



Report Identification Number: SV-16-051

Prepared by: New York State Office of Children & Family Services

Issue Date: Mar 31, 2017

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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: 2 year(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 12/24/2016
Initial Date OCFS Notified: 12/24/2016

Presenting Information

On December 24, 2016 The SCR received a report alleging XCP,DOA/Fatality, I/F/C/S and IG against the SF regarding the SC and DOA/Fatality, I/F/C/S, IG and LM against the SM regarding the SC. There were additional allegations of I/F/C/S, IG, L/B/W, LS and M/FTTH against both the SF and SM regarding the SS. Additionally, there was an allegation of LM against the SM for the SS. The SM and SF were the primary caretakers for the 2-year-old SC and a 10-month-old SS. The SC was not breathing while at home and passed away due to unknown causes. SM and SF were named as alleged subjects as there is no plausible explanation for the death of SC. The report further alleged that the SM and SF kept their home in deplorable condition. The home was said to be a health hazard for SC and SS. The home was being heated with the oven. Two subsequent reports were made to the SCR regarding the fatality, and the reports were merged into the initial report.

Executive Summary

On December 24, 2016 the Westchester County Department of Social Services (WCDSS) received a report from the SCR with allegations against the SM and SF regarding the death of the SC, in addition to allegations of neglect regarding the SS. On December 24, 2016 the SF arrived home from work and the SM requested he discipline the SC. The SF punched the SC repeatedly, until the SC fell unconscious. The SM did not intervene to assist the SC. Later, while the SF was not home the SC stopped breathing, and the SM did not seek medical assistance. The SF returned and took the SC to the hospital after the SM told him the child stopped breathing. The SC presented at the hospital in cardiac arrest and shortly after was pronounced dead.

First responders found the SS to be filthy, malnourished and in need of medical attention and arranged for the SS and SM to be transported to the hospital. The investigation found the SS was severely neglected, including not being fed regularly, nor her diaper changed throughout the day. WCDSS filed a petition to remove the SS from both the parents. The SS was removed and placed in a non-relative foster home and WCDSS appropriately requested the SM and SF provide names for any familial resources. WCDSS spoke with these resources and provided them with information on how to intervene on the SS behalf.

WCDSS located another SS during the investigation. This SS was the child of the BF and resided in another locality with his BM. The safety of this child was assessed and this child has no contact with the SF.

An autopsy was done by the ME. It was determined the SC died of blunt force head and torso injuries and brain subdural and adrenal hemorrhages. The death was declared a homicide and the SF was arrested and charged with Manslaughter in the First Degree. At the time of this report no criminal charges had been filed against the SM.

The SM and SF had a history of CPS involvement. In the historical reports, the safety of the children did not rise to a level of immediate danger, therefore they were flagged for FAR services. During the time of the FAR services WCDSS worked with the SM and SF to address the issues of chronic homelessness, poor home maintenance standards and budgeting to meet basic needs. WCDSS was never made aware of any immediate safety issues during their previous involvement with the family.



During the investigation WCDSS made all appropriate collateral contacts. The pediatrician for the SC and SS informed WCDSS that the parents failed to bring the children to several routine medical appointments. This information contributed to the finding of medical neglect against both the parents regarding the SS and SC. Throughout the investigation WCDSS made adequate and timely assessments of both safety and risk. WCDSS appropriately intervened when it was necessary to protect the SS. A determination was appropriately made to indicate the report, and all allegations against the SM and SF were substantiated. At the time of this report WCDSS continued to work with the SM and diligently monitor the SS in foster care. WCDSS offered the SM parenting services, Victim Assistance Services and Counseling. The SF remained incarcerated.

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

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 CPS Investigation was appropriately concluded and a Foster Care case opened to monitor the SS health and well being and work with the parents on stated goals.

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: 12/24/2016

Time of Death: Unknown



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

County where fatality incident occurred: WESTCHESTER

Was 911 or local emergency number called? No

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? Yes

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	10 Month(s)

LDSS Response

Upon receiving multiple SCR reports of the death of the SC, WCDSS contacted all sources, medical staff at the hospital, LE and the district attorney. WCDSS learned that the SC was brought to the hospital by the SF and shortly after he was pronounced dead.

LE were the first responders to the case address after the death of SC. WCDSS was advised the police found the apartment to be deplorable and the only source of heat was the oven. LE determined that the 10-month-old SS was in need of a medical evaluation, and the SM and SS were taken to the hospital by ambulance. WCDSS learned from medical staff that the SS had extremely low blood sugar, which was later attributed to not being fed for anywhere from 12-36 hours. WCDSS was informed the SS also presented with a severe diaper rash, urinary tract infection, liquid stool and blisters in the diaper area. This was attributed to her diaper not being changed for 2-3 days. WCDSS concluded the SS would not be safe in the care of the SF or SM. After learning the SS was admitted to the hospital for treatment, WCDSS implemented protective measures with the hospital staff in an effort to prohibit the SS from having visitors. WCDSS subsequently filed for and were granted a removal of the SS from the SF and SM on 12/28/2016. WCDSS placed the SS in a foster home on



12/30/2016, upon her discharge from the hospital.

WCDSS interviewed both the SM and SF in conjunction with LE. It was determined both the SM and SF were present at the time of the incident leading to the fatality, as was the SS. The SS was lying on an adult bed in the bedroom during the fatal incident. The SF left the home and during this time the SM reported the child stopped breathing. The SM said she was unable to call for help because she did not have a phone, and reported knocking on neighbors' doors for assistance. The SM was with the children in the home until the SF returned home from work. At this time the SM told the SF that the SC had stopped breathing in the previous 20 minutes and the SF took the SC to the hospital. Both parents said the SC fell unconscious after the SF punched him repeatedly, but they said he was alive and breathing before the SF left for work. The SM said she never disciplined the SC, this was the role of the SF. The SF and SM reported the SF spanked the SC as a normal form of discipline. The SM reported the day of the incident, the SF took it further than he normally had in the past.

The SF reported the SM was a marijuana user. SM denied this and stated SF was the marijuana user. There was no criminal history found for the SF or the SM, and both denied any DV in the relationship. The SM and SF were questioned separately by LE before WCDSS arrived at the police station. Shortly after interviewing the SM and SF, WCDSS was asked to not take any further actions to speak to the SM or SF, because the SF had been criminally charged with the death of the SC.

WCDSS requested and received medical information from several providers involved with the family. They also requested and received the SM and SF's statements from LE, in addition to photos of the home.

A determination was appropriately made to IND the report and all allegations against the SM and SF were Sub. During the investigation WCDSS discovered the home was filthy and the only source of heat was from a stove, both safety hazards to the children. WCDSS found the SM and SF had missed several routine medical appointments for both the SC and SS. WCDSS documented the parents continually failed to manage their resources to provide basic needs to either of the children. WCDSS found the SF was aware the SM regularly failed to feed the SS or change her diaper throughout the day while he was at work and as a result, the SS displayed severe physical signs of neglect. WCDSS also concluded that the SM and SF failed to seek medical attention for the SC after he was beaten by the SF, causing his death.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Lack of Medical Care	Substantiated
034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034789 - Sibling, Female, 10 Month(s)	034788 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
034789 - Sibling, Female, 10 Month(s)	034788 - Father, Male, 25 Year(s)	Lack of Supervision	Substantiated
034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Lack of Supervision	Substantiated
034789 - Sibling, Female, 10 Month(s)	034788 - Father, Male, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
034789 - Sibling, Female, 10 Month(s)	034788 - Father, Male, 25 Year(s)	Malnutrition / Failure to Thrive	Substantiated
034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Lacerations / Bruises / Welts	Substantiated
034789 - Sibling, Female, 10 Month(s)	034788 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034789 - Sibling, Female, 10 Month(s)	034787 - Mother, Female, 21 Year(s)	Malnutrition / Failure to Thrive	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034788 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034788 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034787 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034787 - Mother, Female, 21 Year(s)	Lack of Medical Care	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034787 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034787 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034788 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
034790 - Deceased Child, Male, 2 Year(s)	034788 - Father, Male, 25 Year(s)	Excessive Corporal Punishment	Substantiated

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

Fatality Safety Assessment Activities

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

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

Explain as necessary:

The SS was removed from the parents upon her discharge from the hospital. The SS was placed in a non-kinship foster home. Kinship options were explored when the SM and SF offered names as foster care resources.

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:
12/28/2016	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	034787 Mother Female 21 Year(s)	
Comments:	There was a hearing on 1/4/2017 regarding the above petition. The Remand order giving the Department of Social Services Custody of the SS continued. Court was adjourned to 1/17/2017, then 1/26/2017. On 1/26/2017 it was again adjourned to 3/3/2017. On 3/3/2017 a conference was held, the SS continued foster care placement and the parents were denied visits.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
12/28/2016	There was not a fact finding	Care/Custody to Local Social Services District



Respondent:	034788 Father Male 25 Year(s)
Comments:	There was a hearing on 1/4/2017 regarding the above petition. The Remand order giving the Department of Social Services Custody of the SS continued. Court was adjourned to 1/17/2017, then 1/26/2017. On 1/26/2017 it was again adjourned to 3/3/2017. On 3/3/2017 a conference was held, the SS continued foster care placement and the parents were denied visits.

Criminal Charge: Manslaughter Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Unknown	father	Pending	Pending
Comments:	Father beat SC by punching him in the head, back and chest repeatedly with a closed fist, in addition to whipping the SC with a belt. The beatings stopped when the child fell unconscious. The SC died as a result of injuries sustained during the beating. The SC was reportedly beaten because the SM told the SF the child was misbehaving earlier in the day.		

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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 SS was removed from the custody of the SM and SF and placed into foster care. The SS was taken for medical care.

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/03/2016	13451 - Deceased Child, Male, 2 Years	13453 - Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed	Yes
	13451 - Deceased Child, Male, 2 Years	13453 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	13452 - Sibling, Female, 3 Months	13453 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	13452 - Sibling, Female, 3 Months	13453 - Mother, Female, 21 Years	Inadequate Guardianship	Far-Closed	
	13451 - Deceased Child, Male, 2 Years	13454 - Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	13451 - Deceased Child, Male, 2 Years	13454 - Father, Male, 25 Years	Inadequate Guardianship	Far-Closed	
	13452 - Sibling, Female, 3 Months	13454 - Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	13452 - Sibling, Female, 3 Months	13454 - Father, Male, 25 Years	Inadequate Guardianship	Far-Closed	

Report Summary:



An SCR report with allegations of IG and I/F/C/S against SM and SF regarding SC and SS. The report alleged the family's home in a shelter facility was filthy, with a foul odor, clothes piled up, and excessive garbage and clutter. The report also alleged there were rodents in the home. The situation was constant and SM and SF do nothing to improve the condition of the home for the children.

OCFS Review Results:

SM and SF were homeless at the time of the FAR, but had found an apartment before it was concluded. The parents were receiving financial assistance from WCDSS in order to secure permanent housing. The SM and SF cleaned the home up and there was found to be no safety issues for the children. The SM did express not having WIC for the children because of not completing paperwork, and WCDSS did not assist her in securing WIC. There was not a clear evaluation of family supports during the FAR and no collateral contacts were made other than the source of the report.

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

Issue:

Failure to Offer Services

Summary:

There should have been discussion with the family about Preventive Services. The SM reported she did not have WIC because she didn't complete the paperwork. The FAR Case was concluded with no documented follow up on this issue. The family historically struggled to provide appropriate provisions to the children and may have benefited from these services.

Legal Reference:

SSL 424(10); NYCRR 428.6

Action:

WCDSS must submit a Program Improvement Plan to the Spring Valley Regional Office within 30 days, that identifies what action it has taken or will take to address the issue.

Issue:

FAR-Overall Completeness/Adequacy of Family Assessment Response

Summary:

There were no collateral contacts made with either formal or informal supports and resources. It would have been appropriate to speak with the parents about contacting the children's pediatrician, in an effort to assess the well being of the children. There was a vague conversation with the SM regarding her family, but no discussion with the SF regarding his family.

Legal Reference:

18 NYCRR 432.13 (a)-(e)

Action:

WCDSS must submit a Program Improvement Plan to the Spring Valley Regional Office within 30 days, that identifies what action it has taken or will take to address the issue.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/10/2016	13461 - Deceased Child, Male, 2 Years	13463 - Father, Male, 24 Years	Inadequate Guardianship	Far-Closed	No
	13462 - Sibling, Female, 1 Months	13463 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	13462 - Sibling, Female, 1 Months	13463 - Father, Male, 24 Years	Inadequate Guardianship	Far-Closed	
	13461 - Deceased Child,	13463 - Father, Male,	Inadequate Food /	Far-Closed	



Male, 2 Years	24 Years	Clothing / Shelter	
13462 - Sibling, Female, 1 Months	13464 - Mother, Male, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed
13462 - Sibling, Female, 1 Months	13464 - Mother, Male, 21 Years	Inadequate Guardianship	Far-Closed
13461 - Deceased Child, Male, 2 Years	13464 - Mother, Male, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed
13461 - Deceased Child, Male, 2 Years	13464 - Mother, Male, 21 Years	Inadequate Guardianship	Far-Closed

Report Summary:

An SCR report with allegations of IG and I/F/C/S against SM and SF regarding the SC and SS. The report stated the family was staying in a shelter, and their room was deplorable. The report detailed the following conditions, dirt encrusted into the floors, garbage, old food, dirty dishes and dirty clothing strewn all throughout. The report also stated there was an old bag of Chinese food in the pack in play where the SS was sleeping. The unsanitary condition of the home placed the children at risk.

OCFS Review Results:

The family was cooperative with WCDSS. Although they were homeless they were actively searching for affordable housing. WCDSS did explore issues with them and try to help them come up with solutions. The family cleaned the room when the issue was brought to their attention. The SM reported having WIC at the time of the FAR and the needs of the children were being met.

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)
11/16/2015	14638 - Deceased Child, Male, 1 Years	14636 - Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Far-Closed	No
	14638 - Deceased Child, Male, 1 Years	14637 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	

Report Summary:

An SCR report with allegations of I/F/C/S against SM and SF regarding the SC. The report alleged the family had been homeless for a couple of weeks. The SM and SF had done nothing to attempt to get any housing. The family was squatting in a vacant house and had no power for at least a week.

OCFS Review Results:

The family was homeless during the FAR. The SM and SF were cooperative with WCDSS in identifying their strengths and also where they need assistance. All necessary steps were taken during the FAR and the needs of the SC met by the parents with assistance from WCDSS.

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	14632 - Mother, Female, 19 Years	14633 - Father, Male, 22 Years	Lack of Medical Care	Unfounded	No
	14632 - Mother, Female, 19 Years	14633 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:



An SCR report was received with allegations of IG and LM against the SF regarding the SM (reported as a child in this report). The report alleged SF beat and injured 17-year old SM, and was very controlling. SF and SM were living in a car for 7 months prior to staying with friends. SM was in need of medical care because she was 9-months pregnant. SM had not received any prenatal care.

Determination: Unfounded

Date of Determination: 01/27/2014

Basis for Determination:

WCDSS discovered the SM to be 18-years old at the time of this report, and there were no children in the home. The SM and SF were not living in their car, but rather with a family friend for over a year. SM and SF denied all the allegations. SM reported that she was 9-months pregnant and did receive prenatal care.

OCFS Review Results:

WCDSS attempted to call the source, but there was not a working number. WCDSS met with the BM and BF twice in the investigation and discovered that the SM was an adult at the time the report was made. WCDSS further evaluated if SM needed any services due to her pregnancy. The appropriate determination was made in this investigation, there were no children in the home.

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

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

There was no CPS History older than 3 years.

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

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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