

Report Identification Number: SV-14-027

Prepared by: Spring Valley Regional Office

Issue Date: 7/7/2015

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: 1 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 09/14/2014
Initial Date OCFS Notified: 09/14/2014

Presenting Information

According to the SCR report, the mother fell asleep with the subject child (believed to be 3 months old) in bed. The report stated that the mother awoke to find blood in the subject child's nose and he was unresponsive. The subject child was pronounced dead on arrival at 9:15AM (9/14/14.) The cause of death was unknown at that time.

Executive Summary

On 9/14/14, the SCR received CPS reports, which alleged that on 9/14/14 the mother fell asleep in bed with the one-month-old subject child and when she awoke the child was unresponsive and she observed blood in the child's nose. It was also stated that the child was taken to the hospital and pronounced dead at 9:15am. The SCR listed allegations of DOA/Fatality and Inadequate Guardianship against the mother and father.

The reports were assigned to WCDSS. A CPS worker immediately commenced an investigation and conducted numerous interviews with the parents and siblings. Following the death, the siblings temporarily stayed with the maternal aunt and the worker also visited the aunt's home. The parents informed the worker that the child was placed to sleep in the crib and woke up several times crying and the mother fed the child. At approximately 3:00am, after the child again awoke, the mother placed the child in bed with her. The father said that at approximately at 7:30AM he and the mother noticed that the subject child was unresponsive. WCDSS coordinated their investigation with law enforcement and maintained contact with the M. E's Office. Supervisory case conferences were held throughout the investigation and collateral contact was made with medical providers and the siblings' schools. The parents were also evaluated for substance abuse and no concerns arose. All the required safety assessments, reports and other documentation were adequate and timely. The preliminary findings of the autopsy report did not reveal any injuries to the child. The hospital's physician informed the caseworker that the child's death appeared to be a roll over incident. However, the ME report listed the cause of death as "sudden unexpected death of a one month old infant found co-sleeping with adults in adult bed" and the manner as "undetermined circumstances".

On 11/14/14, WCDSS unfounded the report and closed the case. The investigation established no evidence that the mother's and father's ability to care for the child was impaired, when the incident occurred. The determination is also supported by OCFS Policy guidance. According to the Local Commissioner's Memorandum dated 1/16/2013 (13-OCFS-ADM-02), "bed sharing by a parent, without an aggravating factor or proof of intentionally harming the infant is not abuse or maltreatment irrespectively of whether the infant is harmed." In addition, the caseworker unsubstantiated the allegations of Inadequate Guardianship as the facts supported that the parents exceeded the minimum degree of care for the children and no aggravating factors were present.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

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- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

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: 09/14/2014

Time of Death: Unknown

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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

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

How long before incident was the child last seen by caretaker? 4 Hours

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

1

At time of incident supervisor was: Not

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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	Adult Sibling	No Role	Male	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	45 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)

LDSS Response

On 9/14/14, the Westchester County Department of Social Services (WCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother and father. The report stated that on 9/14/14 the mother fell asleep in her bed with the one-month-old subject child in bed. When the mother awoke the subject child was unresponsive and she observed blood in the child's nose. The subject child was pronounced dead on arrival 9:15AM on 9/14/14.

WCDSS received a subsequent report on 9/14/14, which also alleged DOA/Fatality and Inadequate Guardianship against the mother and father. This report stated that on 9/14/14 the mother found the subject child unresponsive and not breathing. According to the report, the subject child was in bed with the mother at that time. The report also stated that Medical personnel were called at approximately 8:40AM and the subject child was taken to the hospital and pronounced dead. The subject child was healthy and there were no explanations provided for the child's death.

A WCDSS caseworker immediately went to the hospital and the father was interviewed. The mother was sedated as she was distraught over the death and thus, unable to be interviewed. Visits were made to the home as well as to the maternal aunt's home where the surviving siblings were staying. All family members were interviewed.

The WCDSS investigation was coordinated with the District Attorney as well as law enforcement. Contact was also maintained throughout the investigation with the Medical Examiner's Office. Releases were signed by the parents. Requests were made for the 911 tape as well as for the EMS records. These records were received, reviewed and considered in making the determination. Supervisory case conferences were held throughout the investigation and collateral contact was made with medical providers and the surviving siblings' schools. The mother and father were cooperative and were interviewed numerous times.

The preliminary autopsy report revealed that the subject child was free of marks and/or bruises. The final autopsy report listed the cause of death as "Sudden Unexpected Death of a one month old infant found co-sleeping with adults". The manner of death was classified as "Undetermined Circumstances". The mother and father both reported seeking medical treatment for the subject child prior to his death for phlegm, congestion and irritability, which the hospital records confirmed. In addition, the caseworker noted that the surviving siblings' needs were appropriately met by the parents.

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In addition, the caseworker unsubstantiated the allegations of Inadequate Guardianship as there was “no evidence that the subject child, including the surviving siblings were not adequately cared for. The parents met more than the minimum degree of care of the children.”

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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
011921 - Deceased Child, Male, 1 Mons	011922 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
011921 - Deceased Child, Male, 1 Mons	011923 - Father, Male, 45 Year(s)	Inadequate Guardianship	Unsubstantiated
011921 - Deceased Child, Male, 1 Mons	011922 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
011921 - Deceased Child, Male, 1 Mons	011923 - Father, Male, 45 Year(s)	DOA / Fatality	Unsubstantiated

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"/>

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Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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
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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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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"/>				
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:
 A referral for bereavement counseling services was provided to all family members.

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:
 A referral for bereavement counseling services were provided to all family members following the death of the subject child.

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

Explain:
 A referral for bereavement services and counseling was provided to the family.

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<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)
05/26/2011	528-Sibling,Female, 16 Years	524-Father,Male, 42 Years	Other	Unfounded	No
	528-Sibling,Female, 16 Years	524-Father,Male, 42 Years	Other	Unfounded	
	528-Sibling,Female, 16 Years	525-Other Adult,Female, 42 Years	Other	Unfounded	
	528-Sibling,Female, 16 Years	526-Aunt/Uncle,Male, 48 Years	Other	Unfounded	
	528-Sibling,Female, 16 Years	527-Mother's Partner,Male, 22 Years	Other	Unfounded	

Report Summary:

A report was received with the allegations of "Other" referring to a Court Ordered Investigation regarding the father regarding the then 16-year-old female surviving sibling. This sibling's mother resided with her paramour and there was conflict between the sibling and the paramour. As a result, the 16-year-old surviving sibling went to live with her aunt. The father applied to the Court to have the sibling live with him. Given his previous CPS history, the Court was exploring the suitability of the 16 year old's biological father's home.

Determination: Unfounded

Date of Determination: 07/01/2011

Basis for Determination:

The Court Ordered Investigation was completed and submitted to the court. According to the investigation, the father was providing the then 16-year-old surviving sibling with more than a minimum degree of care. No safety factors were present and risk was low.

OCFS Review Results:

The Court Ordered Investigation was completed in a timely manner. All pertinent interviews and collateral contacts were completed. No safety factors were noted and the case was appropriately unfounded and closed.

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)
12/05/2012	532-Sibling,Female, 8 Years	530-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	No
	534-Sibling,Female, 7 Years	530-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The report was made alleging that the mother did not provide any assistance to the 7 and 8-year-old surviving siblings with their school work. The report stated that the children did not complete any homework or any school assignments and they frequently lost their school work. In addition, the report stated that both children were falling behind academically as a result of the mother not providing academic support to the children.

Determination: Unfounded

Date of Determination: 01/08/2013

Basis for Determination:

Case was unfounded. No credible evidence was found to substantiate the allegations. Westchester County Department of Social Services caseworker contacted the source and was informed that the mother complied with the school, attended all

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conferences and addressed any issues or concerns if informed. The source also informed the caseworker that the children were retained because they had just arrived from the Dominican Republic and were put in monolingual classes. The children denied the allegations and reported that their mother loved them and assisted them however she could.

OCFS Review Results:

Westchester County Department of Social Services caseworker interviewed collaterals as well as conducted individual interviews with each family member in their native language. The caseworker spoke to the children at home and at school. The children denied the allegations. The caseworker offered assistance to the mother. The mother was able to change her work schedule allowing her to get off at 3:00PM and enable her to help the children with their schoolwork. The mother does not understand English and struggles with the homework so she will be in contact with the teacher for further assistance.

Report cards were obtained and both children were reported to be doing fairly well.

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)
05/02/2014	539-Sibling,Female, 10 Years	536-Mother,Female, 24 Years	Inadequate Guardianship	Unfounded	No
	539-Sibling,Female, 10 Years	536-Mother,Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	539-Sibling,Female, 10 Years	536-Mother,Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	540-Sibling,Female, 9 Years	536-Mother,Female, 24 Years	Inadequate Guardianship	Unfounded	
	540-Sibling,Female, 9 Years	536-Mother,Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	540-Sibling,Female, 9 Years	536-Mother,Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	539-Sibling,Female, 10 Years	537-Father,Male, 45 Years	Inadequate Guardianship	Unfounded	
	539-Sibling,Female, 10 Years	537-Father,Male, 45 Years	Lacerations / Bruises / Welts	Unfounded	
	539-Sibling,Female, 10 Years	537-Father,Male, 45 Years	Parents Drug / Alcohol Misuse	Unfounded	
	540-Sibling,Female, 9 Years	537-Father,Male, 45 Years	Inadequate Guardianship	Unfounded	
	540-Sibling,Female, 9 Years	537-Father,Male, 45 Years	Lacerations / Bruises / Welts	Unfounded	
	540-Sibling,Female, 9 Years	537-Father,Male, 45 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The report stated that the mother drank to the point of intoxication while her children were home. The report also stated that the mother beat on the father while the children were present. Report stated that the mother also hit the children with a cable wire. The 9-year-old surviving sibling was cognitively delayed and had no comprehension as to why she is being hit. The 10-year-old surviving sibling had dirty clothes that fit her poorly.

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Determination: Unfounded	Date of Determination: 06/24/2014
Basis for Determination: Westchester County Department of Social Services unfounded the allegations. There was no credible evidence to substantiate the allegations.	
OCFS Review Results: Upon receiving the report, past histories were reviewed and clearances conducted. Face to face contact was made with the parents and the children. The children denied the allegations and were observed to be free of any marks or bruises. The mother was never observed to be under the influence and she tested negative on various occasions. In addition, domestic incident reviews as well as collateral contact with the District Attorney's Office Domestic Violence Unit yielded no record of any involvement for the mother and father. The parents demonstrated as loving and caring parents.	
Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

On 12/8/10 an SCR report was received which alleged of Inadequate Guardianship, Lack of Medical Care, Child's Drug, Alcohol use against the father and a paramour regarding a half-sibling. The allegations were unsubstantiated and the case was closed with no services on 11/26/10.

On 3/25/08 a SCR report was received with allegations of Educational Neglect against the father and his wife regarding a now adult sibling. The allegations were substantiated against both caretakers. The case was indicated and open for review then closed on 5/20/08.

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

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