



## Report Identification Number: BU-19-015

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

Issue Date: Sep 09, 2019

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<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	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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 03/21/2019  
**Initial Date OCFS Notified:** 03/21/2019

## Presenting Information

An SCR report alleged on 3/20/19, the mother placed the infant in the bed with her while the father slept in another room. The mother woke up on 3/21/19 at an unknown time and found the infant unresponsive. The mother contacted 911 and officials arrived at the home at 4:58 AM. On arrival, the infant was not breathing and was unresponsive. Emergency officials attempted CPR on the infant to no avail. The infant did not have a known medical condition or injury that would explain her death. Both parents were listed as alleged subjects.

## Executive Summary

On 3/21/19, the Niagara County Department of Social Services (NCDSS) received an SCR report regarding the death of the female six-month-old infant. The infant was healthy, with no pre-existing medical condition that would cause her death.

Through a joint investigation with law enforcement, it was learned on 3/21/19, the mother awoke and discovered the infant was unresponsive next to her on the bed. The parents called 911 and a neighbor performed CPR. EMTs and law enforcement arrived at 4:58 AM and attempted to resuscitate the infant. Life-saving measures were discontinued and the infant was pronounced deceased. At the time of the incident, the mother was co-sleeping in a twin-sized bed with the infant and two-year-old sibling. The father was sleeping in a separate bedroom. One of the twin 17-year-old siblings (SS1) resided in the home, although was not present for the incident. The second twin 17-year-old sibling (SS2) did not reside in the home.

The home was assessed to contain no safety hazards. There was a crib observed in the mother's bedroom which was not utilized. The mother admitted to drinking a couple glasses of wine and taking allergy medication on the evening of 3/20/19, although denied she was impaired. The father admitted to using cocaine and marijuana on occasion, but denied he used any drugs on the night of the incident.

An autopsy was performed and it was determined the cause of death was positional asphyxia and the manner of death was accident (unsafe sleep environment). The law enforcement investigation was closed with no criminal charges filed.

NCDSS initiated a safety plan and filed a Severe Abuse Petition against the parents due to the infant's death and concerns for the mother's alcohol abuse. The two-year-old sibling was temporarily removed from the mother's custody and placed in the custody of the father. The petition was pending in Family Court at the time this report was written.

NCDSS substantiated the allegations of Inadequate Guardianship against the parents and DOA/Fatality against the mother regarding the infant. The mother co-slept with the infant and two-year-old sibling in a twin-sized bed with blankets and pillows, despite having a crib available. Both parents confirmed they were educated about safe sleep guidelines at the time of the infant's birth and at follow up medical appointments, were aware of the concerns associated with co-sleeping, and the mother continued to co-sleep with the children every night. NCDSS additionally cited the medical examiner's finding that the infant died from positional asphyxia due to the unsafe sleep environment.

The allegation of DOA/Fatality against the father regarding the infant were unsubstantiated as he was not present in the room at the time of the infant's death. The allegations of Parent's Drug/Alcohol Misuse against the mother regarding the infant and two-year-old sibling and Inadequate Guardianship against the mother regarding the 17-year-old sibling were



unsubstantiated. The mother’s toxicology test results showed a low level of alcohol and allergy medication and there was a lack of evidence gathered that the mother’s alcohol use had a negative impact on the children.

The case was opened for ongoing CPS services and the parents engaged in substance abuse treatment, mental health counseling, bereavement services and the mother engaged in DV services.

### PIP Requirement

NCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) NCDSS has taken, or will take, to address the cited issue. For issues where a PIP is currently implemented, NCDSS will review the plan and revise as needed to address ongoing concerns.

## 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:

NCDSS accurately determined all allegations.

**Was the decision to close the case appropriate?** N/A

**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:

The case was appropriately opened for ongoing CPS services.

## Required Actions Related to the Fatality

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



<b>Issue:</b>	Face-to-Face Interview (Subject/Family)
<b>Summary:</b>	The 17-year-old siblings were listed on the case and they were not interviewed regarding the allegations.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(a)
<b>Action:</b>	A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/21/2019

**Time of Death:** 08:00 AM

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

Unknown

**County where fatality incident occurred:**

Niagara

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**How long before incident was the child last seen by caretaker? 5 Hours**

**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	Deceased Child	Alleged Victim	Female	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)



Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	17 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Other Adult - 17yo Siblings' Father	No Role	Male	39 Year(s)
Other Household 2	Sibling	No Role	Male	17 Year(s)

### LDSS Response

NCDSS initiated their investigation within 24 hours of receipt of the report. They spoke to law enforcement, the source and the children’s pediatrician. They searched SCR history and met with the parents and siblings at their home.

Joint interviews were conducted with law enforcement and NCDSS. It was learned the infant was healthy and developmentally on target. The parents were aware of safe sleep guidelines and always placed the infant on her back, although the mother co-slept with the infant and two-year-old sibling nightly on a twin-sized mattress on the floor. On the evening of 3/20/19, the mother consumed a few glasses of wine and took allergy medication. Between 7:30 and 8:00 PM, she put the children to bed and then she went to bed between 9:30 and 10:00 PM. There were two pillows on the bed, a blanket covering the three of them and multiple blankets between the mattress and the wall. The two-year-old sibling was on the mother’s left against the wall and the infant was on the mother’s right. The mother last breastfed the infant around 12:30 AM and the infant seemed fine at that time. The mother woke up just before 5:00 AM and she was on her side, with the infant behind her. She turned and saw the infant on her back, her lips were blue and she was not as warm as she should have been. She yelled for the father, who entered the room and called 911. The father performed CPR as instructed by the 911 dispatcher. A neighbor arrived and took over CPR until law enforcement and EMTs arrived.

The 17-year-old twin siblings were briefly spoken to on 3/21/19 and additional attempts to conduct full interviews with them was not documented. The father of the twins was spoken to and he had no information about the infant’s death and he had no concerns for his children.

The mother completed a toxicology test on 3/21/19, which showed low levels of alcohol and allergy medication in her system. The father completed a toxicology test on 4/2/19, which was negative for all non-prescribed substances. Both parents engaged in substance abuse treatment as recommended.

On 3/26/19, NCDSS initiated a safety plan that the mother would be supervised with the two-year-old sibling and the paternal grandmother moved into the home to assist with supervision. A Severe Abuse Petition was filed on 3/27/19, and at the initial appearance on 3/28/19, the two-year-old sibling was placed in the custody of the father and the mother was ordered out of the home and restricted to supervised visitation with the child. At the court appearance on 5/30/19, the mother was awarded unsupervised visitation.

NCDSS contacted all necessary collaterals, including law enforcement, the medical examiner, the pediatrician, the parents’ substance abuse and mental health counselors and several relatives. Information gathered included concerns for domestic violence perpetrated by the father, the mother’s history of alcohol use and the father’s history of drug use. The medical examiner’s report stated the infant was an otherwise healthy-appearing infant girl with plethora (redness) of her face and upper chest and subtle abrasions and contusions on her extremities. The report further stated the infant’s death was due to positional asphyxia associated with the unsafe sleep environment of being in an adult bed with multiple people, one of which may have been intoxicated.

NCDSS referred the family for a multitude of services, including bereavement services, mental health counseling, substance abuse services, parenting skills, DV services and burial assistance, and they opened an ongoing CPS services case.



## Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** 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
050722 - Deceased Child, Female, 6 Mons	050723 - Mother, Female, 38 Year(s)	DOA / Fatality	Substantiated
050722 - Deceased Child, Female, 6 Mons	050724 - Father, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
050722 - Deceased Child, Female, 6 Mons	050724 - Father, Male, 32 Year(s)	Inadequate Guardianship	Substantiated
050722 - Deceased Child, Female, 6 Mons	050723 - Mother, Female, 38 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
050722 - Deceased Child, Female, 6 Mons	050723 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Substantiated
050725 - Sibling, Male, 17 Year(s)	050723 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
050727 - Sibling, Female, 2 Year(s)	050723 - Mother, Female, 38 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
050727 - Sibling, Female, 2 Year(s)	050723 - Mother, Female, 38 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input 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"/>



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"/>

**Additional information:**

It was documented the 17-year-old twins were briefly spoken to, although full interviews were not documented.

**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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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:**  
Risk was adequately assessed and a Severe Abuse Petition was appropriately filed to obtain court ordered services.

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

**Explain as necessary:**  
A Severe Abuse Petition was filed and the two-year-old sibling was removed from the mother's custody and placed in the custody of the father, with the mother being ordered out of the home.

### 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:
03/27/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	050723 Mother Female 38 Year(s)	
<b>Comments:</b>	A Severe Abuse Petition was filed in Niagara County Family Court against the parents regarding all four children. On 4/12/19, the two-year-old sibling was temporarily removed from the mother's custody and placed in the father's custody and the mother was ordered out of the home. The petition was pending at the time this report was written.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
03/27/2019	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	050724 Father Male 32 Year(s)	
<b>Comments:</b>	A Severe Abuse Petition was filed in Niagara County Family Court against the parents regarding all four children. On 4/12/19, the two-year-old sibling was temporarily removed from the mother's custody and placed in the father's custody and the mother was ordered out of the home. The petition was pending at the time this report was written.	



## 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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

Bereavement services were declined by the 17-year-old siblings.

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

Explain:

The parents engaged in grief counseling, mental health counseling and substance abuse services. They declined assistance with burial costs.

## 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:**

- |   |  |
|---|--|
| <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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/30/2016	Sibling, Male, 14 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 14 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 14 Years	Mother, Female, 35 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Sibling, Male, 14 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 14 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 14 Years	Father, Male, 29 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

**Report Summary:**

An SCR report alleged SS1 had lacerations to his face with bruising and swelling. The explanation was inconsistent with the injury, therefore the mother and father were listed as subjects of the report.

**Report Determination:** Unfounded**Date of Determination:** 05/18/2016**Basis for Determination:**

The family confirmed the sibling received his injuries during an ATV accident in the backyard of his father's house. The injuries were consistent with the explanation and he did not require medical attention.

**OCFS Review Results:**

NCDSS interviewed all family members and assessed both the mother's and sibling's father's homes to be safe. Safety assessments and the RAP were completed accurately and timely and the appropriate collaterals were contacted. NCDSS appropriately unfounded the allegations and closed the investigation.

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

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



An SCR report dated 10/8/11 was unsubstantiated for the allegation of inadequate guardianship against the mother regarding SS2.

An SCR report dated 4/22/05 was substantiated for the allegations of inadequate guardianship, lack of supervision and parent's drug/alcohol misuse against the mother regarding the twin siblings (four-years-old at the time). The mother became intoxicated and passed out while she was the sole caretaker for the children. The mother was charged with two counts of endangering the welfare of a child and she engaged in alcohol treatment.

**Known CPS History Outside of NYS**

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

**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