



Report Identification Number: RO-15-021

Prepared by: Rochester Regional Office

Issue Date: 3/18/2016

(Report was reissued on: 3/24/2016)

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
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 07/06/2015
Initial Date OCFS Notified: 07/06/2015

Presenting Information

On 7/5/15, subject mother went to visit a friend and brought her children age 4 years, 1 year, and SC 3 months old. While SM was there, she abused alcohol and marijuana and took prescription pills. She was high and intoxicated and this effected her ability to care for the children. SM co-slept with the children on a futon. There were several pillows and blankets on the futon. SM knowingly placed SC face down on futon after eating. SM went to bed around 4:48AM and woke up around 10:30AM. When SM awoke she found SC deceased. The other children were still in the futon, but were not harmed. SC has unknown cause of death. SC had pre-existing medical condition of Conjugated Hyper Bill Rubinemia and Profound Anemia. SC was supposed to have surgery for this recently, but SM missed the appointment failing to get the SC the medical treatment that he needed. Grandparents have unknown roles.

Executive Summary

On 7/6/15 Chemung County Department of Social Services received an SCR report with allegations of DOA/Fatality, Inadequate Guardianship, Parent Drug/Alcohol misuse, and Lack of Medical Care against subject mother (SM) pertaining to three month old subject child (SC) being deceased after co-sleeping with SM and two siblings ages four and one year old. This was a subsequent report to an open SCR report on 5/7/15 regarding SM's involvement in a domestic altercation incident with her mother in the presence of subject child.

Subject mother reported taking her three children to a friend's home to do laundry and then spending the night there. She reported putting the children to bed on a futon, later feeding the subject child a bottle at 2AM, putting him back to sleep and then hanging out with her friend. She acknowledged using alcohol and marijuana and going to sleep with the children on the futon at 4:48AM. SM reported awaking at 10AM and finding SC not breathing and calling 911.

First responders reported subject child was cold, blue, and had rigor-mortis with lividity indicating he had died lying face down. There was no response to resuscitation efforts and an EKG showed no signs of life. SC was transported to the hospital where he was pronounced DOA. In addition to the adult, and multiple children, the futon had a very soft mattress with multiple blankets and pillows making it a very unsafe sleep environment. Subject mother acknowledged receiving safe sleep instructions on several occasions.

Police found marijuana and crack cocaine in subject child's diaper bag. SM acknowledged using ecstasy days earlier, but denied using crack cocaine the night of the fatality. She did not comply with requests for drug testing. Police did not file charges against SM regarding this fatality. SM reported mental health issues of postpartum depression and anxiety. She failed to follow through with mental health treatment and was suspected of abusing prescribed mental health medication. SM's history includes PINS/Probation regarding drug abuse as a teenager.

Subject child's Pediatrician reported SC had several medical conditions. SM missed a recent appointment for SC's assessment to determine his need for surgery. The Pediatrician also reported she had provided safe sleep education to SM on several occasions. Family and friends reported no concerns regarding SM's care of the children.

The two surviving children were initially staying with an Aunt who had signed a safety plan, however, she violated



this agreement by returning the children to SM the next day without approval by Chemung DSS. On 7/8/15, the surviving children were removed and placed in a NYS certified foster home where they remained through CPS case closing. Several family and friends, including a Bio-father were considered as placement resources, but were disqualified due to background check issues.

The Monroe Co. Medical Examiner performed an autopsy on 7/7/15. The autopsy report was not available at the time of this fatality report review. It cannot be determined if the SC's existing medical conditions played a role in this fatality without the final autopsy report. While the initial assessment found SC had an accidental death caused by positional asphyxiation from unsafe sleeping, the final report was awaiting toxicology results.

On 9/6/15 allegations of DOA/Fatality, IG, and Parent's Drug/Alcohol misuse were INDICIATED against subject mother. Basis of determination is subject mother placed subject child face down to sleep on a soft futon mattress with blankets, and pillows and co-slept with subject child and his two siblings. This sleep environment was unsafe. In addition, subject mother acknowledged using illegal drugs and alcohol while she was the sole caretaker for the children. Subject mother failed to exercise a minimum degree of care resulting in/contributing to the death of subject child. Allegation of Lack of Medical Care is UNFOUNDED.

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:

Case work activity, case and collateral contacts, gathering of appropriate assessment information, case notes, and documentation in this case all appear to be exceptional. (with the one exception being the 24-hour assessment being two days late) Exceptional case/collateral contacts, assessment, and case activity efforts are noted to have occurred within the 24-hour period.

Was the decision to close the case appropriate? Yes

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

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

Explain:

N/A



Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/06/2015

Time of Death: Unknown

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

County where fatality incident occurred:

CHEMUNG

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	46 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	53 Year(s)



Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)

LDSS Response

On 7/6/15 Chemung Co. DSS received an SCR report with allegations of DOA/Fatality, IG, Parent D/A misuse, and LMC against subject mother (SM) pertaining to subject child (SC) being deceased after co-sleeping with SM and two siblings.

CW initiated the investigation making contact with the report source, all listed persons, appropriate collateral contacts, and reviewed the case history.

SM reported taking the children to a friend's home to do laundry and spending the night. SM reported putting the surviving children to bed on the futon at 11PM where SC was already asleep. She reported SC awoke at 2AM, she fed him an eight ounce bottle of formula, burped him, and then put him back to sleep. SM reported she then hung out with her friend and went to sleep on the futon with SC and her other two children at 4:48AM. SM reported drinking alcohol, despite not being legally old enough to drink, and using marijuana. SM reported awaking at 10AM, due to a phone call, and finding SC appearing blue and not breathing before yelling for help and calling 911.

First responders reported upon arrival, SC was cold, appeared blue, and had signs of rigor-mortis with lividity on his chest, face, and extremities; indicating he had died lying face down. Resuscitation efforts were made and SC was unresponsive. An EKG showed no signs of life. SC was transported to the hospital where he was pronounced DOA. First responders reported, and fatality scene photos show, multiple blankets and pillows on the futon, and a fan next to the futon. It is not documented if the fan was in use the night of the fatality incident. The futon was reported as not firm and as a very soft full-sized bed mattress.

Police reported finding marijuana and crack cocaine in SC's diaper bag. SM reported using ecstasy days earlier. Police did not file charges against SM in regards to this fatality and reported no concerns of foul play. SM denied using crack cocaine the night of the fatality incident. She did not comply with requests for toxicology testing. SM reported MH issues of postpartum depression and anxiety. She was suspected of abusing her prescribed MH medication as a recently filled script had only two remaining pills. SM's history includes PINS/Probation regarding drug abuse as a teenager.

SC's Pediatrician reported SC had medical conditions including conjugated hyper-bilirubinemia, profound anemia, a cyst on his liver and brain, and a small brain bleed. SM missed a recent appointment for SC's assessment to determine his need for surgery. The Pediatrician also reported she had provided safe sleep education to SM on several occasions.

Family and friends reported no concerns regarding SM's care of the children. SM's mother, with whom SM resided, reported no awareness her daughter was using illegal substances

The two surviving children were initially staying with an Aunt who had signed a safety plan, however, she returned the children to SM the next day without approval violating the plan. On 7/8/15, the surviving children were removed and placed into a NYS certified foster home where they remained through CPS case closing.

The Monroe Co. Medical Examiner performed an autopsy on 7/7/15. The autopsy report was not available at the time of this fatality report review. While the initial assessment found SC had an accidental death caused by positional asphyxiation from unsafe sleeping, the final report was awaiting toxicology results.



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On 9/6/15 allegations of DOA/Fatality and IG were INDCIATED against SM. The basis of determination is SM placed SC face down to sleep on a soft futon with blankets, and pillows and co-slept with SC and his two siblings. This sleep environment was unsafe. In addition, SM acknowledged using illegal drugs and alcohol while she was the sole caretaker for the children. SM failed to exercise a minimum degree of care resulting in the death of SC. Allegation of LMC is UNFOUNDED.

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)? Yes

Comments: All report listed individuals and appropriate collaterals contacts were made. All appropriate protocols appear to have been made.

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
024721 - Deceased Child, Male, 3 Mons	024722 - Mother, Female, 20 Year(s)	DOA / Fatality	Substantiated
024721 - Deceased Child, Male, 3 Mons	024722 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
024721 - Deceased Child, Male, 3 Mons	024722 - Mother, Female, 20 Year(s)	Lack of Medical Care	Unsubstantiated
024721 - Deceased Child, Male, 3 Mons	024722 - Mother, Female, 20 Year(s)	Parents Drug / Alcohol Misuse	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"/>



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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"/>

Additional information:

N/A

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"/>



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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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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:

The surviving child were removed from the fatality household and placed into 1017 foster care in a NYS approved foster home on 07/08/2015. The surviving children initially were staying out of the home with their maternal Aunt, however, despite signing a safety plan agreement the Aunt dropped the children back off with the subject mother the next day without approval of Chemung County Department of Social Services and without appropriate supervision in violation of the safety plan agreement.

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:
07/08/2015	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	024722 Mother Female 20 Year(s)	
Comments:	In response to the fatality report and the subject mother's sister's failure to comply with a safety plan by returning the surviving children to subject mother without approval by Chemung DSS, a Petition was filed in Chemung Family Court on 07/08/2015 with a finding of Neglect and placement of the two surviving children into a foster care placement into a NYS certified foster home. Numerous, family/friend resources were considered, but were disqualified based on background check concerns.	



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Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:

The surviving children were removed and placed in foster care placement with a NYS certified foster home on 07/08/2015 where they remained throughout CPS case involvement and case closing on 09/06/2015. Numerous family/friend resources were considered and disqualified due to background check concerns.

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 surviving children were removed on 07/08/2015 and placed in a NYS approved foster home. Numerous family/friend resources were considered and declined due to background search concerns. The surviving children remained in this foster care placement throughout case closing on 09/06/2015.

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



fatality? Yes

Explain:

CW referred/encouraged subject mother to follow through with mental health and substance abuse treatment counseling.

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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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)
05/07/2015	7241 - Deceased Child, Male, 42 Days	7242 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	No

Report Summary:

This report was the initial report that was received with the DOA/Fatality report then being received as a subsequent report.

The report narrative was: Today 5/7/15, the subject mother and grandmother got into an argument that became physical when the subject mother pushed the grandmother. Subject child was home at the time. Subject mother became out of control and set the subject child's car seat, with the subject child in it, roughly on the ground to continue the argument. The subject mother then dropped three 5-10 pound bags directly on the area where the subject child was, nearly hitting



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the subject child. Subject child was uninjured. The role of the grandmother is unknown.

Determination: Indicated **Date of Determination:** 09/06/2015

Basis for Determination:
Family members and collaterals were contacted. There is credible evidence that subject mother did place the subject child at risk of harm by dropping the carrier with the subject child in it and then dropping 5-10 bags in close proximity to where the subject child was, almost hitting the child. This happened during a family argument. As a result Police were contacted. The subject mother would not calm down and the Police made a mental health arrest. Subject mother was taken to the ER and subject child remained in the home with relatives.

OCFS Review Results:
OCFS reviewed with no apparent concerns.

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

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

The CPS history for this family involves no past CPS reports more than three years prior to the fatality that involve the subject child, subject child's siblings, or subject mother being named as a subject; but does include four INDICATED reports with SM listed as a confirmed maltreated child.

Known CPS History Outside of NYS

There is no known CPS history outside New York State for this family.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History



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

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

With the exception of the missed 24-hour safety assessment paperwork, the case work activity and documentation in this case appears to be exceptional.

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