



Report Identification Number: NY-17-067

Prepared by: New York City Regional Office

Issue Date: Dec 20, 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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

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

Jurisdiction: Kings
Gender: Female

Date of Death: 07/06/2017
Initial Date OCFS Notified: 07/06/2017

Presenting Information

On 7/6/17 at approximately 6:27 AM the mother left her 2-year-old and 2-month-old children unsupervised in the shelter apartment in which they were residing. The mother returned from the store at about 7:15 AM and found the 2-month-old child not breathing. The mother called for EMS and the child was taken to the hospital at approximately 7:57 AM where she was pronounced dead. The report alleged there was no known cause of death as the child had no known medical conditions, and there were no signs of trauma to the child.

Executive Summary

On 7/6/17, the SCR registered a report alleging the mother left her two-year-old and two-month-old children in a shelter unit apartment unsupervised. Upon her return, twenty-five minutes later, she discovered the two-month-old unresponsive. The BM called 911 for emergency medical assistance. EMS responded to the home and reported the SC "cold to touch." The SC was transported to Coney Island Hospital where she was pronounced DOA at 7:57 AM on the same date. The allegations of the report were DOA/Fatality, Inadequate Guardianship, and Lack of Supervision of the SC and Inadequate Guardianship, and Lack of Supervision of the SS by the mother. ACS added the allegation of Parent's Drug/Alcohol Misuse of the SS.

ACS's Brooklyn East Field Office conducted the investigation and made contact with first responders: FDNY, NYPD and the EMS. From the EMS, ACS learned of efforts taken to resuscitate the SC and when the child was declared dead, ACS learned of efforts by law enforcement to investigate the circumstances around the child's death.

On 7/6/17, the mother was arrested and charged with two counts of Endangering the Welfare of a Child. ACS filed an Article Ten Petition of Neglect in Brooklyn Family Court naming the mother as the respondent based on the information obtained, after verifying that the mother left the two vulnerable children unsupervised in her apartment for a period of time, and that this was a habitual practice. Additionally, ACS confirmed the mother's drug use. A remand of the SS was granted by the Court. The child was placed in non kinship foster care after it was determined that kinship resources were not appropriate. The child is currently in placement through the Good Shepherd Services foster care agency.

On 11/20/17, ACS unsubstantiated the allegation of DOA/Fatality against the mother based on the ME's findings that the cause and manner of death were deemed "undetermined".

On 11/20/17, ACS substantiated the allegations of Parent's Drug/Alcohol Misuse, Inadequate Guardianship, and Lack of Supervision of the SC and SS on the basis the mother left the two children who were unable to fend for themselves unsupervised in the home. Additionally, the mother opted to co-sleep with both children on a twin size bed although there was an extra bed and a crib in the apartment for the family. Furthermore, ACS documented the mother revealed she smoked marijuana daily although she was the sole caretaker of the children and she was impaired while caring for the children.

Throughout the investigation, the ACS Specialist obtained and used information from appropriate collateral sources in a timely manner to inform case decisions. The progress notes entries were detailed and reflected supervisory oversight/consultation during key decision points in the investigation.

Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

Explain:

Specialist made contact with sources of the reports, appropriate collaterals, subject and the noncustodial parent. Specialist explored kinship resources before opting for non-kinship placement.

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:

Case is open - CPS required

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: 07/06/2017

Time of Death: 07:57 AM

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

07:15 AM

County where fatality incident occurred:

Kings



Was 911 or local emergency number called?

Yes

Time of Call:

07:40 AM

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? No - but needed

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 001

Adults: 000

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	028 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	002 Year(s)
Other Household 1	Father	No Role	Male	033 Year(s)

LDSS Response

According ACS' case documentation, the mother returned to the apartment where she had left her two children unsupervised, and found the SC face up on the adult bed (twin size) between two pillows. There was also a blanket on the child. Detectives from the NYPD indicated the crib that was found in the apartment was unused and was actually "folded up." The mother told the ACS Specialist she had been informed about safe sleep for infants and ACS also documented there were posters on the wall indicating safe sleep position and surfaces for infants. The mother also informed ACS that she had been routinely sharing the twin sized bed with both children although there was an extra bed and a crib in the apartment for the family. The mother also indicated she used marijuana daily, but did not feel her use had an impact on the care she provided the children.

The autopsy report confirmed the child was found face up as lividity was noted to be posterior. The SC was last seen alive by the mother at 7:00 AM and security cameras in the shelter recorded the mother leaving the building at 7:08 AM and returning to the shelter at 7:33AM.

According to the mother, she left the shelter to go to the store, and added she "normally left the children alone and everything was okay"; detectives retrieved camera footage from the store the mother visited and confirmed the mother had gone to the store. ACS' investigation confirmed neither the SC nor the SS was taking any medication.

The case documentation reflected that according to the mother when she returned home she began to feed the SS and noticed the SC was unresponsive. The mother said the SC was often congested; therefore, she placed her finger under the SC's nose and tickled the SC's foot, and realized the child was not breathing. The mother said she screamed which alerted



the maintenance worker in the shelter who was coincidentally walking by the apartment. The maintenance person called 911 at 7:40 AM. The information regarding the time of the call was confirmed by the EMS liaison. The mother reported EMS responded, the SC was transported to the hospital via ambulance, and was pronounced dead at the hospital. The mother indicated the SS remained in the shelter with a neighbor. ACS confirmed with the neighbor the SS was with her and she had no concerns regarding the SS.

EMS personnel reported at 7:45 AM when they arrived on the scene, FDNY personnel who were the first responders, took the SC from the mother's bed where she was found and handed the SC over to the EMS technicians. The SS was also in apartment. Transport for the SC along with the mother to the hospital began at 7:52 AM and they arrived at 7:58 AM.

ACS made contact with law enforcement and from the ADA they learned the mother would be charged with two counts of Endangering the Welfare of a Child. Additionally, ACS learned the NYPD's homicide squad would be investigating any possible elements around the death of the SC.

ACS' documentation also reflected the SS was taken to the child advocacy center for an interview. It was determined by ACS and the forensic interviewers the child could not be interviewed regarding the circumstances of the SC's death as the child was unable to understand and respond to the questions being asked. The SS was also medically examined. There were no signs of trauma on the SS.

On 7/7/17, ACS sought and obtained a remand of the SS who was in temporary placement at the Children's Center. Placement was secured with Good Shepherd Services foster care agency after kinship resources were explored and excluded. The mother was referred for services through CASAC and for parenting skills training, a clinical evaluation and bereavement counseling. ACS offered a referral for early intervention services for the SS.

The report was indicated for all allegations noted on the intake report and for PD/AM which was later added.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: The investigation adhered to previously approved protocols for joint investigations.

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

Comments: There is no OCFS approved Child Fatality Review Team in the NYC region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
042761 - Deceased Child, , 3 Mons	042763 - Mother, Female, 028 Year(s)	DOA / Fatality	Unsubstantiated
042761 - Deceased Child, , 3 Mons	042763 - Mother, Female, 028 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



Child Fatality Report

042761 - Deceased Child, , 3 Mons	042763 - Mother, Female, 028 Year(s)	Inadequate Guardianship	Substantiated
042761 - Deceased Child, , 3 Mons	042763 - Mother, Female, 028 Year(s)	Lack of Supervision	Substantiated
042762 - Sibling, Female, 002 Year(s)	042763 - Mother, Female, 028 Year(s)	Inadequate Guardianship	Substantiated
042762 - Sibling, Female, 002 Year(s)	042763 - Mother, Female, 028 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
042762 - Sibling, Female, 002 Year(s)	042763 - Mother, Female, 028 Year(s)	Lack of Supervision	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Planners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Agency Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Caretakers / Babysitters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Daycare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:

Progress notes were detailed.

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 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"/>

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:**

An emergency removal of the SS was conducted. An Article Ten Petition was filed. Child is currently in non-kinship FC.

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:
07/07/2017	There was not a fact finding	There was not a disposition
Respondent:	042763 Mother Female 028 Year(s)	
Comments:	Court proceedings are ongoing.	

Criminal Charge: Endangering the welfare of a child Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
07/06/2017	Mother	Pending	Unknown
Comments:	Criminal proceedings are contusing.		

Have any Orders of Protection been issued? Yes**From:** 07/07/2017**To:** Unknown**Explain:**

Mother has supervised visits.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Legal services	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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:
 ACS contacted the service providers and learned the mother was engaged in the services.

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:
 The SS received and is receiving grief counseling through play therapy and Early Intervention services.

Late in the investigation, the SC's father who learned of the child's death through the media contacted ACS. He was offered bereavement services but he declined as he was residing out of state.

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

Explain:
 The mother and family received grief counseling. ACS offered burial assistance; however, the family declined the offer.

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:**
- Had medical complications / infections
 - Had heavy alcohol use
 - Misused over-the-counter or prescription drugs
 - Smoked tobacco
 - Experienced domestic violence
 - Used illicit drugs
 - Was not noted in the case record to have any of the issues listed



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/14/2015	Other Child - MA, Female, 10 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Other Child - MU, Male, 8 Years	Grandparent, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MA, Female, 10 Years	Grandparent, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 14 Days	Grandparent, Female, 49 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MU, Male, 8 Years	Grandparent, Female, 49 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MU, Male, 8 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 14 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Other Child - MA, Female, 10 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	Other Child - MU, Male, 8 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MU, Male, 8 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 14 Days	Grandparent, Male, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 14 Days	Grandparent, Male, 44 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MU, Male, 8 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 14 Days	Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 14 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MA, Female, 10 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unfounded	
	Other Child - MA, Female, 10 Years	Grandparent, Female, 49 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - MA, Female, 10 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

The report alleged the mother and MGPs smoked marijuana "all day long on a daily basis" in the presence of the 10, 8, and 5 days old children which caused the adults to be impaired. The report alleged the adults were lethargic, with blood shot, glassy eyes and were too impaired to adequately care for the children. ACS made a number of home visits announced and unannounced but did not find any evidence to support the substantiation of the allegations of the report.

Determination: Unfounded

Date of Determination: 02/24/2015

Basis for Determination:

ACS unsubstantiated the allegations of Parent's Drug/Alcohol Misuse and Inadequate Guardianship of the children by the adults on the basis there was no credible evidence to support the substantiation of the allegations against the adults. ACS documented the children appear well and their basic needs were being met.

OCFS Review Results:

The report was conducted within the parameters of SSL.

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

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

The mother was known to the SCR and ACS as a child in a report registered on 9/14/02. The allegation of the report was Sexual Abuse of the mother by the MGM's paramour. The report was indicated, the paramour was arrested, and an order of protection was issued.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS involving this family.

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