



**Report Identification Number: AL-16-014**

**Prepared by: Albany Regional Office**

**Issue Date: Jun 13, 2017**

**(Report was reissued on: Jun 13, 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:** 2 year(s)

**Jurisdiction:** Fulton  
**Gender:** Female

**Date of Death:** 07/17/2016  
**Initial Date OCFS Notified:** 07/17/2016

### Presenting Information

On July 17, 2016, a subsequent SCR report was received by Fulton County Department of Social Services (FCDSS) which stated that on, July 15, 2016, the two-year-old, subject child was choking while in the care of an unknown caretaker. The child was transported to Albany Medical Center due to being in a coma from the choking incident. The child passed away on, July 17, 2016, from unknown causes. Upon examination, child had suspicious injuries on the back, scratches on the neck and two bumps on each side of the temple. The child vomited during a bath the day of the incident for unknown reason.

Due to the child being in the care of multiple adults prior to death, the mother, parent substitute were listed as subjects. An eighteen month old surviving sibling was listed on the report with an unknown role.

### Executive Summary

On 7/17//16, Fulton County Department of Social Services (FCDSS) received a Subsequent SCR report alleging DOA/Fatality, Lacerations, Bruises, Welts, Swelling, Dislocation, Sprains and Inadequate Guardianship against the mother and parent substitute regarding the subject child. Also listed on the report with an unknown role was an eighteen-month-old surviving half-siblings

During the course of their investigation, FCDSS interviewed the mother, parent substitute and family members. FCDSS also spoke with all necessary and appropriate collateral contacts.

Investigation discovered that on 7/15/16, the mother, parent substitute and children visited a family friend and during the visit the friend offered to babysit the children. The mother and parent substitute departed the home at approximately 1:00PM. The subject child woke up from a nap sweaty, as it was humid that day, and was given a bath at approximately 2:00PM by the family friend. While in the bathtub, the child vomited but did not seem sick, so the friend attribute the vomiting to the heat. At approximately 5:30PM, the female left for work. As the child watched TV in the front/dining room, the child asked for a hot dog. The male family friend cut the hot dog into four pieces and gave it to the child, who was seated on the floor. The male went into the kitchen which is approximately 15 feet from where the child was seated and open directly into the front/ dining room. The male started to wash dishes and then heard sounds coming from the child. The male ran into the room and noticed the child choking. The male tried and was unsuccessful to finger sweep the hot dog piece out of the child's mouth. The male forcefully with an open palm, smacked the child on the back. The male then began chest compressions as the child continued to turn blue; at which point; the male called 911 at 8:57PM. Emergency Responders arrived and transported the child to St/ Mary's Hospital.

On 7/16/16, the child was in a coma when transferred to Albany Medical Center (AMC), where bruises on the child's mid-forehead, upper back and neck were noted. AMC doctor stated the bruises on the child were not typically associated with resuscitation attempts. The doctor expected to see bruising and fractures to the child's chest and there was none. There was no evidence that anything was forced down the child's throat. The child died on 7/17/16. FCDSS was advised that the Medical Examiner found the bruises noted was consistent with resuscitation and were not indicative of physical abuse or connected to the child's death. Chest x-ray was obtained and physical damage was consistent with resuscitation attempts as expected. Medical Examiner did not perform an autopsy and listed the child's death as "Anoxia Encephalopathy- choked on a hot dog."

FCDSS discovered that the male and female family friend had routinely babysat the child and surviving sibling. The child had no prior choking incident. The mother and parent substitute had no concerns with the family friend's ability



to care for the children. The family friends two children were not in the home at the time of the incident and were later interviewed by FCDSS. FCDSS offered the mother and parent substitute family and individual services which they declined. FCDSS spoke with the bio-fathers of the subject child and female friend's child. FCDSS also spoke family members of the mother and parent substitute as well as with neighbors of the family friend's. No concerns were reported. Based on insufficient credible evidence, FCDSS unfounded the report against the mother, parent substitute and male family friend. The report was closed on 9/16/16.

## 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

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:

FCDSS conducted a complete and thorough investigation.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 07/17/2016

Time of Death: 11:45 AM

Date of fatal incident, if different than date of death: 07/15/2016



**Time of fatal incident, if different than time of death:** 08:55 PM

**County where fatality incident occurred:** FULTON

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

**Time of Call:** 08:57 PM

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

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

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

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

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

**How long before incident was the child last seen by caretaker?** 1 Minutes

**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

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	41 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	27 Year(s)
Other Household 1	Other Adult	No Role	Female	27 Year(s)
Other Household 1	Other Adult	Alleged Perpetrator	Male	27 Year(s)
Other Household 1	Other Child	No Role	Male	8 Year(s)
Other Household 1	Other Child	No Role	Female	9 Year(s)

### LDSS Response

FCDSS contacted and spoke with Albany Medical Center (AMC), who reported that the subject child was in a coma and it was unknown if the child would survive because the child may be brain dead. There was a 24 hour waiting period before the child could be declared brain dead. AMC advised FCDSS that the child and surviving half sibling were being babysat by a family friend when the child choked while eating a hot dog. The hospital noted bruises to the child's middle back, two bumps near the temple of the head and scratches on the front and side of the neck.



FCDSS immediately assessed the safety of the surviving sibling by conducting an announced visit to the paternal grandmother home. FCDSS found the sibling to be active and apparently healthy. The home was found to be appropriate with appropriate sleeping arrangements. Caseworker reviewed safe sleep recommendation with the grandmother.

FCDSS conducted a hospital visit and observed the child lying unconscious in bed. The child had IVs and was intubated. A number of small red dot-like marks was observed on the front of the child's throat/neck area, 2 faint, slightly purplish raised bump-like bruises on the forehead, high above each eye, and a large spread out purplish bruise on the middle of the back.

FCDSS interviewed the mother and the parent substitute. Both explained how on 7/15/16, the family visited with family friends, who had offered to babysit the children which the family friends do often. The mother was contacted by the male friend and told that the child had choked on a hot dog and was transported to the hospital. They reported the child had no prior choking incidents. The mother and parent substitute had no concerns about the family friends care of the children.

FCDSS along with Amsterdam Police Detective interviewed the family friends. The interviews revealed how the subject child woke up from a nap sweaty, as it was humid that day, and was given a bath at approximately 2:00PM by the female friend. The male friend denied forcing the child to eat or doing anything to case the child to choke.

The family friend's two children, ages nine and eight, were not in the home at the time of the incident and were later interviewed by FCDSS. FCDSS spoke with the bio-fathers of the subject child and female friend's child. FCDSS also spoke with family members of the mother and parent substitute and with neighbors of the family friend's. No concerns were reported. FCDSS offered the mother and parent substitute family and individual services which they declined

FCDSS was advised that the Medical Examiner felt the bruises described on the child was consistent with resuscitation and were not indicative of physical abuse or connected to the child's death. Chest x-ray was obtained and physical damage were consistent with resuscitation attempts as expected. ME did not perform an autopsy and listed the child's death as "Anoxia Encephalopathy- choked on a hot dog."

### Official Manner and Cause of Death

**Official Manner:** Accident  
**Primary Cause of Death:** From an injury - external cause  
**Person Declaring Official Manner and Cause of Death:** Coroner

### Multidisciplinary Investigation/Review

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?** Yes  
**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes  
**Comments:** CFRT review was conducted on August 8, 2016.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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032061 - Deceased Child, Female, 2 Year(s)	032042 - Other Adult - Family friend, Male, 41 Year(s)	Inadequate Guardianship	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032041 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032043 - Other Adult - Parent Substitute, Male, 27 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032043 - Other Adult - Parent Substitute, Male, 27 Year(s)	Inadequate Guardianship	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032043 - Other Adult - Parent Substitute, Male, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032041 - Mother, Female, 27 Year(s)	Swelling / Dislocations / Sprains	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032041 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032041 - Mother, Female, 27 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
032061 - Deceased Child, Female, 2 Year(s)	032043 - Other Adult - Parent Substitute, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated

### 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"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

All necessary and appropriate collateral contacts were made.



## 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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Placement Activities in Response to the Fatality Investigation

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





foster care at any time during this fatality investigation?				
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.

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

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>
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 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:

FCDSS offered the mother and parent substitute family and individual services which they declined.



## 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?** No

## 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)
07/16/2016	11684 - Deceased Child, Female, 2 Years	11682 - Other Adult - Family Friend, Male, 41 Years	Inadequate Guardianship	Unfounded	No
	11684 - Deceased Child, Female, 2 Years	11681 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	11684 - Deceased Child, Female, 2 Years	11681 - Mother, Female, 27 Years	Lacerations / Bruises / Welts	Unfounded	
	11684 - Deceased Child, Female, 2 Years	11681 - Mother, Female, 27 Years	Swelling / Dislocations / Sprains	Unfounded	
	11683 - Sibling, Male, 1 Years	11681 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	

### Report Summary:

On 7/16/16, FCDSS received an SCR report alleging Lacerations, Bruises, Welts, Swelling, Dislocation, Sprains and Inadequate Guardianship against the mother regarding the subject child and allegations of Inadequate Guardianship against the mother regarding the surviving half-sibling. Allegation of Inadequate Guardianship against a family friend regarding the subject child was added to the report.

**Determination:** Unfounded

**Date of Determination:** 08/26/2016

### Basis for Determination:

Investigation revealed that the subject child choked on a hot dog while being babysat by the family friend and subsequently died as a result of the lack of oxygen associated with the incident. The marks and bruises noticed on the subject child were later identified as marks associated with resuscitation attempts. Collateral contacts; pediatrician, parent's mental health providers along with family members report no concerns. The report was closed on 8/26/16, due to no concerns with the parent's ability to properly care for surviving child.

### OCFS Review Results:

FCDSS conducted a complete and thorough investigation.

**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)
10/08/2015	11667 - Deceased Child, Female, 2 Years	11669 - Mother, Female, 26 Years	Excessive Corporal Punishment	Unfounded	No
	11667 - Deceased Child, Female, 2 Years	11669 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	11670 - Sibling, Male, 10 Months	11669 - Mother, Female, 26 Years	Excessive Corporal Punishment	Unfounded	
	11670 - Sibling, Male, 10 Months	11669 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 10/8/15, FCDSS received an SCR report alleging IG against the Mo regarding the subject child and surviving sibling. Report alleges the Mo had a history of mental health issues. The Mo was unable to provide adequate care for the children. The Mo was brought to the hospital on, 10/8/15, for observation. The PS has an unknown role. A subsequent report was received on 11/10/15, with an additional allegation of Excessive Corporal Punishment against the Mo regarding the child. Report alleged the Mo beat the child on the buttocks. Also, alleged that the Mo gives the children Benadryl in order to make them sleep. The reports were merged.

**Determination:** Unfounded**Date of Determination:** 12/04/2015**Basis for Determination:**

Investigation revealed that the Mo required mental health treatment for her diagnoses. Mental Health documentation revealed no concerns regarding the children's safety while in the Mo's care. Interviews with Family member, collateral contacts and home visits revealed that the Mo provided the children with adequate care. The children were observed without injuries or marks consistent with excessive physical discipline, and no adults had witnessed such. The case was closed on 12/4/15, due to no concerns with the Mo's ability to properly care for her children.

**OCFS Review Results:**

FCDSS conducted a complete and thorough investigation.

**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)
12/16/2014	11668 - Deceased Child, Female, 1 Years	11666 - Other Adult - Parent Substitute, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	11668 - Deceased Child, Female, 1 Years	11665 - Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11668 - Deceased Child, Female, 1 Years	11665 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	11668 - Deceased Child, Female, 1 Years	11666 - Other Adult - Parent Substitute, Male, 25 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 12/16/14, FCDSS received an SCR report alleging Inadequate Food, Clothing, Shelter and Inadequate Guardianship against the mother and father, who was actually the parent substitute, regarding the subject child. The report alleged that the mother had been drugging the child with a mix of over the counter medication placed in the bottle so to sleep. The mother had been doing this for the past ten months. The child was not fed regularly and had not received adequate nutrition. As a result the child was under weight. The father, who was actually the parent substitute, has failed to address these issues.

**Determination:** Unfounded**Date of Determination:** 12/30/2014



**Basis for Determination:**

Investigation revealed that mother was giving the child medication for discomfort associated with teething and for diaper rash. The mother denied using the medications inappropriately or excessively. Pediatrician, family and friends had no concerns for the child's health or safety. The case was closed on 12/30/14, due to no concerns with the parent's ability to properly care for her child.

**OCFS Review Results:**

Connection case noted revealed that the biological father was never identified.

**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)
08/24/2014	11661 - Deceased Child, Female, 1 Years	11663 - Other Adult - Parent Substitute, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	11661 - Deceased Child, Female, 1 Years	11662 - Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11661 - Deceased Child, Female, 1 Years	11662 - Mother, Female, 25 Years	Lack of Supervision	Unfounded	
	11661 - Deceased Child, Female, 1 Years	11663 - Other Adult - Parent Substitute, Male, 25 Years	Lack of Supervision	Unfounded	

**Report Summary:**

On 8/24/14, Montgomery County DSS received an SCR report alleging Inadequate Food, Clothing, Shelter and Lack of Supervision against the mother and father, who was actually the parent substitute, regarding the subject child. The report alleged that on a daily basis, the mother and father leave the child in the home unsupervised for hours at a time. The child appears to be under weight. The mother feeds the child milk and it is believed the child is not eating solid food. The child cannot walk and there are concerns for the child's development.

**Determination:** Unfounded

**Date of Determination:** 11/26/2014

**Basis for Determination:**

Investigation which consisted of announced and unannounced home visits, Interviews with mother, father who was actually parent substitute, family friend and Pediatrician revealed that the child was being adequately cared for and no concerns were reported regarding the child's development or the parent's ability to properly care for the child. The case was closed on 11/26/14, due to no concerns with the parent's ability to properly care for her child.

**OCFS Review Results:**

Connections case notes revealed that after the initial unannounced home visit with the family, there was no casework attempts to contact the family or to contact any appropriate collateral contacts for 87 days. Connections case notes also revealed the casework did not inquire about the biological father of the child. As a result, the person listed as the parent substitute on the previous and following reports was listed as the father on this report which was incorrect.

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

**Issue:**

Timeliness of Determination

**Summary:**

Connections case notes revealed that after the initial unannounced home visit with the family, there was no casework attempts to contact the family or to contact any appropriate collateral contacts for 87 days.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**



Montgomery County DSS should develop a protocol to ensure that during an investigation, casework contact will be attempted/ made in a timely manner with appropriate collateral contacts in ordered to determine the outcome of an investigation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/16/2013	11659 - Deceased Child, Female, 1 Months	11658 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**

On 9/16/13, Fulton County Department of Social Services (FCDSS) received an SCR report alleging Inadequate Guardianship against the mother regarding the subject child. The report alleged that the mother is suicidal. Mother was also having thoughts of harming the child. The mother cannot safety care for the child due to her current mental health state.

**Determination:** Unfounded

**Date of Determination:** 10/15/2013

**Basis for Determination:**

Investigation revealed that mother was receiving and was compliant with her mental health counseling and prescribed medication. The mother denied being suicidal. Collateral contacts, pediatrician and family friends, had no concerns for the child's health or safety. The case was closed on 10/15/13, due to no concerns with the mother's ability to properly care for her child.

**OCFS Review Results:**

Connections case notes revealed the mother was waiting for the results of a paternity test to identify the Biological father of the child, who the mother identified as not the parent substitute, who was added to this report.

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

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

On 9/5/95, Fulton County DSS received an SCR report alleging Lack of Medical care and Inadequate Guardianship against the male family friend, who was listed as the father on this report, regarding a child not listed on the fatality report. The report was indicated for only Inadequate Guardianship and closed on October 24, 1995.

On 11/15/95, Fulton County DSS received an SCR report alleging Lack of Supervision and Inadequate Guardianship against the male family friend, who is listed as the father on this report, regarding a child not listed on the fatality report. The report was indicated for only Inadequate Guardianship and closed on June 17, 1996.

On 9/13/06, Fulton County DSS received an SCR report alleging Parent Drug/ Alcohol Misuse and Inadequate Guardianship against the male family friend, who was listed as a parent substitute on the report, regarding children not listed on the fatality report. The report was unfounded and closed on November 1, 2006.

The male family friend is listed with no role on a June 18, 2010, Fulton County DSS service case as the biological father of a child not listed on the fatality report. The service case was closed on September 24, 2010.

The female family friend is listed as a foster parent with no role on a March 9, 2010, CPS report in Montgomery County DSS regarding a child not listed on the fatality report. The report was closed on October 26, 2010.

**Known CPS History Outside of NYS**



None

**Required Action(s)**

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

Yes No

**Preventive Services History**

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.

**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