that bereavement counseling was necessary at this time. They also did not need help with funeral expenses.

**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:**

Information/recommendation for grief counseling was given but not utilized by the family.

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

**Explain:**

Information/recommendation for grief counseling was given but not utilized by the family. The SM denied any history of DV or substance abuse even though there were prior CPS reports with concerns of DV. The CW planned to do a referral for DV services at the next home visit, which was after this report was submitted.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- Drug exposed
- With fetal alcohol effects or syndrome

 With neither of the issues listed noted in case record**CPS - Investigative History Three Years Prior to the Fatality**

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/14/2016	Sibling, Male, 8 Years	Mother's Partner, Male, 45 Years	Excessive Corporal Punishment	Unfounded	No
	Sibling, Male, 8 Years	Mother's Partner, Male, 45 Years	Inadequate Guardianship	Indicated	
	Sibling, Male, 8 Years	Mother's Partner, Male, 45 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

At about 4pm, the male PS was extremely intoxicated on alcohol and punched the SS in the ribs. The child did not sustain any injuries. The police were called and the PS threatened to kill the SM in the immediate presence of the SS and the police. A report was called in to the hotline alleging IG, XCP and PD/AM against the PS in regard to the SS. The role of the SM was unknown.

**Determination:** Indicated**Date of Determination:** 06/08/2016**Basis for Determination:**

There was no credible evidence to substantiate the allegation of XCP. The SS was unsure if the PS was serious or "trying to play" when he punched him in the ribs. The SS did not sustain any injury.

The allegation of IG is indicated. The PS threatened to kill the SM in the presence of the SS and police. He was arrested and charged with Resisting Arrest, Harrassment in the 2nd, and EWOC. An OOP/full stay away order was put into place for the SM and SS.

The allegation of PD/AM is indicated. It was reported by the SM, SS and police that the PS was intoxicated. The police reported the PS was acting in a belligerent manner and resisted arrest.

**OCFS Review Results:**

No issues determined upon review of history.

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

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

The history includes two reports in 2012 and one in 2013.

In 2012, the SM was reported to the SCR for XCP, IG and L/B/W with allegations that she beat the SS with a belt for discipline. All allegations were substantiated on 5/14/12 and the report was indicated and closed.

Also in 2012, the BF of the SS was reported to the SCR for XCP, IG and L/B/W for using a belt to discipline the SS causing injury to the child's hip. The allegation of XCP was unsubstantiated. The allegations of IG and L/B/W were substantiated on 1/9/2013 and the report was indicated and closed.

In 2013, the SM and a parent substitute were reported to the SCR for XCP, IG and L/B/W for using a belt on the SS as a form of discipline. All allegations against the parent substitute were unsubstantiated. The allegations of XCP and IG were substantiated on 6/10/13 and the report was indicated. During a home visit, the SM reported to the caseworker that she did



not want the SS in her care and threatened to inflict harm on him if DSS didn't take him out of her home. The SM reported that she could not keep the child safe from her own physical punishments.

### Known CPS History Outside of NYS

There is no known history outside of NYS

### Foster Care Placement History

The SS was taken into foster care on 5/9/13 and a Neglect Petition was filed. On 10/15/13 the SM made an admission of general neglect and agreed to a 9 month order of supervision. The SM was compliant with the OOS and completed all services. The SS was discharged on a trial basis to the SM on 12/6/13 and the discharge became final on 2/27/14.

### Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/14/2016	SC bio-father	Unknown	Guilty
<b>Comments:</b> The SC's bio-father was intoxicated, punched the sibling in the stomach and threatened to kill the mother in the presence of the sibling and police officers.			

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/14/2016	SC bio-father	Unknown	Guilty
<b>Comments:</b> The SC's bio-father was intoxicated and punched sibling in the stomach.			

Criminal Charge: Assault Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/14/2016	SC's Bio-father	Unknown	Guilty
<b>Comments:</b> The SC's Bio-father was intoxicated and threatened to kill the mother.			

Have any Orders of Protection been issued? Yes	
<b>From:</b> 02/16/2016	<b>To:</b> Unknown
<b>Explain:</b> The mother was granted an OOP and was abiding by it prior to this case being closed.	



**Additional Local District Comments**

No recommended action or prevention activities deemed necessary.

**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