



**Report Identification Number: SV-15-022**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 1/25/2016**

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



## Abbreviations

| <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-pulmonary 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 Supervision                |
| 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



**Report Type:** Child Deceased  
**Age:** 4 year(s)

**Jurisdiction:** Westchester  
**Gender:** Female

**Date of Death:** 05/29/2015  
**Initial Date OCFS Notified:** 06/01/2015

## Presenting Information

On 5/26/15, the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) received a report alleging:

"Last night, 5/25/15, at approximately 11:00pm, the subject child (SC) found a 380 caliber handgun in her mother's home, and shot herself in her head. The bullet entered into the SC's right eye, and exited out the back of her occipital region. The mother failed to provide adequate supervision of the SC, and also failed to ensure that the pistol was securely placed out of reach. The SC has lost a lot of blood and brain matter, and is currently in critical condition at the Hospital."

On 5/29/15, the SCR received a report alleging:

"As a result of this injury, the SC was pronounced dead on May 29, 2015. The death of SC is suspicious in nature; therefore, all of the adults are being made subjects of this report. The maternal aunt had regular and frequent contact with the SC making her a person legally responsible."

## Executive Summary

A report was made to the SCR on 5/26/2015, which alleged Internal Injuries (II), Bruises, Lacerations, and Welts (L/B/W), Lack of Supervision (LS) and Inadequate Guardianship (IG) against the mother and maternal aunt on behalf of the four year-old female subject child. A subsequent report was made to the SCR on 5/29/2015, which alleged IG and DOA/Fatality against the mother and maternal aunt. The Westchester County Department of Social Services (WCDSS) coordinated their efforts with law enforcement in conducting the CPS investigation. The NYC Administration for Children's Services assumed a secondary role, conducting interviews with the family and medical staff at the hospital in the Bronx where the subject child was first transported. The subject child had no surviving siblings, and there were no other children residing at the case address.

The investigation revealed that on 5/25/15, the mother observed an acquaintance load a handgun in her apartment and assumed the acquaintance removed the gun when he left her home. The mother admitted she allowed unrelated neighborhood acquaintances in her apartment on a routine basis to buy and sell drugs. On the evening of 5/25/15, the mother heard what she believed to be a gunshot while she was outside in front of her apartment building with several friends. The video surveillance cameras verified the mother's whereabouts. The mother explained that she did not realize the sound came from within her apartment. The subject child was in the apartment with the maternal aunt at the time of the shooting. A male friend who had entered the apartment discovered the subject child injured and told the maternal aunt who was, on the phone, in another room of the apartment. The maternal aunt went to the mother's bedroom and saw the subject child severely injured. It appeared the child discharged the handgun and sustained a gunshot wound to the head. The Law Enforcement Summary noted a large blood stain and a .380 caliber Auto Cobra semi-automatic pistol, with two rounds remaining in the weapon, was located on the floor between these two pieces of furniture. The maternal aunt quickly exited the apartment with the male friend to inform the mother and contact emergency services. Emergency Medical Services responded to the case address, and resuscitation efforts were made.



The subject child was first transported to the nearest hospital and later to a trauma center in Westchester where she died as a result of her injuries on 5/29/15.

Interviews with law enforcement revealed the male friend was in front of the apartment when the shooting occurred, a report confirmed by the tapes of video surveillance cameras. WCDSS confirmed the male friend did not have any child caring responsibilities for the subject child.

The cause of death is certified as a gunshot wound to the face and head, with the manner of death being homicide as the subject child should not have access to the firearm. Forensic examination confirmed the subject child shot herself in the head. Allegations of IG and II against the mother are substantiated for report dated 5/26/15. WCDSS found a causal connection between the mother’s negligence in her responsibilities as a parent to the injuries sustained by the subject child. All other allegations against the mother and the allegation of IG against the maternal aunt on the SCR report dated 5/26/15 were unsubstantiated.

For the report dated 5/30/15, the allegations of IG and DOA/Fatality were substantiated against the mother, as she admitted to WCDSS she knew there was an unsecured, loaded firearm in the presence of the subject child on the day of the shooting. The WCDSS did not find any credible evidence to substantiate the allegations of DOA/Fatality and IG against the maternal aunt. The DOA/Fatality and IG allegations regarding the male friend could not be substantiated.

At the time of the writing of this report, the criminal investigation remains active.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?** 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

### Explain:

The case determination meets NYS regulations.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

### Explain:

WCDSS decision to close investigation was appropriate.



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## 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: 05/29/2015

Time of Death: 05:30 PM

Date of fatal incident, if different than date of death: 05/25/2015

Time of fatal incident, if different than time of death: 11:00 PM

County where fatality incident occurred:

WESTCHESTER

Was 911 or local emergency number called?

Yes

Time of Call:

11:00 PM

Did EMS to respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

### Household Composition at time of Fatality

| Household                  | Relationship     | Role                | Gender | Age        |
|----------------------------|------------------|---------------------|--------|------------|
| Deceased Child's Household | Deceased Child   | Alleged Victim      | Female | 4 Year(s)  |
| Deceased Child's Household | Mother           | Alleged Perpetrator | Female | 22 Year(s) |
| Other Household 1          | Aunt/Uncle       | Alleged Perpetrator | Female | 29 Year(s) |
| Other Household 2          | Mother's Partner | Alleged Perpetrator | Male   | 33 Year(s) |

### LDSS Response

On 5/30/15, WCDSS commenced the investigation into the allegations of DOA/Fatality, Inadequate Guardianship, and



Internal Injuries against the mother and maternal aunt on behalf of the SC. The investigation was conducted within the prescribed time frame and was coordinated with law enforcement. WCDSS found the subject child (SC) did not have surviving siblings and there were no other children residing in the home. The assigned caseworker interviewed the maternal aunt's children, who she did not have custody of, and the children's caregiver, and found the children to be well cared for. The Safety and Risk Assessments were completed appropriately and timely. The SC was hospitalized in the Bronx; consequently, ACS assumed a secondary role in the investigation to conduct interviews at the hospital.

During interviews with WCDSS, the mother admitted that she routinely allowed unrelated neighborhood acquaintances in her home to sell and buy drugs. The mother admitted to buying and using marijuana in the home on a daily basis. The mother reported she observed an acquaintance load a handgun in her home in the early afternoon on 5/25/15. Per the mother, she did not ask the acquaintance to leave the home or remove the gun, although the SC was in the home at the time. The mother reported the SC was not in the room and did not see the gun, and the mother did not know the gun was left in her home. The mother, aunt, and SC left the home in the early evening to attend a social gathering and returned home at approximately 9:30 pm. The mother asked the aunt to supervise the SC and directed the SC to get ready for bed. In interviews with WCDSS, the maternal aunt reported the SC was alone in the bedroom when the aunt heard a gunshot. The aunt denied any knowledge that a gun was in the home. WCDSS determined the maternal aunt was temporarily residing with the SC and mother at the time of the subject child's death and routinely provided child care. A parent substitute was initially listed as part of the case composition, but refused to meet with WCDSS; WCDSS later determined that this individual was a significant other to the mother, but that he did not live at the home.

Allegations of Inadequate Guardianship (IG), Internal Injuries, and DOA/Fatality were substantiated against the mother, as she admitted to WCDSS she knew there was a unsecured, loaded firearm in her apartment the day of the shooting and the presence of the firearm contributed to the death of the SC. Since the aunt confirmed the mother had asked her to watch the SC, and it was during this time the SC shot herself, the allegation of Lack of Supervision was unfounded for the mother. Allegations of DOA/Fatality and IG were unfounded regarding the aunt, as she reported she did not know there was a gun in the apartment. The allegation of IG was unfounded regarding the parent substitute, because he was not found to be legally responsible of the SC.

WCDSS made appropriate collateral contacts, including contacting the source, requesting medical records, and working collaboratively with law enforcement pertinent information. The caseworker made a referral to victim services and for burial assistance, which were accepted by the mother. WCDSS asked the mother to comply with a substance abuse screening; however she refused. The Medical Examiner classified the cause of death as a gunshot wound to the head, and the manner of death as homicide (shot self with gun hidden amongst child's belongings). Law enforcement conducted an investigation of the stolen firearm used by the SC and discovered that the weapon was not licensed in New York and had been reported stolen several months earlier in another state. The weapon was sent for DNA testing and a forensic comparison was made of a swabbing taken from the trigger of the gun and a known DNA sample of the SC. The finding was consistent with the report the SC had shot herself. The acquaintance has not been located.

**Official Manner and Cause of Death**

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

**Multidisciplinary Investigation/Review**



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

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

**Comments:** The Westchester County Child Fatality Review Team reviewed this fatality.

## SCR Fatality Report Summary

| Alleged Victim(s)                          | Alleged Perpetrator(s)                      | Allegation(s)                 | Allegation Outcome |
|--|---|-------------------------------|--------------------|
| 018563 - Deceased Child, Female, 4 Year(s) | 018545 - Mother, Female, 22 Year(s)         | DOA / Fatality                | Substantiated      |
| 018563 - Deceased Child, Female, 4 Year(s) | 018545 - Mother, Female, 22 Year(s)         | Inadequate Guardianship       | Substantiated      |
| 018563 - Deceased Child, Female, 4 Year(s) | 018545 - Mother, Female, 22 Year(s)         | Internal Injuries             | Substantiated      |
| 018563 - Deceased Child, Female, 4 Year(s) | 018562 - Mother's Partner, Male, 33 Year(s) | Inadequate Guardianship       | Unsubstantiated    |
| 018563 - Deceased Child, Female, 4 Year(s) | 018561 - Aunt/Uncle, Female, 29 Year(s)     | DOA / Fatality                | Unsubstantiated    |
| 018563 - Deceased Child, Female, 4 Year(s) | 018545 - Mother, Female, 22 Year(s)         | Lacerations / Bruises / Welts | Unsubstantiated    |
| 018563 - Deceased Child, Female, 4 Year(s) | 018545 - Mother, Female, 22 Year(s)         | Lack of Supervision           | Unsubstantiated    |
| 018563 - Deceased Child, Female, 4 Year(s) | 018561 - Aunt/Uncle, Female, 29 Year(s)     | Inadequate Guardianship       | Unsubstantiated    |

## CPS Fatality Casework/Investigative Activities

|  | Yes                                 | No                                  | N/A                                 | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>All children observed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Alleged subject(s) interviewed face-to-face?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>All 'other persons named' interviewed face-to-face?</b>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Contact with source?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>All appropriate Collaterals contacted?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Was a death-scene investigation performed?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>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)?</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |



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|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

**Additional information:**

The mother's friend did not avail himself to an interview with WCDSS; however, was interviewed by Law Enforcement.

|  |
|--|
| <b>Fatality Safety Assessment Activities</b> |
|--|

|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |
|---|
| <b>Legal Activity Related to the Fatality</b> |
|---|

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

|  |
|--|
| <b>Services Provided to the Family in Response to the Fatality</b> |
|--|

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



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|   |                                     |                          |                          |                          |                          |                                     |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 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: Victims Assistance Services |                                     |                          |                          |                          |                          |                                     |                          |

## 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?                     | 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? | N/A |
| Was the child acutely ill during the two weeks before death?                         | No  |

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

| Date of SCR Report | Alleged Victim(s)                                | Alleged Perpetrator(s)              | Allegation(s)           | Status/Outcome | Compliance Issue(s) |
|--------------------|--|-------------------------------------|-------------------------|----------------|---------------------|
| 02/15/2012         | 4330 - Other Child - Aunt's child, Male, 1 Years | 4311 - Aunt/Uncle, Female, 26 Years | Inadequate Guardianship | Unfounded      | No                  |

### Report Summary:

On 2/15/12, the SCR received a report alleging the subject child's maternal aunt's mental illness and developmental disability impaired her ability to supervise and protect her child. The case was referred to community based services.

**Determination:** Unfounded

**Date of Determination:** 04/10/2012

### Basis for Determination:

The case was unfounded as the aunt was engaged in mental health treatment and had developed adequate safety plans for her to follow if she was having psychotic symptoms. Collateral contacts confirmed that the aunt followed the safety plan and made arrangements for a neighbor to supervise her child during periods of crisis. The aunt was deemed complaint with her mental health treatment plan.

### OCFS Review Results:

OCFS reviewed the case and it met regulatory compliance.

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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|            |   |  |                               |           |    |
|------------|---|--|-------------------------------|-----------|----|
| 09/06/2013 | 4328 - Other Child - Aunt's child, Male, 2 Years    | 4315 - Aunt/Uncle - Aunt's child, Female, 27 Years | Inadequate Guardianship       | Indicated | No |
|            | 4328 - Other Child - Aunt's child, Male, 2 Years    | 4315 - Aunt/Uncle - Aunt's child, Female, 27 Years | Parents Drug / Alcohol Misuse | Indicated |    |
|            | 4329 - Other Child - Aunt's child, Female, 3 Months | 4315 - Aunt/Uncle - Aunt's child, Female, 27 Years | Inadequate Guardianship       | Indicated |    |
|            | 4329 - Other Child - Aunt's child, Female, 3 Months | 4315 - Aunt/Uncle - Aunt's child, Female, 27 Years | Parents Drug / Alcohol Misuse | Indicated |    |

**Report Summary:**  
 On 9/6/13, the SCR received a report alleging the subject child's aunt had a history of using drugs and alcohol to the point of intoxication, leaving her children ages 2 and 7-months, with inadequate care and supervision. On 9/2/13, the aunt used substances to the point of requiring hospitalization.

**Determination:** Indicated **Date of Determination:** 11/06/2013

**Basis for Determination:**  
 As a result of the ongoing aunt's substance abuse and mental health needs, the children were placed with relatives via a 1055 court-ordered placement. A services case was opened at the time of the investigation closure.

**OCFS Review Results:**  
 OCFS reviewed the case and it met regulatory compliance.

**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) |
|--------------------|--|--|--------------------------------------|----------------|---------------------|
| 10/12/2014         | 4326 - Other Child - Aunt's child, Female, 1 Years | 4316 - Aunt/Uncle - Aunt's child, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded      | No                  |
|                    | 4326 - Other Child - Aunt's child, Female, 1 Years | 4316 - Aunt/Uncle - Aunt's child, Female, 29 Years | Inadequate Guardianship              | Indicated      |                     |
|                    | 4327 - Other Child - Aunt's child, Male, 4 Years   | 4316 - Aunt/Uncle - Aunt's child, Female, 29 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | 4327 - Other Child - Aunt's child, Male, 4 Years   | 4316 - Aunt/Uncle - Aunt's child, Female, 29 Years | Inadequate Guardianship              | Indicated      |                     |
|                    | 4326 - Other Child - Aunt's child, Female, 1 Years | 4317 - Aunt/Uncle - Aunt's child, Male, 48 Years   | Inadequate Guardianship              | Indicated      |                     |
|                    | 4327 - Other Child - Aunt's child, Male, 4 Years   | 4317 - Aunt/Uncle - Aunt's child, Male, 48 Years   | Inadequate Guardianship              | Indicated      |                     |

**Report Summary:**  
 On 10/12/14, the SCR received a report alleging Inadequate Guardianship, and Inadequate Food, Clothing and Shelter against the subject child's maternal aunt and the father of her two children, on behalf of the two children. The report



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alleged the maternal aunt, the father of her two children, and two children were living in unsanitary conditions, including among insect and rodent infestations. Additionally, the father of the children is alleged to have beat the aunt in front of one of the children. The child attempted to intervene between the parents, but was not injured.

**Determination:** Indicated **Date of Determination:** 12/08/2014

**Basis for Determination:**

The allegation of Inadequate Guardianship against the maternal aunt and the father of her two children was substantiated, based on the domestic violence incident in front of one of the children, and because the parents violated a temporary order of protection further putting the children at risk of injury of harm.

**OCFS Review Results:**

OCFS reviewed the case and it met regulatory compliance.

**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) |
|--------------------|---|---------------------------------|--------------------------------------|----------------|---------------------|
| 11/12/2011         | 4331 - Deceased Child, Female, 19 Years | 4332 - Mother, Female, 19 Years | Inadequate Food / Clothing / Shelter | Far-Closed     | No                  |
|                    | 4331 - Deceased Child, Female, 19 Years | 4332 - Mother, Female, 19 Years | Inadequate Guardianship              | Far-Closed     |                     |

**Report Summary:**

On 11/12/11, the SCR received a report alleging the mother and subject child were found to be living in a home that was disheveled and hazardous. The portable crib that the child was expected to sleep in was broken down with the mattress sprawled all over the floor. The room posed a safety concern for the child, because there were small items that the child could pick up, ingest, and choke on.

**OCFS Review Results:**

OCFS reviewed the case and it met regulatory compliance.

**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) |
|--------------------|---|--|-------------------------------|----------------|---------------------|
| 11/27/2014         | 4323 - Other Child - Aun't child, Male, 4 Years   | 4322 - Other Adult - Aunt's friend, Female, 30 Years | Inadequate Guardianship       | Indicated      | No                  |
|                    | 4323 - Other Child - Aun't child, Male, 4 Years   | 4322 - Other Adult - Aunt's friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 4324 - Other Child - Aun't child, Female, 1 Years | 4322 - Other Adult - Aunt's friend, Female, 30 Years | Inadequate Guardianship       | Indicated      |                     |
|                    | 4324 - Other Child - Aun't child, Female, 1 Years | 4322 - Other Adult - Aunt's friend, Female, 30 Years | Parents Drug / Alcohol Misuse | Indicated      |                     |
|                    | 4323 - Other Child - Aun't child, Male, 4 Years   | 4321 - Aunt/Uncle - Aunt's child, Female, 28 Years   | Inadequate Guardianship       | Indicated      |                     |
|                    | 4324 - Other Child - Aun't child, Female, 1 Years | 4321 - Aunt/Uncle - Aunt's child, Female, 28 Years   | Inadequate Guardianship       | Indicated      |                     |

**Report Summary:**

On 11/27/14, the SCR received a report alleging Inadequate Guardianship (IG) against the maternal aunt and IG and Drug/Alcohol Abuse against an unrelated household member on behalf of the maternal aunt's children ages 3 and 1. The



maternal aunt allegedly left the children in the care of the other unrelated adult who had a substance abuse problem. While gone, the other adult barricaded herself in the home with the children, ramshackled the apartment, and struck the 3 year old. The aunt and other adult engaged in a physical alternaction outside of the home, leaving the children inside. The unrelated household member admitted being under the influence of drugs.

**Determination:** Indicated **Date of Determination:** 01/23/2015

**Basis for Determination:**  
The report was indicated against the maternal aunt for Inadequate Guardianship based on the maternal aunt's admission that she knowingly left her children in the care of the unrelated household member with a serious substance abuse problem. The report was indicated against the unrelated household member for Inadequate Guardianship and Drug/Alcohol Abuse, since she admitted to using drugs and supervising the children, and to striking the 3 year old child while under the influence of drugs. During the investigation, the children were removed and placed with a relative under court order.

**OCFS Review Results:**  
OCFS reviewed the case and it met regulatory complaince.

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

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

On 11/12/2011, WCDSS received a CPS report against the mother on behalf of the subject child alleging Inadequate Guardianship and Inadequate Food, Clothing, and Shelter. The case was tracked to Family Assessment Response (FAR). The family was residing in a shelter at the time of the investigation. WCDSS worked with the mother and subject child until 3/8/2012, when the assessment was completed.

**Known CPS History Outside of NYS**

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**

Preventive services were provided to the mother and subject child (SC) from 9/29/2011-1/22/2013. The mother and SC were residing in a family shelter at the time and were provided case management by the caseworker. The caseworker ensured the mother was meeting the SC's developmental and medical needs. The mother completed an intensive parenting program during this time. The mother attended mental health services during this time, and was discharged after her mental health stabilized. The caseworker ensured the mother submitted all necessary paperwork in applying for subsidized housing. At the time the preventive services case closed, the mother and SC were waiting for permanent housing.



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

**Action:** There was a considerable delay in interviewing the maternal aunt's children, despite the aunt having an open preventive services case. The caseworker made contact with the 1055 relative guardian on 6/8/15, and visited two of the children on 6/11/15. The caseworker spoke with the Article 6 guardian of the aunt's oldest child by phone on 7/16/15 to assess the child's safety. Since the aunt had an open preventive case, WCDSS could consider how to best establish a collaboration between CPS and preventive services as early as possible during a fatality investigation, in an effort to minimize such delays.

Are there any recommended prevention activities resulting from the review?  Yes  No