

**Report Identification Number: SV-14-022**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 3/31/2015**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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-plumonyary Resuscitation		
<b>Allegations</b>		
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 Suprevision
Ab-Abandonment	OTH/COI-Others	
<b>Miscellaneous</b>		
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:** 26 day(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 08/01/2014  
**Initial Date OCFS Notified:** 08/01/2014

## Presenting Information

The initial SCR report alleged that the mother did not have provisions for the subject child who was born on 07/06/2014. The case was screened and found to be FAR eligible, which the family accepted. The subject child remained in the hospital from birth until she subsequently passed away due to respiratory failure on 08/01/2014. No additional SCR reports were generated.

## Executive Summary

The death of this child was reported as it occurred during an open FAR investigation. An SCR report was not generated, therefore there were no allegations. On 07/06/2014, the child was delivered prematurely via cesarean section and was in major medical distress. The child was transferred among hospitals twice and was awaiting a possible liver transplant. On 08/01/2014, the child's condition worsened and she passed away while still hospitalized. The medical record lists the cause of death as being Respiratory Failure, Liver Failure and Hepatic Failure. The primary diagnosis was Liver Disorder.

The initial FAR case was generated due to allegations that the mother did not have the appropriate provisions for the newborn baby. At the time of death, SCDSS kept the case open in order to assist the family and to gather pertinent information concerning the child's death. Although there were no surviving siblings, there were two young children, cousins of the decedent, that lived in the home. Using the FAR framework and the Family Led Assessment Guide (FLAG), the Caseworker thoroughly and appropriately assessed the safety of the children and the overall needs of the family as a whole. The family demonstrated an appropriate understanding of how to meet the children's needs and they were able to identify additional family supports that they could utilize as necessary. The Caseworker, through SCDSS, was able to fund the purchase of a bed for the oldest cousin who was sleeping on an air mattress with his mother.

On 08/26/2014 the Caseworker met with the family to discuss ending the Family Assessment Response (FAR). The family was in agreement and they reviewed their identified needs and the solution focused plan that the CW and family had developed together. Throughout the life of the case, the Caseworker's notes were highly detailed with FAR language and evidently displayed his ability to engage the family. All of the family's needs were explored and the Caseworker partnered with the family to explore solutions. The case was conferenced on several occasions and on 09/10/2014 the case was closed, citing no assistance needed.

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

### Determination:

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- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A

- Was the determination made by the district to unfound or indicate appropriate? 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:** 08/01/2014

**Time of Death:** 02:05 PM

**County where fatality incident occurred:** MANHATTAN

**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?** No

**Child's activity at time of incident:**

- |  |                                  |   |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing             | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input type="checkbox"/> Other               |                                  |   |

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

**Is the caretaker listed in the Household Composition?** No

**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

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	23 Year(s)

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Deceased Child's Household	Deceased Child	No Role		16 Day(s)
Deceased Child's Household	Grandparent	No Role	Female	49 Year(s)
Deceased Child's Household	Mother	No Role	Female	21 Year(s)
Deceased Child's Household	Other Child	No Role	Male	4 Year(s)
Deceased Child's Household	Other Child	No Role	Male	2 Year(s)
Deceased Child's Household	Other Child	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	20 Year(s)

## LDSS Response

On 07/24/2014, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) regarding the 18-day-old subject child. It stated that on 07/06/2014, the mother gave birth to the subject child. The subject child has been in the hospital since birth with lung issues and anemia. The mother has no provisions for the infant and no means to buy items such as a car seat, clothing, diapers, bedding or a crib for the infant to sleep in. The mother resides in a home where there is gang activity which places her and the subject child at risk. Unknown role for the father. The case was screened and determined to be eligible for Family Assessment Response (FAR). The assigned Caseworker (CW) conducted a home visit and met with the family members. The CW conducted a criminal background check as well as an initial Safety Assessment. The case was conferenced with the Senior Caseworker as well as the CPS Administration. The family was eligible and agreed to participate with FAR.

The CW reviewed with the family the concerns that led to the referral. The family reported that the child was delivered prematurely via cesarean section and was in major medical distress. The child was transferred among hospitals twice and was awaiting a possible liver transplant. The CW observed appropriate provisions for the baby in the home and the family reported that the crib remained on layaway as the baby did not have a current discharge date. The mother reported a negative relationship with the child's father and the CW made appropriate suggestions regarding domestic violence and safety planning.

On 08/01/2014, the child passed away while still hospitalized. The medical record lists the cause of death as being Respiratory Failure, Liver Failure and Hepatic Failure. The primary diagnosis was Liver Disorder. SCDSS held and documented fatality conferences on 08/04/2014 and 08/22/2014. Medical records were obtained from the hospitals as well as the mother's pre-natal records. At the time of this report, the final autopsy report was still pending.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician

## Multidisciplinary Investigation/Review

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

**Comments:** There is no Child Fatality Review Team in Suffolk County.

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## 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"/>
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"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity

## Services Provided to the Family in Response to the Fatality

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Family planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

**Additional information, if necessary:**  
 Appropriate services were offered to the mother. She did not accept funeral/burial assistance and at the closing of the case she had not yet followed up with bereavement referrals.

**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?** N/A

**Explain:**

Due to the subject child's cousins' ages there are no services necessary in relation to the fatality.

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

**Explain:**

The mother was provided bereavement referrals and a twin sized bed was purchased for the four-year-old cousin who was sleeping on an air mattress with his mother.

## 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? 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? N/A
- Was the child acutely ill during the two weeks before death? Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Had heavy alcohol use

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- |  |  |
|--|--|
| <input type="checkbox"/> Misused over-the-counter or prescription drugs<br><input type="checkbox"/> Experienced domestic violence<br><input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Smoked tobacco<br><input type="checkbox"/> Used illicit drugs |
|--|--|

**Infant was born:**

- |   |   |
|---|---|
| <input type="checkbox"/> Drug exposed<br><input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
03/29/2012	846-Other Child,Male, 2 Years	844-Aunt/Uncle,Female, 21 Years	Inadequate Guardianship	Indicated	No
	847-Other Child,Male, 6 Months	844-Aunt/Uncle,Female, 21 Years	Inadequate Guardianship	Indicated	
	846-Other Child,Male, 2 Years	845-Other Adult,Male, 19 Years	Inadequate Guardianship	Indicated	
	846-Other Child,Male, 2 Years	845-Other Adult,Male, 19 Years	Parents Drug / Alcohol Misuse	Indicated	
	847-Other Child,Male, 6 Months	845-Other Adult,Male, 19 Years	Inadequate Guardianship	Indicated	
	847-Other Child,Male, 6 Months	845-Other Adult,Male, 19 Years	Parents Drug / Alcohol Misuse	Indicated	

**Report Summary:**

On 03/29/2012 an SCR report was received by SCDSS with allegations of Inadequate Guardianship against the subject child's aunt and paramour on behalf of the subject child's cousins who were ages 2 and 6 months at the time of the report. The subject child had not yet been born. The report alleged that the parents had engaged in domestic violence in front of the children and were non-compliant with their court ordered domestic violence programs . On 05/16/2012 SCDSS indicated the case and it was opened for services. Both parents were indicated for Inadequate Guardianship and the father was indicated for Parent Drug/Alcohol Misuse as well.

<b>Determination:</b> Indicated	<b>Date of Determination:</b> 05/16/2012
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**Basis for Determination:**

Both parents admitted that they were not involved in any form of counseling i.e. domestic violence programs. Both parents also admitted to violating court orders by allowing the children to spend unsupervised time with their father. The mother was aware that the father was using marijuana but still allowed unsupervised contact with the children. The mother allowed the children to drive with the father, knowing that he was an unlicensed driver.

**OCFS Review Results:**

The investigation was conducted appropriately. All assessments and progress notes were timely. All collateral contacts were made. OCFS agrees with the determination of the investigation.

**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)
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05/13/2013	850-Other Child,Female, 2 Days	848-Aunt/Uncle,Female, 22 Years	Inadequate Guardianship	Indicated	No
	850-Other Child,Female, 2 Days	849-Other Adult,Male, 20 Years	Inadequate Guardianship	Indicated	

**Report Summary:**  
 On 05/13/2013 an SCR report was received by SCDSS with allegations of Inadequate Guardianship against the subject child's aunt and paramour on behalf of the subject child's cousin who was age 2 days at the time of the report. The subject child had not yet been born. The report alleged that the parents had an ongoing history of domestic violence and had two children placed in foster care. There was concern for the safety of the child born on 05/11/2013. On 06/07/2013 SCDSS indicated the case and it was opened for services.

**Determination:** Indicated **Date of Determination:** 06/07/2013

**Basis for Determination:**  
 Due to both parents not completing their court mandated programs, i.e. domestic violence counseling and substance abuse treatment, at the time the third child was born, the allegations were substantiated against both parents and the child was placed in the N-docket custody of the maternal grandmother, joining the two siblings.

**OCFS Review Results:**  
 The investigation was conducted appropriately. All assessments and progress notes were timely. All collateral contacts were made. OCFS agrees with the determination of the investigation.

**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)
07/24/2014	852-Deceased Child, Female, 18 Days	851-Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	852-Deceased Child, Female, 18 Days	851-Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed	

**Report Summary:**  
 The mother gave birth to the subject child on 07/06/2014. The subject child has been in the hospital since birth with lung issues and anemia. The mother has no provisions for the infant and no means to buy items such as a car seat, clothing, diapers, bedding or a crib for the infant to sleep in. The mother resides in a home where there is gang activity which places her and the subject child at risk. Unknown role for the father.

**OCFS Review Results:**  
 The FAR worker assigned to this case adhered to the FAR guidelines and principles and this was reflected in the notes throughout the life of the case. The family's strengths and needs were assessed appropriately. All notes were contemporaneous.

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

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

There was one (1) SCR report generated more than three (3) years before the fatality. On 05/10/2011 an SCR report was generated after a Court Ordered Investigation was initiated by a Suffolk County Family Court Judge. The report was received by SCDSS with allegations of Other and Inadequate Guardianship against the subject child's aunt and paramour on behalf of the subject child's cousin who was age 1 at the time of the report. The subject child had not yet been born. The report alleged that the aunt and paramour engaged in ongoing domestic violence in front of the child. On 06/22/2011 SCDSS indicated the case and it was opened for services.

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## Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

## 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

On 08/03/2012 the subject child's cousins, ages 2 and 1, were placed in direct custody with the maternal grandmother after the subject child's aunt violated a Stay Away order of protection by allowing the children's father into the home and to then take the children out overnight. The aunt was to remain in the home but have supervised contact with the children at all times. While the children were in N-docket custody with the grandmother a third child was born and she was immediately placed in N-docket custody as well. On 12/19/2013 the children were returned to their mother's custody by court order with the condition that they continue to reside with the maternal grandmother until safe and appropriate housing was secured.

### Legal History Within Three Years Prior to the Fatality

**Was there any legal activity within three years prior to 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:
	Adjudicated Neglected	Direct Custody Transferred to Continued with Relative (Article 10)
<b>Respondent:</b>	011904 Aunt/Uncle Female 23 Year(s)	
<b>Comments:</b>	On 08/03/2012 the maternal aunt (MA) appeared in Family Court due to her violation of an order of	

protection. The MA allowed the father of the children access to the children on repeated occasions. She was made a respondent and the children were removed from her custody. The children were placed in direct legal custody with the maternal grandmother. The MA was allowed to live with the children but was denied any unsupervised contact. The father of the children was granted DSS supervised visitation with the children. On 10/15/2012 both parents admitted to the violation in Family Court. The children remained in direct legal custody with the maternal grandmother.

## 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