



Report Identification Number: SY-19-057

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

Issue Date: Apr 23, 2020

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Lewis
Gender: Male

Date of Death: 11/30/2019
Initial Date OCFS Notified: 11/30/2019

Presenting Information

An SCR report received on 11/30/19, alleged that on the morning of 11/30/19, the mother woke around 7:00 AM and fed the child. The mother was then awake in the bed with the child while the father slept. At 8:10 AM, the mother left the room, leaving the child and the father asleep in the bed; there was a comforter on the child as he slept. At 9:00 AM, the father checked on the child and he was still asleep. The father dozed off for approximately 15 minutes. When he checked on the child again, the father found him not breathing. The child had bloody red foam coming from his mouth, but no visible injuries. The father yelled for help and the grandmother was first to come to the bedroom. The father called 911 at 9:16 AM, while the grandmother administered CPR. EMS was not able to locate the home, so the grandfather immediately transported the child the hospital. At 10:02 AM, the child was pronounced deceased.

Executive Summary

This fatality report concerns the death of a 2-month-old male child that occurred on 11/30/19. Lewis County Department of Social Service (LCDSS) received an SCR report on the same day with concerns the child died while bed-sharing with his parents.

On the morning of 11/30/19, at approximately 8:15 AM after feeding the subject child, the mother placed the subject child in their king size bed next to the father. The mother then left the bedroom to help the paternal grandmother with household chores. The father reached for the subject child at approximately 9:00 AM and the child appeared to be fine. The father fell back asleep for 15 minutes and when he woke, he found the subject child unresponsive. The father yelled for assistance and the paternal grandmother took the subject child and started CPR. 911 was called at 9:16 AM but EMS had trouble locating the home. The paternal grandfather took the subject to the hospital with the parents. The subject child was pronounced deceased at the hospital at 10:02 AM.

LCDSS adequately assessed the safety of the 6-year-old surviving half sibling who resided in the household. LCDSS learned the father had two other children who lived with their mother and the mother had two other children who resided with their paternal grandparents. These children regularly visited the home and LCDSS assessed their safety and there were no noted safety concerns.

The medical examiner's final autopsy results listed the cause and manner of death as undetermined. LCDSS consulted with their Community Medical Director who reviewed the medical records and the autopsy, and she concluded the bloody foam found around the subject child's mouth was consistent with suffocation. The Community Medical Director noted that the autopsy report did not mention the formula that was found in the subject child's esophagus that suggested the subject child had vomited. Law enforcement investigated the fatality and concluded their investigation, finding no criminality involved in the death of subject child.

LCDSS substantiated the allegations of DOA/fatality and inadequate guardianship against the parents for the subject child. The parents failed to provide a minimum degree of care by placing the subject child in an unsafe sleeping environment. The parents told LCDSS although they were aware of safe sleep practices the subject child co-slept with them on a regular basis. The subject child was found unresponsive in a king-size bed with one adult, a blanket, a comforter and several pillows. The family fully cooperated with LCDSS and LCDSS offered all appropriate services to meet the needs of the family. The family declined services. The case was indicated and closed.



LCDSS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation.

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:

LCDSS gathered sufficient information to make a determination in this case.

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:

LCDSS gathered sufficient information to make a determination in this case.

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: 11/30/2019

Time of Death: 10:02 AM



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

Unknown

County where fatality incident occurred:

Lewis

Was 911 or local emergency number called?

Yes

Time of Call:

09:16 AM

Did EMS respond to the scene?

No

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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

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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	62 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	62 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Other Adult - mother of 6yr SS	No Role	Female	30 Year(s)
Other Household 2	Other Adult - mother of 11 and 13yr SS	No Role	Female	39 Year(s)
Other Household 2	Sibling	No Role	Male	13 Year(s)
Other Household 2	Sibling	No Role	Male	11 Year(s)
Other Household 3	Other Adult - Father of 8 & 5	No Role	Male	29 Year(s)
Other Household 4	Grandparent	No Role	Female	43 Year(s)
Other Household 4	Sibling	No Role	Female	8 Year(s)
Other Household 4	Sibling	No Role	Male	5 Year(s)

LDSS Response



On 11/30/19, LCDSS received the fatality report from the SCR. LCDSS coordinated their investigation with law enforcement, completed a CPS history check, and notified the district attorney’s office of the death. The 6-year-old surviving half sibling who resided in the home was assessed and there were no noted safety concerns. Safety was assessed for the 4 surviving half siblings (ages 13, 11, 8, and 5 years old) who did not reside in the home but were regular visitors. No safety concerns were noted.

LCDSS interviewed the parents and the paternal grandparents about the events leading up to the death of the subject child. The mother told LCDSS that on the morning of 11/30/19, she went to prepare a bottle for the subject child sometime around 7:00 AM. The mother said she then went back to the bedroom with the subject child, and after feeding him, she placed him in the middle of the bed to sleep. The mother said she placed him on his back, but he immediately turned to his side to sleep. The mother said she pulled the comforter up to his chest and left the room. She said it was around 8:00 AM and she decided it was time to get up as she heard the paternal grandparents. The father said he woke at 9:00 AM and felt for the subject child in the bed. The father said he appeared to be fine. The father said he fell back asleep and approximately 15 minutes later, he woke and found the subject child unresponsive. The father said he yelled and ran from the room with the subject child and the paternal grandmother met him outside the bedroom. The paternal grandmother laid the child on the floor and started CPR. The father called 911 and the paternal grandfather said he heard them and came to assist. He took the phone from the father and spoke with the 911 operator as they were having trouble locating the home. The paternal grandfather decided they should take the subject child to the hospital as EMS was taking too long to get to the home. The grandfather, the parents and the grandmother took the subject to the hospital. Prior to leaving the home, they called an uncle to come and get the 6-year-old surviving half sibling. The subject child was pronounced deceased at 10:02 AM at the hospital. The records reflect the 911 call was made at 9:16 AM. The family members statements of the events were consistent.

LCDSS interviewed all family members and offered referrals for bereavement services as well other needed services to the family. The family declined services.

The paternal grandparents and the parents were questioned about drug/alcohol misuse and they denied misusing drugs/alcohol. The mother had a history of misusing drugs and had lost custody of her two other children as a result. Those two children were in the custody of their paternal grandparents since 2014 under Article 6 custody and had weekend visits with the mother. The mother had been clean for two years and was on probation since 2018. LCDSS spoke with her probation officer who said the mother had been compliant and her last screening was negative for drugs. There was no evidence of alcohol or drugs in the home at the time of the fatal incident or in subsequent visits to the home. The surviving half siblings were interviewed and there were no noted concerns for their safety.

LCDSS obtained information from law enforcement, the medical examiner, the 911 call, hospital staff, school records for all the school aged children, and the subject child’s and the surviving half siblings' pediatrician. There were no noted concerns.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053713 - Deceased Child, Male, 2 Mons	053716 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
053713 - Deceased Child, Male, 2 Mons	053716 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
053713 - Deceased Child, Male, 2 Mons	053717 - Father, Male, 32 Year(s)	DOA / Fatality	Substantiated
053713 - Deceased Child, Male, 2 Mons	053717 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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



Child Fatality Report

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"/>

Explain:
LCDSS offered referrals for bereavement services and the family declined.

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"/>

Explain as necessary:
There were no children removed as a result of the fatality

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	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"/>

Additional information, if necessary:
 LCDSS appropriately discussed drug use with the mother and she denied any misuse. The mother was on probation until 2023 for a drug related conviction. LCDSS spoke with her probation officer who stated the mother had tested clean and they had no concerns for current drug use. The mother had been compliant and would mostly likely be released from her probation early.

History Prior to the Fatality

Child Information

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

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 in NYS within three years prior to the fatality.

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

An SCR report received on 11/23/14, with allegations of IG, PD/AM and LS was substantiated against the mother (of the subject child) for two of the surviving siblings.

An SCR report received 1/11/08, with the allegation of IG was substantiated against the father (of the subject child) for two of the surviving siblings.

Known CPS History Outside of NYS

LCDSS learned the paternal grandparents previously resided in Texas, Louisiana, South Dakota, and Minnesota. LCDSS reached out to the aforementioned states and found no CPS history.

Preventive Services History

On 12/11/14, an article 10 Neglect Petition was filed against the mother and the siblings were placed with a relative under Article 1017 due to the mother's substance use and failure to provide appropriate care for the siblings. The mother was referred for substance abuse treatment, a psychological evaluation, individual counseling, parenting classes, case management services, and random drug screening. The mother relapsed numerous times and the paternal grandparents were awarded Article 6 custody in Family Court on 10/21/15. The parents agreed to the grandparents having full custody. The case closed on 12/7/15.

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