

Report Identification Number: SV-15-006

Prepared by: Spring Valley Regional Office

Issue Date: 7/20/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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

NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Westchester
Gender: Male

Date of Death: 01/29/2015
Initial Date OCFS Notified: 02/04/2015

Presenting Information

On 1/29/2015, a case was called in to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) alleging DOA/Fatality, Inadequate Guardianship and Lack of Medical care on behalf of the three-year-old, male subject child against the mother. This report alleged the subject child died while admitted to inpatient rehabilitative care as a result of having several significant health issues and on-going need for specialized health care and the mother's negligence to following-up. The report stated that there was reasonable cause to suspect that based on the severity of the mother's neglect of the subject child's health and medical care prior to his most recent hospitalization, the subject child's condition deteriorated and it was alleged this directly contributed to his death.

Executive Summary

Westchester County Department of Social Services, (WCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. WCDSS contacted medical professionals, first responders, attended the Child Fatality Review Team Meeting, coordinated efforts with Preventive Services as well as arranged for services for the family through community resources.

The Risk Assessment Profile (RAP) was appropriate and accurately reflected the known circumstances of the case. The safety assessments noted no safety factors, however there was prior history as the family had history with indicated allegations. The 24-hour assessment was submitted and approved on 2/3/2015, five days after the report was received.

On 03/30/2015, WCDSS made the determination to un-substantiate the allegations listed on the report. The subject child was under medical supervision at the time of his death and not in the care of the mother, and had not been in the care of his mother for 78-days prior to his death. The subject child was said to have been thriving and doing well while under medical supervision and as per medical professionals, his death was unexpected and surprising.

An autopsy of the subject child was completed, however was pending upon case closure. As per medical professionals, there was no fault to the mother for the subject child's passing. It was also noted the mother "Showed appropriate interest in" and was "very knowledgeable" regarding the medical care of the subject child. No concerns for the surviving siblings were noted and the case remained open for Preventive Services.

The cause of death was certified as fever of unknown origin in a three year old child born prematurely with severe medical conditions. The manner of death was determined to be natural.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on

NYS Office of Children and Family Services - Child Fatality Report

the:

- Approved Initial Safety Assessment? No
- 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 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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-hour safety assessment was due on 1/30/05, but it was not submitted or approved until 2/3/2015.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	Within thirty-days of the issuance of this report Westchester County Department of Social Services will submit a corrective action plan to the SVRO to address Timely/Adequate 24 Hour Assessments.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/29/2015

Time of Death: 04:58 AM

County where fatality incident occurred: WESTCHESTER

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:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown

NYS Office of Children and Family Services - Child Fatality Report

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	Deceased Child	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Father	No Role	Male	36 Year(s)
Other Household 2	Sibling	No Role	Male	17 Year(s)

LDSS Response

Westchester County Department of Social Services, (WCDSS), conducted an investigation into the allegations, and coordinated their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. WCDSS contacted medical professionals, first responders, attended the Child Fatality Review Team Meeting, coordinated efforts with Preventive Services as well as arranged for services for the family through community resources.

The Risk Assessment Profile (RAP) was appropriate and accurately reflected the known circumstances of the case. The safety assessments noted no safety factors while the prior history of indicated allegations should have been noted. The 24-hour assessment was submitted and approved on 2/3/2015, 5-days after the report was received.

On 03/30/2015, WCDSS made the determination to un-substantiate the allegations listed on the report. The basis for the determination was the subject child was under medical supervision at the time of his death and not in the care of the mother, and had not been in the care of his mother for 78-days prior to his death. The subject child was said to have been thriving and doing well while under medical supervision and as per medical professionals, his death was unexpected and surprising.

An autopsy of the subject child was completed, however the report was pending upon case closure. As per medical

NYS Office of Children and Family Services - Child Fatality Report

professionals, there was no fault to the mother for the subject child's passing. It was also noted the mother "Showed appropriate interest in" and was "very knowledgeable" regarding the medical care of the subject child. No concerns for the surviving siblings were noted and the case remained open for Preventive Services.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The fatality investigation was conducted by an MDT.

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

Comments: On 2/9/2015, a CFRT meeting was held regarding this case. The meeting was held via telephone due to inclement weather.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016861 - Deceased Child, Male, 3 Yrs	016862 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
016861 - Deceased Child, Male, 3 Yrs	016862 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
016861 - Deceased Child, Male, 3 Yrs	016862 - Mother, Female, 35 Year(s)	Lack of Medical Care	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"/>

NYS Office of Children and Family Services - Child Fatality Report

Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children 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 type="checkbox"/>	<input checked="" 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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 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"/>
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"/>

NYS Office of Children and Family Services - Child Fatality Report

Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: Respite services and tutoring							

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was there an open CPS case with this child at the time of death?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
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

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)
03/31/2014	2871 - Sibling, Female, 11 Years	2802 - Mother, Female, 35 Years	Educational Neglect	Indicated	No
	2871 - Sibling, Female, 11 Years	2802 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	

Report Summary:
 On 3/31/2014, a case was called in to the SCR with allegations of Educational Neglect and Inadequate Guardianship on behalf of the 10-year-old surviving sibling against the mother. This report alleged the 10-year-old had 21 absences and was frequently late resulting in her failing of all of her classes. The situation was ongoing despite letters and phone calls to the mother. The allegations in this report were substantiated, and the report was closed on 5/30/2014.

Determination: Indicated **Date of Determination:** 05/30/2014

Basis for Determination:
 The allegations were substantiated with the basis for determination being the children explained to the caseworker that they often miss the bus in the morning time and as a result, do not make it to school. It was a struggle to get all of the siblings ready for the day in the morning time and they would be late and miss the bus. The mother also neglected to have the child evaluated upon the request of the school, has not attended meetings the school had arranged nor did she see the child's report card indicating that she was failing her classes. The mother did not ensure the educational needs of the child were being met.

OCFS Review Results:

NYS Office of Children and Family Services - Child Fatality Report

OCFS agreed with this determination. WCDSS made appropriate contacts and spoke with the family in regard to the allegations. Pertinent information was obtained to make an appropriate determination regarding this report. The child's attendance did improve with WCDSS involvement.

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)
07/17/2014	2872 - Sibling, Female, 11 Years	2812 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	No
	2872 - Sibling, Female, 11 Years	2812 - Mother, Female, 35 Years	Lack of Supervision	Unfounded	
	2873 - Sibling, Female, 13 Years	2812 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	2873 - Sibling, Female, 13 Years	2812 - Mother, Female, 35 Years	Lack of Supervision	Unfounded	
	2874 - Sibling, Female, 7 Years	2812 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	2874 - Sibling, Female, 7 Years	2812 - Mother, Female, 35 Years	Lack of Supervision	Unfounded	
	2875 - Sibling, Female, 6 Years	2812 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	2875 - Sibling, Female, 6 Years	2812 - Mother, Female, 35 Years	Lack of Supervision	Unfounded	
	2876 - Sibling, Female, 4 Years	2812 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	
	2876 - Sibling, Female, 4 Years	2812 - Mother, Female, 35 Years	Lack of Supervision	Unfounded	

Report Summary:

On 7/17/2014, a case was called in to the SCR with allegations of Inadequate Guardianship, and Lack of Supervision on behalf of the 4-year-old sibling against the mother. This report alleged the child was found by a pedestrian in the street alone and unattended and the child was brought to the emergency room. A duplicate case was called the same day.

Determination: Unfounded

Date of Determination: 08/18/2014

Basis for Determination:

The allegations were unsubstantiated with the basis for determination being the mother was not made aware that the child had gone missing. The 13-year-old never notified the mother the 4-year-old was missing and the police department would not provide the mother with information. The mother did take appropriate actions once notified.

OCFS Review Results:

This case alleged Inadequate Guardianship and Lack of Supervision against the mother on behalf of the 13, 11, 7, 6, 4-year-old surviving siblings and was merged with the previous report. This report alleged the mother left the 13-year-old sibling in charge of the younger siblings resulting in the 4-year-old getting lost for 45 minutes. OCFS agreed with this determination. WCDSS made appropriate contacts and spoke with the family in regard to the allegations. Pertinent information was obtained to make an appropriate determination regarding this report.

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

Date of SCR	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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NYS Office of Children and Family Services - Child Fatality Report

Report	Victim(s)	Perpetrator(s)			Issue(s)
08/20/2014	2821 - Deceased Child, Male, 3 Years	2822 - Mother, Female, 35 Years	Inadequate Guardianship	Indicated	No
	2821 - Deceased Child, Male, 3 Years	2822 - Mother, Female, 35 Years	Lack of Medical Care	Indicated	

Report Summary:

On 8/20/2014, a case was called in to the SCR with allegations of Inadequate Guardianship and Lack of Medical Care on behalf of the subject child against the mother and the grandmother. Since the allegations against the grandmother were added in error, they were suspended. This report alleged the subject child was medically fragile and had missed 11 of the 14 days of the hospital program in which he was enrolled where he received necessary treatments for his condition. The mother had not ensured the subject child's nutritional needs were being met and as a result, he continued to lose weight. The mother also neglected to have the subject child's feeding tube repaired.

Determination: Indicated **Date of Determination:** 10/03/2014

Basis for Determination:

The allegations against the mother were substantiated. The basis for this determination was the attendance records from the hospital program indicating out of 136 days from February - August, the subject child only attended 37 days. The mother also admitted the subject child's feeding tube had been broken for a while and had the repair made upon WCDSS involvement.

OCFS Review Results:

OCFS agreed with this determination. WCDSS made appropriate contacts and spoke with the family in regard to the allegations. Pertinent information was obtained to make an appropriate determination regarding this report. WCDSS sought court intervention and Preventive Services were put into place for the family.

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)
11/10/2014	2877 - Sibling, Female, 6 Years	2832 - Mother, Female, 35 Years	Burns / Scalding	Unfounded	No
	2877 - Sibling, Female, 6 Years	2832 - Mother, Female, 35 Years	Inadequate Guardianship	Unfounded	

Report Summary:

On 11/10/2014, a case was called in to the SCR with allegations of Burns, Scalding and Inadequate Guardianship on behalf of the 6-year-old surviving sibling against the mother. This report alleged that the child had a brown line from her left upper eyelid to under her eye, and this injury appeared to have been a burn. The report noted that the explanation was inconsistent with the injury. The child allegedly reported that she was kneed in the eye by a relative while they were playing, however did not have any bruising which would have appeared had she been kneed in the face.

Determination: Unfounded **Date of Determination:** 01/09/2015

Basis for Determination:

The allegations in the report against the mother were unsubstantiated. The basis for this determination was WCDSS interviewed the child, her siblings and the mother and their stories were consistent with one another. The child was brought to her pediatrician who observed the injury and wrote a note indicating the injury was not consistent with a burn as the child still had eyelashes and her eyebrow where the injury occurred and would not, had this been a burn.

OCFS Review Results:

OCFS agreed with this determination. WCDSS made appropriate contacts and spoke with the family in regard to the allegations. Pertinent information was obtained to make an appropriate determination regarding this report. The family was also working with preventive services at the time of the report.

NYS Office of Children and Family Services - Child Fatality Report

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)
11/17/2014	2842 - Deceased Child, Male, 3 Years	2843 - Mother, Female, 35 Years	Inadequate Food / Clothing / Shelter	Indicated	No
	2842 - Deceased Child, Male, 3 Years	2843 - Mother, Female, 35 Years	Lack of Medical Care	Indicated	
	2842 - Deceased Child, Male, 3 Years	2843 - Mother, Female, 35 Years	Malnutrition / Failure to Thrive	Indicated	

Report Summary:

On 11/17/2014, a case was called in to the SCR which alleged Inadequate Food, Clothing, Shelter, Lack of Medical Care and Malnutrition, Failure to Thrive against the mother on behalf of the subject child. This report alleged the subject child had multiple medical conditions including a feeding tube. The feeding tube was noted to have broken and the mother failed to seek medical treatment in a timely manner, resulting in the hole for the feeding tube to close up. The child was then classified as failure to thrive. The report noted medical staff indicating the tube had been out for an extended period of time. It was also discovered the child had eaten a paper clip.

Determination: Indicated **Date of Determination:** 11/17/2014

Basis for Determination:

The allegations in this report were substantiated. This case was merged with the case called in on 11/10/2014. The basis for the determination was during a procedure, a hair clip was found lodged in the subject child's esophagus and had started to heal over. The mother continuously kept the subject child home from his needed therapy sessions resulting in 73.47% unexcused absences from the program. The mother did not follow through with the repair of the broken feeding tube, and had missed scheduled appointments with the doctor. The subject child was able to gain weight and did gain 5 pounds since his admission to the hospital.

OCFS Review Results:

OCFS agreed with this determination. WCDSS made appropriate contacts and spoke with the family in regard to the allegations. Pertinent information was obtained to make an appropriate determination regarding this report. WCDSS sought court intervention and Preventive Services were put into place for the family.

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 one case that was called into the SCR on 7/27/1988 listing the mother as having no role. From 8/6/1998, until 8/5/2011, there were six cases called in listing the mother as a subject with unsubstantiated allegations of Parent's Drug/Alcohol Misuse, Inadequate Guardianship, Lack of Supervision and Inadequate Food, Clothing, Shelter. There are no substantiated allegations against the mother more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Services Open at the Time of the Fatality

NYS Office of Children and Family Services - Child Fatality Report

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

On 9/16/2014, a petition was filed in family court regarding the subject child as the mother was indicated for Lack of Medical Care, Failure to Thrive and Inadequate Food, Clothing, Shelter on behalf of the subject child. Court ordered preventive services were put in place, the mother was to attend parenting classes. The family was to receive individual counseling, family counseling, respite care and tutoring. The family was compliant with the services and the subject child was placed in a Rehabilitative Center, and was never removed from the mothers care. The judge ordered unannounced home visits, educational monitoring and evaluations. The subject child was expected to return to the care of the mother as he was doing well and thriving. The case remained open for preventive services following 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?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/16/2014	There was not a fact finding	Adjourned in Contemplation of Dismissal (ACD)
Respondent:	016862 Mother Female 35 Year(s)	
Comments:	Court ordered Preventive Services were put into place for the family which included parenting classes, individual and family counseling, tutoring and respite care.	

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