



**Report Identification Number: SV-15-025**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 3/11/2016**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



## Abbreviations

<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
<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
CPR-Cardio-pulmonary Resuscitation		
<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-Others	
<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		

## Case Information



**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Dutchess  
**Gender:** Female

**Date of Death:** 06/13/2015  
**Initial Date OCFS Notified:** 06/13/2015

## Presenting Information

The mother and father are the parents to their three month old daughter, the subject child. The grandmother, aunt, uncle and grandfather live in the home as well. The one and a half year old cousin also lives in the home. Last night, the father slept with the subject child in the same bed and was responsible for the care of the child. This morning, 06/13/2015, the father woke up and found the subject child unresponsive. The subject child was an otherwise healthy child as she had no preexisting medical conditions that could have contributed to her death. The cause of death is currently unknown. No explanation offered as to how the subject child died. The other listed adults and cousin have unknown roles at this time.

## Executive Summary

On 06/13/2015, the Dutchess County Department of Community and Family Services (DCDCFS) received a report of abuse/neglect from the State Central Registry. The allegations on the report were DOA/Fatality and Inadequate Guardianship and the subject of the report was the father. The report alleged that the father slept in the same bed as the four-month-old child and was responsible for her care. The father awoke the morning of 06/13/2015 and found the child unresponsive. The child was an otherwise healthy child as she had no preexisting medical conditions that could have contributed to her death. The mother, as well as other family members, was listed on the report with an Unknown role. The final cause of death is pending, as the autopsy report was not available to DCDCFS at the time of their determination and has not been received by OCFS Regional Office at the time of this writing, but the preliminary findings revealed Petechial hemorrhages of both lungs, consistent with suffocation. The Medical Examiner was not able to prove that it was intentional.

The CPS investigation was conducted by DCDCFS. DCDCFS made contact with the source of the report, law enforcement, the District Attorney's office, the medical examiner and the child's pediatrician, the father's counselor and the mother's probation officer. Multiple interviews were conducted with the parents, the maternal grandparents and the maternal aunt, as well as the maternal uncle. The maternal aunt's one-year old infant was observed multiple times and no concerns were noted. The District Attorney's office stated that there would be no criminal charges filed.

During multiple interviews with the parents, the father stated that he was extremely high/intoxicated in the evening before the fatality. The father admitted to taking his prescription medication along with alcohol, marijuana and another medication that was not prescribed to him. The father admitted that he engaged in this practice regularly, but stated that on 06/12/2015, he was higher than normal. The mother was aware that the father abused drugs regularly and that he had abused drugs on the evening of 06/13/2015. In spite of this, the mother regularly left the father as the sole caretaker for the child and did so on 06/13/2015. The father admitted multiple times during the interview that he was extremely impaired the night of 06/12/2015. He also admitted that he probably rolled over on the child because he was a hard sleeper. The mother also repeatedly said throughout the investigation that what the father did was an accident. Based on these circumstances, on 08/12/2015, the allegations of DOA/Fatality and Inadequate Guardianship were indicated against the father. The allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision were added and indicated against the mother and the allegation of Parent's Drug/Alcohol Misuse was added and indicated against the father. The investigation was closed on 08/12/2015.



The progress notes, safety assessments, 24-Hour and 30-Day Child Fatality Summary Reports as well as the Risk Assessment Profile were completed thoroughly and appropriately. Multiple case conferences were held and medical records were reviewed which confirmed that the subject child had no previous health problems and that the parents were given information regarding Safe Sleep. The mother received appropriate pre-natal and medical care and admitted receiving information on Safe Sleeping practices. Bereavement and burial assistance information was provided to the family as well as a referral for a substance abuse screening, which was refused by the parents.

## 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:

**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:

## 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



# NYS Office of Children and Family Services - Child Fatality Report

**Date of Death:** 06/13/2015

**Time of Death:** Unknown

**Time of fatal incident, if different than time of death:** 08:30 AM

**County where fatality incident occurred:**

DUTCHESS

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

Yes

**Time of Call:**

08:44 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

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

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

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**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**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	Female	25 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	42 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	53 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	49 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Other Child	No Role	Female	1 Year(s)

## LDSS Response

Upon receipt of the SCR report on 06/13/2015, the Dutchess County Department of Community and Family Services (DCDCFS) Caseworker met with Law Enforcement and sat in on their interview of the parents. The Caseworker also conducted separate interviews with the parents, maternal grandmother and the maternal aunt, and also observed the aunt's



one-year-old infant child. A home visit was made and the sleeping arrangements were observed. The subject child had no surviving siblings in the home. The Caseworker suggested to the maternal aunt that she should not co-sleep with the one-year-old infant and suggested that she use the pack and play that was observed in the home. DCDCFS later purchased a toddler bed for the one-year-old.

During the course of the investigation, multiple home visits were made to the case address and all family members were eventually interviewed. The parents were also interviewed at the DSS field office. The investigation revealed that on the evening of 06/12/2015, the father engaged in drug use in the form of marijuana, crushed prescription pills and alcohol and then took his prescribed psychotropic medication as well. He stated he woke up the next morning at 7:30am and gave the child a bottle which he propped up under a folded blanket. He then went back to sleep. When he woke up again he observed the subject child lying on her stomach and she was cold to the touch. Emergency Services (911) were called and when the EMTs arrived the subject child had no vital signs and was transported to the hospital.

Friends of the family were also interviewed. The family was provided with information on bereavement counseling and burial assistance information. The parents were referred for counseling and a substance abuse screening, which they refused. The Caseworker conferred with the District Attorney's office, the Medical Examiner and the child's pediatrician, as well as the father's psychiatric counselor and the mother's probation officer. The Caseworker checked for any previous CPS, WMS and criminal history on all family members and documented the findings. The Caseworker reviewed the EMS documentation and the child's pediatric medical records which document that Safe Sleep practices were reviewed with the parents.

The case was presented at MDT meetings on 06/16/2015 and 07/28/2015. There were also multiple internal case conferences as well as a telephone case conference with OCFS on 07/02/2015. The safety assessments and the 24-Hour and 30-Day Child Fatality Summary Reports were completed and approved timely. The safety factors noted on the safety assessments were appropriate to the circumstances. The Risk Assessment Profile was completely thoroughly and appropriately. The allegations of DOA/Fatality And Inadequate Guardianship were indicated against the father. After a review of the case circumstances, an allegation of Parent's Drug/Alcohol Misuse was added and indicated against the father and allegations of DOA/Fatality, Inadequate Guardianship and Lack of Supervision were added and indicated against the mother. The CPS investigation was closed on 08/12/2015.

**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)?**Yes

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

**SCR Fatality Report Summary**



# NYS Office of Children and Family Services - Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
019081 - Deceased Child, , 3 Mons	019083 - Father, Male, 42 Year(s)	DOA / Fatality	Substantiated
019081 - Deceased Child, , 3 Mons	019083 - Father, Male, 42 Year(s)	Inadequate Guardianship	Substantiated
019081 - Deceased Child, , 3 Mons	019083 - Father, Male, 42 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
019081 - Deceased Child, , 3 Mons	020181 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
019081 - Deceased Child, , 3 Mons	020181 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
019081 - Deceased Child, , 3 Mons	020181 - Mother, Female, 30 Year(s)	Lack of Supervision	Substantiated

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<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</b>				



# NYS Office of Children and Family Services - Child Fatality Report

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

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# NYS Office of Children and Family Services - Child Fatality Report

## 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 checked="" type="checkbox"/>	<input 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"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

**Explain:**  
There were no siblings in the home. The other child in the home was an infant and did not present any issues to be addressed in response to the fatality.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No



The parents refused services.

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

CPS - Investigative History Three Years Prior to the Fatality

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

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

The mother was listed as a subject in an SCR report dated 10/27/2009. The allegation was Parent's Drug/Alcohol Misuse. The maltreated child was the deceased child's older half-sibling who was a newborn and had a positive toxicology test for drugs. The allegation was substantiated. This child was removed and eventually freed for adoption.
The father was listed as a subject in two SCR reports dating 09/18/2007 and 04/22/2009. The allegations were Inadequate Guardianship, Lack of Supervision, Parent's Drug/Alcohol Misuse. The maltreated children were the deceased child's older half-siblings. The allegations of the report dated 09/18/2007 dated 9/18/2007 were substantiated. The allegations of the report dated 04/22/2009 were unfounded.

Known CPS History Outside of NYS



There is no known history outside of NYS.

### Services Open at the Time of the Fatality

#### Required Action(s)

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

Yes  No

#### Preventive Services History

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.

#### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

#### Foster Care Placement History

The mother was reported to the SCR on 10/27/2009. The mother gave birth to a baby boy who tested positive for drugs. The allegations against the mother and the father of that child were Parents Drug/Alcohol Misuse. The allegations were indicated. The child was removed from the parents and placed in foster care. The mother did not comply with the requirements to have the child returned to her in a timely manner. Her rights were terminated on 10/01/2013 and the father of that child signed a conditional surrender. The child was freed and placed for adoption.

#### 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

#### Family Court Petition Type: SSL 384a - Transfer of Custody

Date Filed:	Fact Finding Description:	Disposition Description:
07/17/2013	Other, Specify	Transfer Custody and Guardianship (Surrender or TPR Only)
<b>Respondent:</b>	None	
<b>Comments:</b>	On 01/01/2013, a trial was held for the mother for the violation of suspended judgment. The Judge terminated the mother's parental rights with no conditions attached.	



**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