



Report Identification Number: SY-15-034

Prepared by: Syracuse Regional Office

Issue Date: 2/18/2016

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: 0 day(s)

Jurisdiction: Oswego
Gender: Male

Date of Death: 10/19/2015
Initial Date OCFS Notified: 10/20/2015

Presenting Information

On 10/19/15, BM went into labor at 32 weeks gestation. BM suffered an abruption of her placenta due to cocaine use and delivered SC at 8:41pm. SC then took one weak breath and then stopped breathing. The SC could not be resuscitated and passed away at 9:26pm. At the time of delivery, BM's toxicology was positive for cocaine and opiates. BM did not seek prenatal care until 21 weeks pregnant. BM tested positive for cocaine and opiates at her initial appointment. Roles of BF and sibling are unknown at time of the report.

Executive Summary

The SCR received a report on 10/19/15 alleging DOA/Fatality, PD/AM, and IG against the BM regarding the SC. The report also alleged PA/AM and IG against BM regarding the surviving sibling. BF was subsequently added on the report for allegations of IG and PD/AM. This was a report of BM who went into labor at 32 weeks gestation. BM suffered an abruption of her placenta due to abusing cocaine and opiates. This caused the early delivery of SC, who took a shallow breath and then stopped breathing. Attempts to resuscitate the SC were unsuccessful and he passed away at 9:26pm. The investigation confirmed the circumstances of the child's death as outlined in the presenting information. SC's sibling was in the care of BF at the time of the fatality. The final autopsy report from the ME stated the SC's cause of death was complications of mixed drug toxicity due to maternal drug use. The ME listed the manner of death as an accident. The ME report indicates the BM's urine drug screens were positive for opiates and cocaine. SC's toxicology was positive for cocaine and opiates as well. ODSS initiated their investigation on 10/20/15 in collaboration with LE. LE determined that criminal charges would not be required. Collateral contacts and home visits were made and safety decisions were appropriate based on case circumstances. Caseworkers engaged the families throughout the investigation and casework activities were appropriate. Services were offered to the family; however the family declined them until after BM and BF finished drug rehabilitation. Allegations of PD/AM and IG against the BM and BF in regards to the surviving sibling were substantiated. PD/AM and DOA/Fatality against BM in regards to SC we also substantiated. In addition to the final autopsy report regarding the SC, there was credible evidence that both parents were actively using drugs and were not engaged in treatment while caring for the surviving sibling. An Article 10 petition was filed with family court for the removal of the surviving sibling and the sibling went to stay with friends of the parents. BM and BF went to detox and inpatient treatment for drug use. The case remained open with services to be monitored by Child Protective.

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** Yes



appropriate?

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:

Sufficient information was gathered during the investigation to make the determination to substantiate all allegations.

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:

LDSS made collateral contacts, visit to the siblings home, and safety decisions were appropriate based on case circumstances. Caseworker engaged the family throughout the investigation and casework activities were appropriate. The case remained open for services.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/19/2015

Time of Death: 09:26 PM

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

County where fatality incident occurred: OSWEGO

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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: Child was born with a positive toxicology for drug

Did child have supervision at time of incident leading to death? No - Not needed given developmental age or circumstances



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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	0 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)

LDSS Response

OCDSS initiated their investigation on 10/20/15. Contact was made with the family on 10/20/15 at the family's home and conducted interviews of both parents and the surviving sibling. Safety Assessments were adequately completed at 24 hours, 7 days, 30 days and at the determination of the investigation. A safety plan was developed with the parents to have the surviving sibling live with approved friends of the parents on 10/20/2015. An Article 10 was subsequently filed on 10/21/2015 and the family friends agreed to become foster care providers and the surviving sibling remained in the home. Collateral contacts were made with relevant sources and the caseworker made visits to the surviving sibling at the foster home and continued to assess safety and risk. The family accepted services to help with funeral arrangements and were offered bereavement counseling and substance abuse services. The BM and BF declined bereavement counseling until they had completed drug abuse rehabilitation. OCDSS collaborated with LE throughout the investigation; the investigation was closed and indicated as foster care and other services were in place.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: Reviewed by Oswego CFRT, no concerns noted.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation
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			Outcome
024286 - Deceased Child, Male, 0 Day(s)	024284 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
024286 - Deceased Child, Male, 0 Day(s)	024284 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
024286 - Deceased Child, Male, 0 Day(s)	024284 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024287 - Sibling, Male, 1 Year(s)	024284 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
024287 - Sibling, Male, 1 Year(s)	024285 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
024287 - Sibling, Male, 1 Year(s)	024285 - Father, Male, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024287 - Sibling, Male, 1 Year(s)	024284 - Mother, Female, 23 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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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				



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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 and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household 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"/>



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Explain as necessary:

The surviving child was removed as a safety plan then an article 10 was filed to have the child reside with family friends.

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:
10/21/2015	There was not a fact finding	There was not a disposition
Respondent:	024284 Mother Female 23 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/21/2016	There was not a fact finding	There was not a disposition
Respondent:	024285 Father Male 23 Year(s)	
Comments:		

Have any Orders of Protection been issued? Yes**From:** 10/22/2015 **To:** 10/21/2016**Explain:**
BF has an Order of Protection that requires a stay away order unless for supervised visitation and respondents shall not be under the influence of drugs or alcohol while visiting child or 24 hours prior to visitation.**From:** 10/22/2015 **To:** 10/21/2016**Explain:**
BM has an Order of Protection that requires a stay away order unless for supervised visitation and respondents shall not be under the influence of drugs or alcohol while visiting child or 24 hours prior to visitation.**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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:

The surviving child was assessed and it was determined that no further services were needed.

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

Explain:

Both parents were offered grief counseling services, however both parents required and received inpatient rehabilitation services for drug addiction prior to receiving grief counseling.

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



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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 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)
02/17/2015	7081 - Sibling, Male, 4 Months	7082 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Far-Closed	No
	7081 - Sibling, Male, 4 Months	7082 - Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7081 - Sibling, Male, 4 Months	7082 - Mother, Female, 22 Years	Inadequate Guardianship	Far-Closed	
	7081 - Sibling, Male, 4 Months	7083 - Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7081 - Sibling, Male, 4 Months	7083 - Father, Male, 23 Years	Inadequate Guardianship	Far-Closed	
	7081 - Sibling, Male, 4 Months	7083 - Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7081 - Sibling, Male, 4 Months	7084 - Other Adult - BF's Mother's Boy Friend, Male, 52 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7081 - Sibling, Male, 4 Months	7084 - Other Adult - BF's Mother's Boy Friend, Male, 52 Years	Inadequate Guardianship	Far-Closed	
	7081 - Sibling, Male, 4 Months	7084 - Other Adult - BF's Mother's Boy Friend, Male, 52 Years	Parents Drug / Alcohol Misuse	Far-Closed	

Report Summary:

The BM and BF along with an unrelated home member were abusing drugs to impairment while caring for four-month old sibling of SC. The drugs were used in the presence of the SC's sibling on a daily basis. There was also no heat in the home. This was an ongoing issue.

OCFS Review Results:

Collateral contacts and home visits were made and safety decisions were appropriate based on case circumstances. Caseworker engaged the family throughout the investigation and casework activities were appropriate. The case was



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closed on 3/31/2015 after the family and caseworker decided services were no longer needed. The family felt confident that they could seek out services if needed.

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

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

None.

Known CPS History Outside of NYS

None.

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

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