

**Report Identification Number: BU-14-030**

**Prepared by: Buffalo Regional Office**

**Issue Date: 5/14/2015**

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.

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

## 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	MN-Medical Neglect	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

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

**Report Type:** Child Deceased  
**Age:** 4 day(s)

**Jurisdiction:** Niagara  
**Gender:** Male

**Date of Death:** 10/10/2014  
**Initial Date OCFS Notified:** 10/10/2014

## Presenting Information

This morning, (10/10/2014) at 7:53AM, the four day old baby boy presented at the hospital with no heart rate, appeared limp and was not breathing. Attempts of CPR failed and child went into cardiac respiratory arrest. He was pronounced dead at 8:56AM. There is no explanation for his death. Therefore, all persons legally responsible in the home, the mother, and the grandmother are being named as subjects pending the outcome of the investigation. Unknown if the father (name unknown) is residing in the home or was present when the incident occurred. His role is currently unknown.

## Executive Summary

On October 10, 2014, Niagara County (NC) CPS received an SCR report with allegations of DOA/Fatality and IG against subject mother (SM) and subject grandmother (SGM) with an unknown role for subject father (SF), pertaining to the death of four day old subject child (SC). The report stated SC presented at the hospital with no heart rate, appeared limp, and was not breathing. Attempts of CPR failed and SC went into respiratory arrest and was pronounced dead. There is no explanation for his death.

NC initiated an investigation. The CW made appropriate contacts with the report source, subjects, all children in the home, and collaterals; including law enforcement, EMT, Fire Department, school, Pediatrician, and medical care providers.

NF Fire Dept. were first responders and reported starting CPR upon arrival. Rural Metro arrived and transported the subject child to ER where further resuscitation efforts failed and subject child was DOA. Medical providers reported good pre-natal care, no known health issues, nor any concerns. School reported no concerns. Law enforcement filed no criminal charges.

The SM reported giving SC a bath and SF feeding SC a bottle then leaving the home at approximately 12:30AM. She reported being up with SC child through the night due to his fussing and crying off and on. She reported feeding SC about 6:00 AM, him subsequently falling asleep on her chest, and her laying SC in his crib at 7:00 AM. SM checked on SC fifteen minutes later and he was non-responsive. SM then yelled to SGM mother for help and called 911.

SGM reported going to bed at 11:30 PM and SM waking her at 4:00AM asking her to hold subject child while she went to the bathroom. SM then returned and fed him a bottle. A short time later she called to the SGM for help noting something was wrong and both tried CPR until EMT arrived.

The SF did not respond to CW's attempts to meet with him despite home visits, phone calls, and written requests. His mother told the CW to stop coming to the home.

An autopsy was performed by the Erie County Medical Examiner. The Medical Examiner determined the manner of death as natural and the cause of death as complex congenital heart disease which had not previously been diagnosed.

On December 08, 2014, the allegations of DOA/ Fatality and IG were unfounded against subject mother, subject

father, and subject grandmother. The report was closed and the family was referred for community based services only.

## 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:

Appropriate contacts were made with subjects, collaterals, and children commensurate with case circumstances.

**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:

Appropriate contacts were made with subjects, collaterals, and children. Subject father did not respond to contact attempts, but adequate efforts were documented as made through home visits, phone calls, and written correspondence. The Med. Examiner determined cause of death as natural. The report was unfounded and appropriately closed with a referral to community based services only.

## 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:** 10/10/2014

**Time of Death:** Unknown

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**County where fatality incident occurred:** NIAGARA

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

**Time of Call:** 07:36 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:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

**How long before incident was the child last seen by caretaker?** 10 Minutes

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

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	4 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	9 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	6 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim		4 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	54 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	17 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	19 Year(s)

### LDSS Response

On October 10, 2014 at 11:42AM, Niagara County Child Protective Services received an SCR report with allegations of DOA/ Fatality and Inadequate Guardianship against subject mother(SM) and subject grandmother (SGM), subject father (SF) had an unknown role, pertaining to the unexpected death of four day old subject child (SC). The report noted that the SC presented at the hospital with no heart rate, appeared limp, and was not breathing. Attempts of CPR failed and SC went into respiratory arrest. SC was pronounced dead at 8:56AM. There is no explanation for SC's death.

Niagara County initiated an investigation. The caseworker made appropriate contacts with the report source, face to face contacts with all the subjects and all the children in the home, and made appropriate collateral contacts including law enforcement, EMT, Fire Department, school, Pediatrician, and medical care providers.

Niagara Fire Department EMS were first responders and reported starting CPR upon arrival. Rural Metro arrived and transported the subject child to Niagara Memorial hospital ER where further resuscitation efforts failed and SC was pronounced deceased. Medical providers reported good prenatal care, or medical issues, nor any concerns. School reported no concerns. Law enforcement filed no criminal charges.

Subject mother reported giving the subject child a bath and subject father then feeding subject child a bottle. Subject father then left the home at approximately 12:30AM on 10/10/2014 going back to his own home. Subject mother reported being up with the subject child through the night due to his fussing and crying off and on. She reported feeding the subject child about 6:00AM and his falling asleep on her chest with her then laying him in his crib at 7:00AM. She then checked on subject child fifteen minutes later and was alarmed as his mouth was open and he was non-responsive. She called for help to subject grandmother and then called 911.

Subject Grandmother reported going to bed at 11:30PM and subject mother waking her at 4:00AM asking her to hold subject child while she went to the bathroom, returned, and fed him a bottle. A short time later subject mother called to the subject grandmother for help noting something was wrong and both tried CPR until EMT arrived.

The subject father did not respond to Caseworker's attempts to meet with him despite home visits, phone calls, and written requests. His mother told the caseworker to stop coming to the home. Subject mother reported subject father no longer continued their relationship after subject child's death.

An autopsy was performed by the Erie County Medical Examiner. The Medical Examiner determined the manner of death as natural and the cause of death as complex congenital heart disease which had not previously been diagnosed.

On December 08, 2014, the allegations of DOA/ Fatality and IG were unfounded against subject mother, subject father, and subject grandmother. The report was closed with no safety concerns and the family was referred for community based services only.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a 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)?**No

**Comments:** Niagara County CPS conducted the investigation and had contacts with law enforcement, the District Attorney's office, Child Advocacy Center, and various involved collateral agencies.

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

**Comments:** The case was reviewed 04/08/2015 by Niagara County Child Fatality Review Team consisting of CPS staff, law enforcement, District Attorney staff, and the staff from the Children's Advocacy Center.

## SCR Fatality Report Summary

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Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015141 - Deceased Child, , 4 Days	015142 - Mother, Female, 17 Year(s)	DOA / Fatality	Unsubstantiated
015141 - Deceased Child, , 4 Days	015142 - Mother, Female, 17 Year(s)	Inadequate Guardianship	Unsubstantiated
015141 - Deceased Child, , 4 Days	015143 - Grandparent, Female, 54 Year(s)	DOA / Fatality	Unsubstantiated
015141 - Deceased Child, , 4 Days	015143 - Grandparent, Female, 54 Year(s)	Inadequate Guardianship	Unsubstantiated
015141 - Deceased Child, , 4 Days	015144 - Father, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated
015141 - Deceased Child, , 4 Days	015144 - Father, Male, 19 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the investigation adhere to established protocols for a joint investigation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

An investigation was conducted with appropriate contacts made with the alleged subjects ,collaterals, and all the children. The subject father did not respond despite Caseworker efforts including home visits, phone calls, and written requests.

## Fatality Safety Assessment Activities

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	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and 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 siblings/other children in the household	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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removed as a result of this fatality report/investigation?

## 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 checked="" 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:**

Family members were offered bereavement counseling with appropriate referral information provided. Mother was already in mental health counseling. Family was already receiving financial assistance through DSS benefits.

**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:**

Bereavement counseling was offered and accepted.

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

**Explain:**  
Bereavement counseling was offered and accepted. Subject mother was already in mental health counseling resulting from her being a past victim of sexual assault.

## 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? No  
Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

**During pregnancy, mother:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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 within three years prior to the fatality.

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

Subject mother had no CPS history more than three years prior to the fatality.

Subject grandmother had no CPS history more than three years prior to the fatality.

Subject father had CPS history more than three years prior to the fatality consisting of one SCR report dated 10/05/2009 with subject father listed as MA child. The report had allegations of IG against subject father's mother and 20-year-old

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female sibling stemming from a physical altercation between subject father and the sibling. Subject father's mother was found to be providing adequate care and the report was unfounded and closed.

## Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

## 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

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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

**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

### Additional Local District Comments

N/A

### 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