

Report Identification Number: SV-13-044

Prepared by: Spring Valley Regional Office

Issue Date: 6/9/2015

(Report was reissued on: 6/23/2015)

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.

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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	MN-Medical Neglect	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

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

Jurisdiction: Suffolk
Gender: Male

Date of Death: 11/12/2013
Initial Date OCFS Notified: 11/13/2013

Presenting Information

On 11/12/13, the mother found the subject child unresponsive in his crib, in the middle of the night. The subject child was rushed to the hospital, however he passed away. The subject child had sinus and chest congestion issues, but the cause of death is unknown at this time. The parents have no explanation for the death of their otherwise healthy baby. The one year old sibling has an unknown role. An autopsy will be conducted by the medical examiner. The police department is investigating the case. No arrests have been made. The source of the report observed nothing alarming at the home that would indicate how the subject child died.

Executive Summary

On 11/13/13 an SCR report was called in against the mother and father alleging inadequate guardianship and DOA/Fatality on behalf of the parent's 3 month old child. The parents had no explanation for the child's death. There is an open investigation dated 10/8/13 having allegations of inadequate guardianship against the mother concerning both of her children. The case is assigned to and being investigated by Suffolk County DSS.

At the time of the incident the parents resided in the shelter system. They were rehoused several times due to the mother's combative and threatening behavior. Face to face interviews included the mother, father, grandparents on both sides

Suffolk county DSS sought court intervention after it was learned that the mother was threatening to abscond with the surviving sibling. On 11/22/13 both parents tested positive for marijuana and the Suffolk County family court removed the surviving sibling and placed her with the paternal grandparents. On 11/26/13 a subsequent SCR report alleged that the father was physically abusing the mother and using drugs in the presence of the surviving sibling.

The parents were indicated for inadequate guardianship and parent's drug/alcohol misuse. The initial open investigation for inadequate guardianship against the mother was also indicated. The allegations of DOA/Fatality are unfounded due to lack of credible evidence.

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?** No

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the** Yes, sufficient information was gathered to determine all

investigation?

- Was the determination made by the district to unfound or indicate appropriate?

allegations.

Yes

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.

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: 11/12/2013

Time of Death:

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

County where fatality incident occurred:

SUFFOLK

Was 911 or local emergency number called?

Yes

Time of Call:

02:00 AM

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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	20 Month(s)

LDSS Response

On 11/13/13, an SCR report alleged the mother found subject child unresponsive in his crib, during the night. Rushed child to the hospital, but died. Child had sinus and congestion issues. Allegations are DOA/Fatality & Inadequate Guardianship were filed against the mother and father. The assessment noted that there were some safety factors present that they did not rise to the level of immediate danger of serious harm. The surviving sibling remained in the mother's care, while living in the maternal grandmother's (MGM's) home.

On 11/14/13 face to face contact was made with the parents and the surviving sibling was observed. On 11/15/13 the DSS worker verified the mother's report of taking the subject child to the pediatrician on 11/11/13 because of breathing problems.

Suffolk County DSS (SCDSS) made contact with the paternal grandmother (PGM) and parents on 11/20/13 regarding the surviving sibling. The PGM and the father made statements regarding the mother's ongoing use of marijuana. The surviving sibling was observed to be safe. The living conditions were considered to be safe for the child. At that time, the family was still grieving and reluctant to discuss the fatality circumstances.

On 11/22/13 SCDSS filed a 1029 petition/application, against the parents. An order of protection was granted against the mother on behalf of the surviving sibling for fear she would abscond with the child. The Judge combined the 1029 petition with a 1022 petition and temporary removal was granted for the surviving sibling. The paternal grandparents (PGPs) were granted temporary custody of surviving sibling while the father continued to reside in their home with supervision. The mother was granted supervised visits by way of the maternal aunt. Both parents tested positive for marijuana and the Court ordered services for the parents. DSS provided parents with substance abuse services, DV, therapy, anger management and parenting services.

On 11/26/13 a subsequent SCR report alleged father smoked marijuana while driving with the surviving sibling and that he physically assaulted the mother in the presence of the surviving sibling. At a court hearing on 11/27/13 the parents tested positive for marijuana again. The removal order was continued and PGPs retained temporary custody, while father still resided in their home. Supervised visits for both parents and court mandated services were in place.

On 12/4/13, the previous 10/8/13 SCR report allegation of inadequate guardianship against mother concerning the deceased child and the surviving sibling was substantiated. While the family waited in the doctor's office, the mother assaulted another woman with the surviving sibling in her arms. The case was indicated based on interviews of parents and witnesses. The case was kept open for protective services for the surviving sibling, and for court mandated services for the parents. SCDSS substantiated the allegations of inadequate guardianship and drug/alcohol misuse against the parents on behalf of the surviving sibling on 1/9/14. The case was indicated and kept open for court ordered services.

On 1/10/14, the 11/13/13 SCR Fatality investigation against the parents was unsubstantiated as there was no credible evidence found. ME found the cause of death to be acute & chronic tracheobronchitis and considered the manner of death to be natural.

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Another subsequent SCR report on 2/13/14 alleged the mother visited with the surviving sibling while intoxicated. This was unfounded on 2/27/14. There were also allegations filed on 10/3/14 against the grandparents regarding the surviving sibling as the child did have a minor facial mark. It was determined that the mark occurred accidentally while the child pulled a brush out of her grandmother's hands. This report was unfounded on 11/14/14.

The investigations were appropriate.

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)?No

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
006081 - Deceased Child, Male, 3 Mons	006082 - Father, Male, 21 Yrs	DOA / Fatality	Pending
006081 - Deceased Child, Male, 3 Mons	006082 - Father, Male, 21 Yrs	Inadequate Guardianship	Pending
006081 - Deceased Child, Male, 3 Mons	006083 - Mother, Female, 18 Yrs	DOA / Fatality	Pending
006081 - Deceased Child, Male, 3 Mons	006083 - Mother, Female, 18 Yrs	Inadequate Guardianship	Pending

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 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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
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"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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investigation?				
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:

Parents continue to use illegal drugs which placed the children at risk, so they were placed outside the parents' home by the court. The surviving sibling remained in the custody of the paternal grandparents. On 12/23/13, during court proceedings the mother signed an affidavit admitting to smoking marijuana and that she will participate and complete a substance abuse program, parenting skills program, domestic violence program and anger management program. Mother and father will refrain from

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:
11/22/2013	Adjudicated Neglected	There was not a disposition
Respondent:	mother	
Comments:		

Have any Orders of Protection been issued? Yes

From: 11/22/2013	To: 11/22/2014
From: 12/10/0013	To: 12/10/2014

Services Provided to the Family in Response to the Fatality

Services	Provided	Offered,	Offered,	Needed	Needed	N/A	CDR
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	After Death	but Refused	Unknown if Used	but not Offered	but Unavailable		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 mother was mandated by the court to complete substance abuse treatment, and to get a psychiatric evaluation.

 The mother was offered bereavement services, but she refused as she claimed that she was getting bereavement services elsewhere.

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 sibling was removed and placed with the paternal grandparents. The mother had supervised visits with the surviving sibling.

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

Explain:
 The mother and father were given referrals to drug treatment and counseling.

History Prior to the Fatality

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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 type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record | |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/08/2013	1336-Sibling, Female, 1 Years	1334-Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	1336-Sibling, Female, 1 Years	1334-Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Indicated	
	1337-Deceased Child, Male, 3 Months	1334-Mother, Female, 18 Years	Inadequate Guardianship	Indicated	
	1337-Deceased Child, Male, 3 Months	1334-Mother, Female, 18 Years	Parents Drug / Alcohol Misuse	Indicated	
	1336-Sibling, Female, 1 Years	1335-Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	1336-Sibling, Female, 1 Years	1335-Father, Male, 21 Years	Parents Drug / Alcohol Misuse	Indicated	
	1337-Deceased Child, Male, 3 Months	1335-Father, Male, 21 Years	Inadequate Guardianship	Indicated	
	1337-Deceased Child, Male, 3 Months	1335-Father, Male, 21 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:

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SCR report was called in against the mother allegeing that the mother assaulted another women in the presence

Determination: Indicated **Date of Determination:** 12/05/2013

Basis for Determination:
The mother, father and collateral sources confirmed the reported allegations. The father and mother admitted that the subject child's sister was in the arms of the mother at the time of the incident.

OCFS Review Results:
No violations were noted

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/22/2013	1332-Mother,Female, 17 Years	1331-Grandparent,Male, 44 Years	Inadequate Guardianship	Unfounded	No
	1332-Mother,Female, 17 Years	1331-Grandparent,Male, 44 Years	Sexual Abuse	Unfounded	

Report Summary:
It was alleged that on several past occasions, the maternal grandfather had forcible intercourse with the mother. The maternal grandfather had allegedly been touching the mother's breast and buttocks. The subject child's sibling has an unknown role.

Determination: Unfounded **Date of Determination:** 05/02/2013

Basis for Determination:
The mother was not consistent with her statements. When questioned she was unable to provide details about any abuse.

OCFS Review Results:
No violations were observed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/02/2012	1329-Mother,Female, 17 Years	1328-Grandparent,Male, 44 Years	Inadequate Food / Clothing / Shelter	Unfounded	No

Report Summary:
The mother and the subject child's sibling were put out of the residence by the paternal grandparents and the maternal grandfather failed to put a safety plan in place. The mother went to the shelter to seek housing.

Determination: Unfounded **Date of Determination:** 07/10/2012

Basis for Determination:
It was determined that the maternal grandfather put in place a plan for the mother and the subject child's sister. The mother was able to secure residence in a hotel financed by the maternal grandmother.

OCFS Review Results:
No violations observed

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/07/2012	1326-Mother,Male, 17	1324-Grandparent,Male,	Inadequate	Unfounded	No

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	Years	43 Years	Guardianship	
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Report Summary:
The maternal grandfather refused to provide housing for the mother and subject child's sibling.

Determination: Unfounded **Date of Determination:** 07/06/2012

Basis for Determination:
maternal grandfather is putting the mother and subject child's sibling into a hotel while he secures more permanent housing.

OCFS Review Results:
No violations were noted

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/01/2011	1323-Other Child,Female, 3 Years	1321-Grandparent,Female, 63 Years	Excessive Corporal Punishment	Unfounded	No
	1323-Other Child,Female, 3 Years	1321-Grandparent,Female, 63 Years	Lacerations / Bruises / Welts	Unfounded	
	1323-Other Child,Female, 3 Years	1322-Grandparent,Male, 65 Years	Excessive Corporal Punishment	Unfounded	
	1323-Other Child,Female, 3 Years	1322-Grandparent,Male, 65 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:
The mother resided in the home of the alleged abuse. An SCR report alleged that the maternal great grandfather gets angry and out of control and beats the aunt. The mother and the subject child had an unknown role.

Determination: Unfounded **Date of Determination:** 12/07/2011

Basis for Determination:
No credible evidence found. The allegations are unfounded.

OCFS Review Results:
No violations found

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

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

There is no CPS investigative history more than three years prior to the fatality.

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.

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"/>

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