



Report Identification Number: SV-16-013

Prepared by: Spring Valley Regional Office

Issue Date: 12/23/2016

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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Orange
Gender: Female

Date of Death: 05/01/2016
Initial Date OCFS Notified: 04/23/2016

Presenting Information

A report was called in to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 5/1/2016 alleging DOA/Fatality and Inadequate Guardianship regarding the mother and father on behalf of the 5-month-old female subject child. This report alleged at approximately 5:40 AM on 5/1/2016, the subject child, an otherwise healthy child, was found deceased in bed by the father, with no explanation for her death. The subject child had been co-sleeping on the queen-sized bed with all of the other children in the home, which include the 10-year-old, 6-year-old, 5-year-old, 4-year-old and twin 3-year-old surviving male siblings, and a 1-year-old surviving female sibling.

Executive Summary

The investigation revealed that on 5/1/2016, the BM and BF were in the kitchen sitting at the table in the very early morning hours relaxing and listening to music. The BM had 2 beers, a shot of liquor (gin), and smoked marijuana. It was unclear if the father was utilizing drugs and/or alcohol during this time; however he disclosed that he does smoke marijuana daily and does drink on occasion. The BM explained that the subject child drank 6 oz. of formula at approximately 12:00-12:30AM, and she put the subject child to sleep on her back, on the pillow on the bed. As per a drawing made by the 10-year-old male surviving sibling, the subject child was in the bed with him, the BM, the 3-year-old twin males, and the 4-year-old male surviving siblings. The 10-year-old explained that the SC was sleeping next to the mother and he got up at approximately 3:00 AM to feed her a bottle as she was crying. The 10-year-old stated that he made the bottle with four scoops of formula, and filled the bottle with water to the top before going back to bed to feed the SC. The SC drank half of the bottle and went to sleep next to the 10-year-old, on her back, flat on the bed. At approximately 5:00 AM, the BF woke up to change the subject child's diaper, and found her unresponsive, in the bed with the BM and all seven of the surviving siblings. The BM explained that after she went to sleep, the next thing she remembered was the BF waking her up to notify her that something was wrong with the subject child. At 5:48 AM, a call was placed to 911 while the BF attempted CPR. First responders arrived on the scene minutes later, began resuscitative efforts, and transported the subject child to the hospital where she was declared dead.

An autopsy was performed on the subject child on 5/2/2016. It was found that the final diagnosis for the SC was Phenotypically normal 5-month-old female infant in co-sleeping environment, right coronary artery with high takeoff, and parietal dura with healed neomembrane. The cause of death was listed as Undetermined, and the manner of death as Undetermined circumstances. There was no indication of any trauma or other injury indicative of abuse and/or neglect noted, excluding an old brain hemorrhage that was unrelated to the death of the SC.

As per the BM, she did not receive any pre-natal care while pregnant with the subject child, and disclosed that she did smoked cigarettes and took iron pills. The SC was born in the bathroom of the home prematurely, however it is unclear how premature she was. The subject child spent three days in the NICU as a precaution of having an unattended birth at home. Prior case history indicated that the BM did receive safe sleep education and there were two air mattresses noted in the home. As per the family, the pediatrician believed the SC was doing well and no



concerns were noted. The school of the 10-year-old, 6-year-old and 5-year-old surviving siblings had concerns that they were missing school on a regular basis.

The CPS investigation was closed on 6/30/2016. All of the allegations listed on the report were determined to have been unsubstantiated. There was no causal connection between the cause of death and any maltreatment factor. OCDSS considered allegations of Educational Neglect, but they could not show impact to the school age siblings, the children were passing and doing well. The five year old was not required to attend school that year.

Service referrals were made and burial assistance was offered however; they were not engaged in any services at the time the investigation was closed. The family moved out of the jurisdiction and allegedly moved to Rensselaer County. DSS was contacted however; the family moved again to Ulster County where they were assessed and offered housing and 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 decision to close the investigation was appropriate as the family moved out of the jurisdiction. The appropriate county was notified of the move and a courtesy visit was requested. Diligent efforts to locate the family were made, through a WMS check, visits and collateral contacts, however were unsuccessful. The whereabouts of the family at the close of the investigation, however, was unknown.

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:

The decision to close the case was appropriate.

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: 05/01/2016

Time of Death: Unknown

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

County where fatality incident occurred: ORANGE

Was 911 or local emergency number called? Yes

Time of Call: 05:48 AM

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:

- Checked: Sleeping, Working, Driving / Vehicle occupant, Unknown. Unchecked: Playing, Eating, Other.

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

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

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At time of incident supervisor was:

- Checked: Asleep. Unchecked: Drug Impaired, Alcohol Impaired, Distracted, Impaired by disability, Absent, Impaired by illness, Other.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Table with 5 columns: Household, Relationship, Role, Gender, Age. Rows include Deceased Child's Household, Father, Mother, Sibling.



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Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	10 Year(s)

LDSS Response

OCDSS, conducted an investigation into the allegations listed on the report. OCDSS made many appropriate collateral contacts including the ME, local LE officials, hospital staff, relatives, and community resources. All subjects were interviewed and observed, and the allegations were discussed. Appropriate service referrals were offered to the family. There were seven surviving siblings residing in the home at the time of the fatality. OCDSS completed all safety assessments and the risk assessment profile (RAP) in a timely manner. The case notes were timely.

As per the ME's office, an autopsy was performed on the subject child (SC) on 5/2/2016. The ME noted no indication of any trauma or other injury indicative of abuse or neglect. The ME noted that the SC did not test positive for any substances from the toxicology screening. The final autopsy report noted the cause of death as Undetermined and the manner of death as Undetermined Circumstances. Local law enforcement officials closed their investigation with no arrests or charges. There was documentation of supervisory conferences in which the case was discussed and directives were provided.

The CPS investigation was closed on 6/30/2016. The allegations listed on the report were determined to have been unsubstantiated regarding the BM and BF, on behalf of the SC. An indication of Inadequate Guardianship regarding the BM for the SC was not considered. The BM was noted to have received safe sleep education prior to the death of the subject child, and did not take preventative measures. Additionally, the BM disclosed that she had ingested alcohol and smoked marijuana prior to going to sleep and did not wake up when the SC was crying leaving; the 10-year-old to tend to her needs. The BM disclosed she fell asleep and only remembered the BF waking her up to notify her that there was something wrong with the SC.

Appropriate service referrals were provided to the family for SATU services and burial assistance. A pack-and-play was also provided to the family for the surviving 1-year-old female sibling. SATU services began however the MO became unresponsive to services and eventually moved out of jurisdiction. The family also declined assistance with the burial expenses for the SC. Rensselaer County Department of Social Services (RCDSS) was contacted and a courtesy visit was requested to an aunt's home in which the family was believed to be residing. Records from the Housing Authority indicated the family was not residing in the home and the MO had submitted an application for housing, however it was not granted as of the close of the investigation. At the close of the investigation, the family's whereabouts were unknown.

Allegations of educational neglect were not added to the report despite the OCDSS caseworker explaining to the mother the educational needs of the 10-year-old, 6-year-old and 5-year-old were not being met. Contact with the school indicated the 5-year-old was not going to be promoted as a result and excessive absences were noted for all three school aged siblings.

On 7/8/2016, a case was called in to the SCR alleging the BM and her children were homeless and seeking aid for a place to stay. The family had gone to the PGM's house in Rensselaer County (RC) at the PGM's invitation and were told when they arrived that the PGM would be evicted, if the family stayed with her. The family then left RC to stay with a PU in Ulster County (UC), and were confirmed to have been staying there until they can find permanent housing. UC is helping



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the family apply for assistance; the family started the application process for housing. A new pack-and-play was provided to the family for the 1-year-old surviving sibling as the one provided by OCDSS was left behind when the family relocated. This case was indicated for IG and IF/C/S against the BM and BF, and closed on 07/25/16.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The fatality investigation was conducted by an MDT.

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

Comments: A Child Fatality Review Team meeting was held on 6/10/2016 in which the case was discussed.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
029781 - Deceased Child, Female, 5 Mons	029782 - Mother, Female, 31 Year(s)	DOA / Fatality	Unsubstantiated
029781 - Deceased Child, Female, 5 Mons	029783 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
029781 - Deceased Child, Female, 5 Mons	029782 - Mother, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated
029781 - Deceased Child, Female, 5 Mons	029783 - Father, Male, 36 Year(s)	Inadequate Guardianship	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"/>



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All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

All appropriate collateral contacts were made and information was obtained.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or 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"/>
Explain as necessary: The surviving siblings in the household did not need to be removed as a result of this fatality investigation.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>



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

Additional information, if necessary:
 SATU services and assistance with burial costs were offered to the family. A pack-and-play was also provided to the family for the 1-year-old surviving female sibling. The family moved out of the jurisdiction, and declined the services offered to them.

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? No

Explain:
 Appropriate services were offered to the family and initially accepted, however; the family moved out of the jurisdiction, and the service referrals were not utilized. The current whereabouts of the family is unknown.

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

Explain:
 Appropriate services were offered to the family and initially accepted, however; the family moved out of the jurisdiction, and the service referrals were not utilized. The current whereabouts of the family is unknown.

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? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:



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- 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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/30/2015	10060 - Deceased Child, Female, 5 Months	10051 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

This report alleged Inadequate Guardianship in regard to the mother on behalf of the then 2-day-old female subject child. This report alleged the mother had little to no provisions for the newborn subject child and had no income or resources to get adequate provisions for her.

Determination: Unfounded**Date of Determination:** 02/03/2016**Basis for Determination:**

The basis for determination was the caseworker went to the home when the subject child was discharged from the hospital and appropriate provisions were in place for the newborn including a pack-n-play to sleep in, a car seat, clothing, diapers and formula. The mother appeared to be providing a minimum degree of care for the children and there was no indication she was overwhelmed while caring for them.

OCFS Review Results:

OCFS is in agreement with the determination of the investigation. Preventive services were offered to the family as there was minimal furniture in the home due to roaches and bedbugs at their previous address. The mother, however, declined these services.

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)
09/16/2015	10046 - Sibling, Male, 4 Years	10041 - Mother, Female, 32 Years	Lack of Supervision	Indicated	No
	10046 - Sibling, Male, 4 Years	10041 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated	

Report Summary:

This report alleged Inadequate Guardianship and Lack of Supervision regarding the mother on behalf of the then 3-year-old male surviving sibling. It was alleged the mother left the 3-year-old in the car in the parking lot while she went to work. He was allegedly alone for approximately 30 minutes, awake and not secured in a car seat.

Determination: Indicated**Date of Determination:** 12/15/2015**Basis for Determination:**



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The basis for determination was the mother stated that she was aware the 3-year-old was able to open the lock on the door and the lock on the door to the building was broken. The mother also stated that she did not see the 3-year-old in the car. The police were notified the following day, and the mother was ultimately terminated from her position as a result.

OCFS Review Results:

OCFS is in agreement with the determination of the investigation. An early intervention referral was made for the 3-year-old sibling and the other siblings in the home however the mother declined the screening.

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)
01/23/2014	10031 - Sibling, Male, 10 Years	10028 - Mother, Female, 32 Years	Educational Neglect	Far-Closed	No
	10031 - Sibling, Male, 10 Years	10029 - Father, Male, 36 Years	Educational Neglect	Far-Closed	

Report Summary:

This report alleged Educational Neglect regarding the mother and father on behalf of the then 7-year-old male surviving sibling. The report alleged the 7-year-old had a history of excessive absenteeism and was falling behind academically for the school year. The mother and father were said to have been aware of the 7-year-old's academic situation but had not taken the necessary steps to ensure that his educational needs were being met. The case was assigned to the FAR track.

OCFS Review Results:

OCFS is in agreement with the decision to switch the case from the investigative to the FAR track.

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

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

The father had 2 prior indicated cases from 2004 listing allegations of Lack of Supervision, Educational Neglect, Inadequate Guardianship and Lack of Medical Care on behalf of his 4 older children from a previous relationship. He also has an indicated case from 2011 with allegations of Lack of Supervision regarding him on behalf of the then 1-year-old male surviving sibling. The mother had a case in 2006 in which allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were filed on behalf of the then 1-day-old male surviving sibling. This case was closed and referred to community based services only.

Known CPS History Outside of NYS

There is no known history outside of New York State.

Required Action(s)

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

Yes No

Preventive Services History



A service case was opened on 5/14/12 as the mother was in need of furniture for the apartment. Referrals were made for the mother however it appears as though the mother was not compliant with making herself available for visits. The case was closed on 7/5/12. A service case was opened on 10/23/13 as the families finances were tight and the mother was allegedly having a hard time caring for the children. The case was closed on 1/27/14 as the mother was noted to not have been receptive to outreach attempts. A service case was opened on 2/23/15 as the then 9-year-old male surviving sibling was having attendance issues. The case was closed on 4/8/15 as the caseworker was unable to make contact with the family.

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

Additional Local District Comments

No additional local district comments.

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