



Report Identification Number: SV-16-003

Prepared by: Spring Valley Regional Office

Issue Date: 8/5/2016

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

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	LMC-Lack of Medical Care	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: 1 month(s)

Jurisdiction: Westchester
Gender: Female

Date of Death: 01/21/2016
Initial Date OCFS Notified: 01/21/2016

Presenting Information

SCR narrative: "On 1/21/16, mother woke up with SC to feed her around 4am and then they both fell asleep. Mother woke up at 6am and noticed blood coming out of the SC's mouth and nose. SC was unresponsive and pronounced dead at 6:26 am. SC sustained skull fractures and bruising to the face and around both eyes. The SC's fontanelles were bulging. There was no explanation for the SC's injuries. Father was home at the time of the incident. Both parents were the only caregivers for the SC making them alleged subjects in the report."

Executive Summary

On 1/21/16, Westchester County's Department of Social Services (WCDSS) conducted an investigation into the allegations of DOA/Fatality, Parent's Drug and Alcohol Misuse, Fractures, Internal Injuries, Lacerations/Bruises/Welts and Inadequate Guardianship against the mother and father on behalf of the one-month-old SC. It was alleged that on 1/21/16, the mother woke up with SC to breast feed her around 4:00 am and then they both fell asleep on a twin sized bed being shared with the father. The mother woke up at 6:00 am and noticed blood coming out of the SC's mouth and nose. CPR attempts by the father and PU were unsuccessful. Emergency responders found the SC unresponsive and she was pronounced dead at 6:26 am. Both parents were the only caregivers for the SC.

WCDSS promptly initiated the investigation and coordinated their work with law enforcement officials. WCDSS made appropriate collateral contacts and pertinent information was obtained.

The investigation revealed that on the night of 1/20/16, the parents had 2 guests and all were drinking alcohol in their bedroom for at least 5 hours in the presence of the SC and her 3 year-old sibling. The four-year-old sibling was visiting the maternal grandmother at the time. The mother reported that she consumed 4 beers and the father reported he consumed 6 beers. The mother reported that she vomited from the beer before she went to bed. After the friends left around 11:00 pm, the mother breast fed the SC at 3:30 am for approximately 20 minutes while she was lying on a twin size bed she shared with the father. WCDSS discovered the bed also had 5 pillows and a comforter. The mother fell asleep while breastfeeding the SC and awoke at 6:00 am to find the SC lying on her chest with blood on her nostrils, pale, and unresponsive. The mother immediately woke up the father who called 911 and was instructed to do CPR. The father's resuscitative efforts were unsuccessful. The PU, who also resides in the home, had awakened and also attempted CPR; however, was unsuccessful. Within 5 minutes, emergency responders arrived to the home and tried to resuscitate the SC. The SC was transported to the hospital with the parents. The SC was pronounced deceased at the hospital. To support the mother in her time of grief, the MGM offered to care for the surviving siblings. On 1/27/2016, the siblings were assessed to be in need of a safety plan as the parents tested positive for excessive alcohol consumption and WCDSS found they had an extensive history of alcohol use. The mother and WCDSS were in agreement for the surviving siblings to temporarily reside with the MGM during the time the mother addressed her substance abuse issues. Arrangements were made for the MGM to be present at all times the mother was with the siblings. WCDSS discovered the parents did not abstain from alcohol since the fatality and did not follow up with the substance abuse treatment recommendation. A referral for a neglect petition was submitted to the department's attorney on 2/22/16 and WCDSS filed a neglect petition on 3/18/2016. The male sibling was referred to an early



intervention evaluation and both siblings were referred to bereavement counseling. The SC’s observable injuries were determined to have been sustained during the resuscitation efforts; and therefore, evidence did not support an indication of Fractures, Lacerations/Bruises/Welts, and Internal Injuries.

The allegations of DOA/Fatality, Parent’s Drug and Alcohol Misuse, and Inadequate Guardianship, were appropriately indicated against the mother and father on behalf of the SC. At the time of this report, the autopsy results were pending. The investigation was appropriately indicated on 3/21/16 and the case remained open for services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** 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 investigation met regulatory requirements.

Was the decision to close the case appropriate? N/A

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:

The allegations of DOA/Fatality, PD/AM, and IG, were appropriately indicated against the mother and father on behalf of the SC. The allegations FX, II, and L/B/W were properly unfounded.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities



NYS Office of Children and Family Services - Child Fatality Report

Incident Information

Date of Death: 01/21/2016

Time of Death: 06:26 AM

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:

06:00 AM

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:

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

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

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

1

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	32 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	58 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	37 Year(s)
Deceased Child's Household	Other Child	No Role	Male	14 Year(s)
Deceased Child's Household	Other Child	No Role	Male	9 Year(s)
Deceased Child's Household	Other Child	No Role	Male	8 Year(s)
Deceased Child's Household	Other Child	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)



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Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)
Other Household 1	Aunt/Uncle	No Role	Male	12 Year(s)
Other Household 1	Grandparent	No Role	Female	41 Year(s)
Other Household 1	Grandparent	No Role	Male	44 Year(s)

LDSS Response

On 1/21/16, Westchester County’s Department of Social Services (WCDSS) conducted an investigation into the allegations of DOA/Fatality, Parent's Drug and Alcohol Misuse, Fractures, Internal Injuries, Lacerations/Bruises/Welts and Inadequate Guardianship against the mother and father on behalf of the SC. Within 24 hours, WCDSS contacted the source, conducted face to face contacts, interviewed with the family, and coordinated with law enforcement. WCDSS also conducted a historical check, criminal background search, contacted medical professionals, the medical examiner (ME), first responders and obtained school records. Appropriate collateral contacts were made and pertinent information was gathered.

WCDSS’ safety and risk assessments were completed timely and incorporated information gathered during the investigation. While the safety of the siblings was ascertained throughout the investigation, the documentation of the 7-day Safety Assessment was not internally consistent. The other children residing in the same home were assessed to be safe with the paternal cousin. The progress notes were detailed and contemporaneous. Supervisory consultations and case consultations were documented in the progress notes.

The investigation concluded within 60 days of the report date. WCDSS appropriately indicated the allegations of DOA/Fatality, Parent's Drugs and Alcohol Misuse, and Inadequate Guardianship, against the mother and father on behalf of the SC. The allegations of Fractures, Internal Injuries, and Lacerations/Bruises/Welts were properly unfounded based on the medical reports. WCDSS revealed that the parents were not following safe sleeping practices prior to the fatality and routinely engaged in co-sleeping with the SC in a twin size bed. WCDSS' casework practice was conducted in accordance with OCFS' guidance for CPS investigations of fatalities involving unsafe sleeping conditions. The parents admitted to consuming alcohol on the night of the child’s death and submitted to a toxicology test on 1/22/2016. The test yielded positive results on 1/27/2016 for excessive alcohol consumption. In agreement with the mother, WCDSS implemented a safety plan based on the test results and the parents’ history of alcohol use. The mother agreed to an informal arrangement for the MGM to temporarily care for the siblings until the mother addressed her need for substance abuse treatment. The safety plan also included the MGM to be present whenever the mother was with the siblings. Medical documentation revealed that the SC did not have alcohol or drugs in her system. The parents were recommended to substance abuse treatment; however, both parents admitted to being continually intoxicated since the fatality. WCDSS submitted a neglect petition referral to the county attorney on 2/22/2016. On 3/18/2016, WCDSS filed a neglect petition to mandate substance abuse treatment, bereavement counseling and mental health services. The siblings continued to reside with the MGM with her supervising the visits between the mother and siblings. The male sibling received a referral for early intervention services. The investigation was appropriately indicated on 3/21/16 and the case remained open for services.

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



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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

Comments: The child fatality review team met on 2/1/16 at the medical examiner's office. Details of the meeting were not in the progress notes.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	DOA / Fatality	Substantiated
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	Internal Injuries	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	Fractures	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	Internal Injuries	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028383 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	Fractures	Unsubstantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
028381 - Deceased Child, Female, 1 Mons	028382 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
028401 - Sibling, Male, 3 Year(s)	028382 - Mother, Female, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
028401 - Sibling, Male, 3 Year(s)	028383 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
028401 - Sibling, Male, 3 Year(s)	028383 - Father, Male, 24 Year(s)	Internal Injuries	Unsubstantiated
028401 - Sibling, Male, 3 Year(s)	028382 - Mother, Female, 25 Year(s)	Lacerations / Bruises /	Unsubstantiated



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	Year(s)	Welts	
028401 - Sibling, Male, 3 Year(s)	028383 - Father, Male, 24 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
028401 - Sibling, Male, 3 Year(s)	028383 - Father, Male, 24 Year(s)	Inadequate Guardianship	Substantiated
028401 - Sibling, Male, 3 Year(s)	028383 - Father, Male, 24 Year(s)	Fractures	Unsubstantiated
028401 - Sibling, Male, 3 Year(s)	028382 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
028401 - Sibling, Male, 3 Year(s)	028382 - Mother, Female, 25 Year(s)	Internal Injuries	Unsubstantiated
028401 - Sibling, Male, 3 Year(s)	028382 - Mother, Female, 25 Year(s)	Fractures	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"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household 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"/>

Additional information:

Relevant and appropriate collateral contacts were made.

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"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Explain as necessary:

The surviving siblings were placed under the care of their MGM and MGF. The other children residing in the same home was assessed to be safe with the paternal cousin. Throughout the investigation, announced and unannounced visits were made to the deceased child's home and the paternal cousin.

Legal Activity Related to the Fatality**Was there legal activity as a result of the fatality investigation?** Family Court Criminal Court Order of Protection**Family Court Petition Type: FCA Article 10 - CPS**

Date Filed:	Fact Finding Description:	Disposition Description:
03/18/2016	There was not a fact finding	There was not a disposition
Respondent:	028382 Mother Female 25 Year(s)	
Comments:	Next court date is scheduled for 9/9/16.	

Have any Orders of Protection been issued? No**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input 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:
 Services were mandated due to the parents refusal to participate voluntarily. The mother completed an intensive parenting class and received preventive services as a result of an indicated case from 1/31/13.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
 The male sibling received a referral for early intervention services. Both siblings received bereavement counseling.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 The mother and the father were mandated to drug/alcohol treatment, mental health services, bereavement counseling, and supervision. Initially, both parents refused to participate in services voluntarily. A neglect petition was filed and the parents were mandated to substance abuse and mental health treatment.

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:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



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Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/31/2013	10061 - Sibling, Female, 17 Months	10071 - Mother, Female, 25 Years	Burns / Scalding	Indicated	No
	10061 - Sibling, Female, 17 Months	10071 - Mother, Female, 25 Years	Swelling / Dislocations / Sprains	Indicated	
	10061 - Sibling, Female, 17 Months	10075 - Aunt/Uncle, Male, 29 Years	Lacerations / Bruises / Welts	Unfounded	
	10061 - Sibling, Female, 17 Months	10071 - Mother, Female, 25 Years	Fractures	Indicated	
	10061 - Sibling, Female, 17 Months	10073 - Stepfather, Male, 28 Years	Fractures	Unfounded	
	10061 - Sibling, Female, 17 Months	10073 - Stepfather, Male, 28 Years	Lacerations / Bruises / Welts	Unfounded	
	10061 - Sibling, Female, 17 Months	10071 - Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	10061 - Sibling, Female, 17 Months	10071 - Mother, Female, 25 Years	Lacerations / Bruises / Welts	Indicated	
	10061 - Sibling, Female, 17 Months	10073 - Stepfather, Male, 28 Years	Burns / Scalding	Indicated	
	10061 - Sibling, Female, 17 Months	10073 - Stepfather, Male, 28 Years	Inadequate Guardianship	Indicated	
	10061 - Sibling, Female, 17 Months	10073 - Stepfather, Male, 28 Years	Swelling / Dislocations / Sprains	Unfounded	
	10061 - Sibling, Female, 17 Months	10075 - Aunt/Uncle, Male, 29 Years	Inadequate Guardianship	Unfounded	
	10061 - Sibling, Female, 17 Months	10075 - Aunt/Uncle, Male, 29 Years	Swelling / Dislocations / Sprains	Unfounded	

Report Summary:

The then seventeen-month-old female sibling presented with injuries to her body and left eye and the mother did not have an explanation for who caused the injuries or how they were sustained.

Determination: Indicated

Date of Determination: 03/29/2013

Basis for Determination:

WCDSS gathered some credible evidence to support the mother's inability to adequately supervise the child contributed to the child's injuries sustained. The allegations of IG, B/S, FX, S/D/S, and L/B/W are indicated against the mother on behalf of the child.



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The allegations of IG and B/Sg against the father on behalf of the child are indicated. The father was not present when the child sustained the fractures and black eye; therefore the allegations of FX, S/D/S, and L/B/W are unfounded.

The allegations of IG, L/B/W, and S/D/S was determined to be unsubstantiated regarding the half sibling's father.

OCFS Review Results:

WCDSS' casework practice was in compliance with NYS regulations and SSL.

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

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

A report was called into the SCR on 4/28/12 against the 18 month old female sibling's bio-father. The mother had no role. The allegation of inadequate guardianship was indicated on 6/15/12.

Known CPS History Outside of NYS

There is no known 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 history was due to a report called into the SCR on 1/31/13 against the mother and unborn male sibling's father on behalf of the then 2 yr. old female sibling. The allegations of L/B/W, B/S, FX, IG, and S/D/S were indicated against the mother. The allegations of IG and B/S were indicated against the male sibling's father. The investigation was indicated and opened for preventive services on 3/29/13. The mother and the male sibling's father accepted intensive parenting classes and successfully completed the program on 9/17/14.

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