



Report Identification Number: BU-17-033

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

Issue Date: Apr 26, 2018

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: 5 month(s)

Jurisdiction: Genesee
Gender: Male

Date of Death: 11/11/2017
Initial Date OCFS Notified: 11/12/2017

Presenting Information

The 5-month-old SC was pronounced deceased on 11/11/2017. On 11/5/2017, the PGM placed SC to sleep on his stomach, in her bed. After an unknown amount of time, SF checked on SC and he was breathing. SF left the room to smoke a cigarette, and when he returned, he found that SC had rolled over and was wedged between the wall and the bed. SC was not breathing and had no visible injuries. SC was otherwise healthy, with no preexisting medical conditions. SF, PGM and PGF were made subjects of the report. BM had an unknown role.

Executive Summary

On 11/11/2017, Genesee County Department of Social Services (GCDSS) received an SCR report about the death of the 5-month-old SC. There was an open CPS investigation, which was initiated on 11/5/2017, as a result of the incident that lead to SC's death. At the time of SC's death, he lived with his father, PGM and PGF. All 3 adults regularly cared for SC. SF admitted to daily marijuana use, although denied he used it while caring for SC.

On 11/5/2017 at 12:30 AM, the SC was placed on an adult bed to sleep by PGM and was found later by SF, wedged between the bed and the wall and unresponsive. PGF called 911 and then the adults began driving SC to the hospital. They were met by LE and EMS on the way, who began performing lifesaving measures and transported SC to the hospital via ambulance. SC was placed on life support and remained in the hospital until it was determined SC would not recover. On 11/11/2017, life support was withdrawn and SC passed away.

The cause and manner of death had not yet been determined. LE was notified of the fatality and began an investigation. An autopsy was performed by the Monroe County Medical Examiner's Office and the report was not available at the time this report was written. No arrests had been made and the LE investigation remained open, pending the final autopsy results.

GCDSS made several home visits at SF's home and interviewed all household members, as well as interviewed BM. GCDSS determined there were no surviving siblings or other children residing in SF's home, and there was no safe sleep environment in the home for SC. SF, PGM, PGF and BM declined bereavement services offered by GCDSS and SF declined substance abuse services. BM was engaged in substance abuse services and said she was going to pursue counseling there.

GCDSS substantiated the allegations against SF, PGM and PGF regarding SC's death. There was credible evidence gathered the 3 adults consistently placed SC in an unsafe situation by utilizing an unsafe sleep environment and left SC unattended, despite having the knowledge SC could roll and was mobile. SC rolled and became wedged between the bed and the wall, causing him to stop breathing. SC later died as a result of the incident. All 3 adults admitted to drinking alcohol on the night of the incident while caring for SC.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:



- Was sufficient information gathered to make the decision recorded on the:

- Safety assessment due at the time of determination? N/A

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:

The decision to indicate and close the case was appropriate. There were no surviving children to complete a safety assessment for.

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:

The decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/11/2017

Time of Death: Unknown

Date of fatal incident, if different than date of death:

11/05/2017

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

02:00 AM

County where fatality incident occurred:

Genesee

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?

N/A

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? 1 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	58 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	59 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)

LDSS Response

GCDSS began investigating the incident upon receipt of the SCR report on 11/5/2017. It was learned BM was hospitalized and undergoing treatment for substance abuse. SC was residing with SF, PGM and PGF since August 2017. BM had not seen SC since that time. SC was BM and SF's only child and there were no other children residing in the home.

Through interviews conducted with SF, PGM and PGF, it was learned on the night of 11/4/2017, SF was at a friend's home and PGM was watching SC. At 12:30 AM on 11/5/2017, PGM placed SC on his stomach, on her queen-sized bed, which was located near a wall. There was a comforter under SC, SC was covered with a knit blanket and there were several pillows on the bed. PGM and PGF were awake in another room in the home. SF arrived home at an unknown time and checked on SC, who appeared to be fine. SF left the room and returned a short time later, discovering SC had rolled and was wedged between the wall and the bed; SC's lips were blue and he was not breathing. PGF called 911 "a little after 2 AM". SF, PGF and PGM did not perform CPR, stating they did not know how. SF didn't want to wait for the ambulance so the adults began driving SC to the hospital and met LE and EMS on the way.

There were some inconsistencies reported regarding the exact time SF arrived home or what time he checked on SC. PGM and PGF admitted they drank alcohol on the night of the incident while they were watching SC. PGM and PGF denied they were intoxicated, although PGF was heard slurring his words during the 911 call. SF admitted he was out drinking with his friends prior to returning home that night, although denied he was intoxicated. SF's friend confirmed SF drank alcohol while at his home and was driven home between 12-1 AM, although was not aware how much alcohol SF drank. SF admitted he used marijuana daily, although denied he used it that night. PGM confirmed she was aware of safe sleep guidelines, although there was no mattress for the crib in the home and it was normal practice for SC to sleep on his stomach on the PGM or SF's bed.

BM was notified of the incident on 11/5/2017 and stayed at the hospital with SC until he passed away on 11/11/2017. BM then stayed with a relative until she could return to the treatment facility on 12/5/2017. She had no concerns for the care SF, PGM and PGF provided to SC and thought SC slept in a crib or bassinet.



GCDSS contacted numerous collaterals including SC’s pediatrician, hospital staff, LE, EMS, fire department, ME, BM’s Probation Officer, BM’s substance abuse treatment provider, family members and friends. The pediatrician reported SC was assessed to be well on 8/15/2017 and was up to date with immunizations. LE said they were dispatched at 2:15 AM and met SF and the grandparents on the roadway. PGM handed SC to the officer, who began performing CPR on the front seat of the SF’s pickup truck, until EMS arrived and took over. SC was observed by EMS to be limp, parts of his body were beginning to turn blue, and vomit was suctioned from his nose prior to being transported to the hospital via ambulance. Hospital records showed SC was on life support from 11/5/2017 until it was withdrawn on 11/11/2017. SC was pronounced dead by the hospital physician and the listed cause of death was cardiac arrest due to ending life support. An ophthalmology exam showed SC had retinal hemorrhaging which can be consistent with either non-accidental trauma or CPR. CT scans showed no fractures or injuries.

The case was appropriately indicated and closed as there were no surviving children. The LE investigation remained open, pending the results of the autopsy. Bereavement services were declined and SF also declined substance abuse treatment services. BM stated she would obtain MH counseling with her own provider.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
045615 - Deceased Child, Male, 5 Mons	045616 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated
045615 - Deceased Child, Male, 5 Mons	045617 - Grandparent, Female, 58 Year(s)	DOA / Fatality	Substantiated
045615 - Deceased Child, Male, 5 Mons	045617 - Grandparent, Female, 58 Year(s)	Inadequate Guardianship	Substantiated
045615 - Deceased Child, Male, 5 Mons	045617 - Grandparent, Female, 58 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
045615 - Deceased Child, Male, 5 Mons	045618 - Grandparent, Male, 59 Year(s)	Inadequate Guardianship	Substantiated
045615 - Deceased Child, Male, 5 Mons	045618 - Grandparent, Male, 59 Year(s)	Lack of Supervision	Substantiated
045615 - Deceased Child, Male, 5 Mons	045618 - Grandparent, Male, 59 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
045615 - Deceased Child, Male, 5 Mons	045616 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated



Child Fatality Report

045615 - Deceased Child, Male, 5 Mons	045616 - Father, Male, 31 Year(s)	Lack of Supervision	Substantiated
045615 - Deceased Child, Male, 5 Mons	045616 - Father, Male, 31 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
045615 - Deceased Child, Male, 5 Mons	045617 - Grandparent, Female, 58 Year(s)	Lack of Supervision	Substantiated
045615 - Deceased Child, Male, 5 Mons	045618 - Grandparent, Male, 59 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

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

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



Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" 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:
 BM, SF, PGM and PGF declined bereavement services. BM said she would obtain counseling from her own provider. SF declined substance abuse treatment.

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

Explain:

BM, SF, PGM and PGF declined bereavement services and SF declined substance abuse services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- 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? Yes



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 checked="" type="checkbox"/> Used illicit drugs |
| <input 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)	Status/Outcome	Compliance Issue(s)
11/05/2017	Deceased Child, Male, 5 Months	Father, Male, 31 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Male, 5 Months	Grandparent, Female, 58 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 5 Months	Grandparent, Female, 58 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Male, 5 Months	Grandparent, Female, 58 Years	Lack of Supervision	Indicated	
	Deceased Child, Male, 5 Months	Grandparent, Male, 59 Years	Lack of Supervision	Indicated	
	Deceased Child, Male, 5 Months	Grandparent, Male, 59 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 5 Months	Father, Male, 31 Years	Lack of Supervision	Indicated	
	Deceased Child, Male, 5 Months	Father, Male, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	Deceased Child, Male, 5 Months	Grandparent, Male, 59 Years	Inadequate Guardianship	Indicated	

Report Summary:

An SCR report alleged on 11/5/2017, PGM placed 5-month-old SC onto an adult sized bed, on his stomach to sleep, and left him alone and unattended. SF was aware and checked on SC once and then also left him unattended. SC was able to roll over and got stuck between the bed and the wall and suffocated. SC was on life support as a result of being left unattended in his unsafe sleeping environment. The PGF and BM had unknown roles.

Determination: Indicated

Date of Determination: 01/04/2018

Basis for Determination:

GCDSS substantiated the allegations of IG, LS and PD/AM against SF and PGM and added the same allegations against PGF regarding SC. PGM left SC unattended in an adult bed with pillows, a comforter and SC was covered with a blanket. SF later checked on SC and also left him unattended on the bed. SC rolled and became wedged between the bed and wall, and was found unresponsive. SF, PGM and PGF were in the home at the time and admitted to drinking alcohol



that night. The adults were aware of safe sleep guidelines, although SC had no crib and was consistently placed in an adult bed to sleep. The adults were aware SC was able to roll and was mobile. SC died as a result of the incident.

OCFS Review Results:

A fatality report was received during this investigation and was investigated concurrently. GCDSS interviewed SF, PGM, PGF and BM, as well as contacted numerous collaterals. GCDSS appropriately substantiated the allegations against the SF, PGM and PGF and closed the investigation as there were no surviving children.

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 2/27/2008-4/20/2008 was unsubstantiated for the allegations of IG and LS against PGM and PGF regarding a paternal uncle.

An SCR report 5/5/2008-7/20/2008 was unsubstantiated for the allegations of IG and PD/AM against PGM regarding a paternal uncle.

Known CPS History Outside of NYS

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

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

We find that the facts in this report describe the unfortunate events and actions taken. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the partnership with OCFS in order to provide the best services possible to the families in our community.

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