



**Report Identification Number: SV-16-028**

**Prepared by: Spring Valley Regional Office**

**Issue Date: May 10, 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:** 3 month(s)

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

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

## Presenting Information

On 07/08/2016, the Statewide Central Register of Child Abuse and Maltreatment received a report with the following information: Sometime last year in 2015, the father slept in the same bed with unknown infant baby. The father rolled over on the infant. As a result, the infant suffocated and died. The infant did not have any preexisting medical conditions that would have contributed to her death. The mother recently gave birth to another child. The mother and father had another child removed from their care due to the mother's abuse of drugs and due to the death of the infant.

## Executive Summary

On 07/08/2016, the Dutchess County Department of Community and Family Services (DCDCFS) received a report of abuse/neglect from the SCR which was a re-report of the death of a child that had expired on 06/13/2015. After reviewing the information provided, it was determined that there was no new information to add to the previous investigation. The initial report was received on 06/13/2015. 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. An autopsy conducted by the Medical Examiner's Office listed the cause of death as undetermined (co-sleeping with an adult in an adult bed with soft bedding) and the manner of death as undetermined.

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 initial investigation was closed on 08/12/2015 and the current investigation was closed on 09/06/2016.

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 both 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

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

### Explain:

n/a

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

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

**Adults:** 0

### 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      | Female | 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

On 07/08/2016, DCDCFS received a report from the SCR which was a re-report of the death of the subject child (SC) that had expired on 06/13/2015. It was determined that there was no new information with regard to the fatality and the activities of the initial investigation were thoroughly documented in the current investigation's progress notes. The initial investigation revealed that upon receipt of the SCR report on 06/13/2015, the 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 SC 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. The aunt agreed. DCDCFS later purchased a toddler bed for the one-year-



old.

During the course of the initial 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 SC a bottle which he propped up under a folded blanket. He then went back to sleep. When he woke up again he observed the SC lying on her stomach and she was cold to the touch. Emergency Services (911) were called and when the EMTs arrived the SC 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 SC'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 SC'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 initial CPS investigation was closed on 08/12/2015.

The current investigation was initiated as the mother had recently given birth to another child and there was knowledge of a fatality the previous year. DCDCFS removed the newborn child based on the results of the most recent fatality investigation and the parent's failure to follow through with mental health treatment and substance abuse evaluations. The child was placed in Article 10 custody and Neglect Petitions have been filed against the parents. The current investigation was indicated and opened on 09/06/2016.

**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**



| Alleged Victim(s)                       | Alleged Perpetrator(s)              | Allegation(s)                 | Allegation Outcome |
|---|-------------------------------------|-------------------------------|--------------------|
| 034101 - Deceased Child, Female, 3 Mons | 034103 - Father, Male, 42 Year(s)   | DOA / Fatality                | Substantiated      |
| 034101 - Deceased Child, Female, 3 Mons | 034103 - Father, Male, 42 Year(s)   | Parents Drug / Alcohol Misuse | Substantiated      |
| 034101 - Deceased Child, Female, 3 Mons | 034106 - Mother, Female, 30 Year(s) | Lack of Supervision           | Substantiated      |
| 034101 - Deceased Child, Female, 3 Mons | 034106 - Mother, Female, 30 Year(s) | DOA / Fatality                | Substantiated      |
| 034101 - Deceased Child, Female, 3 Mons | 034106 - Mother, Female, 30 Year(s) | Inadequate Guardianship       | Substantiated      |
| 034101 - Deceased Child, Female, 3 Mons | 034103 - Father, Male, 42 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

### Fatality Safety Assessment Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children |                                     |                          |                          |                          |



|   |                                     |                                     |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <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"/> |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

#### 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 checked="" type="checkbox"/> | <input 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 or 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If Yes, court ordered?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain as necessary:**  
The subject child's sibling was removed based on the current fatality investigation. The removal was based on both





parents' failure to follow through with mental health treatment and substance abuse evaluations. The subject child's sibling was removed and placed in Article 10 custody.

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

#### Family Court Petition Type: FCA Article 10 - CPS

| Date Filed:        | Fact Finding Description:       | Disposition Description:  |
|--------------------|---------------------------------|---|
| Unknown            | Adjudicated Neglected           | Direct Custody Transferred toContinued with Non-Relative (Article 10) |
| <b>Respondent:</b> | 034106 Mother Female 30 Year(s) |   |
| <b>Comments:</b>   |                                 |   |

#### Family Court Petition Type: FCA Article 10 - CPS

| Date Filed:        | Fact Finding Description:     | Disposition Description:  |
|--------------------|-------------------------------|---|
| Unknown            | Adjudicated Neglected         | Direct Custody Transferred toContinued with Non-Relative (Article 10) |
| <b>Respondent:</b> | 034103 Father Male 42 Year(s) |   |
| <b>Comments:</b>   |                               |   |

### 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"/> |



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

**Explain:**  
DCDCFS removed the newborn child based on the results of the most recent fatality investigation and the parent's failure to follow through with mental health treatment and substance abuse evaluations. The child was placed in Article 10 custody and Neglect Petitions have been filed.

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

**Explain:**  
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 fetal alcohol effects or syndrome



With neither of the issues listed noted in case record

### 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

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.

### 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?**

Family Court  Criminal Court  Order of Protection

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

| Date Filed:        | Fact Finding Description: | Disposition Description:    |
|--------------------|---------------------------|-----------------------------|
| Unknown            | Court Approved Surrender  | There was not a disposition |
| <b>Respondent:</b> | None                      |                             |
| <b>Comments:</b>   |                           |                             |



## 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