

Report Identification Number: SP-13-030

Prepared by: Spring Valley Regional Office

Issue Date: 6/26/2015

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

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

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

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

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

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

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

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

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Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information

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Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 08/05/2013
Initial Date OCFS Notified: 08/05/2013

Presenting Information

On 8/3/13, the mother left seven-month-old subject child and her two year old sibling in the care of their father at the father's home. The father and both children sleep in a twin bed. In the morning when the father went to work, he left his children in the care of the paternal uncle. At some point during that morning, the uncle checked on the children, and found the subject child to be unresponsive and blue. Emergency Medical Services responded and managed to resuscitate the subject child. The subject child was admitted to the hospital and was placed on life support systems. A health official determined that subject child had retinal hemorrhaging consistent with prolonged asphyxiation or Shaken Baby Syndrome. On 8/5/13, the parents withdrew care and the subject child passed away due to her injuries.

Executive Summary

The seven month old subject child and her two year old sibling were visiting with their father at his home. On 8/3/13 at approximately 8 am the paternal uncle called 911 after finding the subject child unresponsive in bed. The subject child was resuscitated and taken to the hospital. The subject child was observed to have retinal hemorrhaging and a skull fracture; believed to be related to shaken baby syndrome. An SCR report was filed with allegations of inadequate guardianship, Choking/Twisting/Shaking, Internal injuries, Fractures and DOA/Fatality against the mother, father and the paternal uncle.

On 8/5/13, at 8:01pm the parents agreed to remove the life support systems and the subject child died. On 8/7/13, the SCDSS filed for removal of the surviving sibling and obtained an order of protection. The mother and father were tested for drugs and both were positive for marijuana and the mother was also positive for barbiturates. The subject child's sibling was removed and placed with a friend of the mother's family. SCDSS conducted an appropriate investigation into the initial and subsequent reports. The record was well documented. All the allegations were substantiated regarding the father and the case was indicated. The sibling was assessed for service needs, which included medical and educational needs and all required services were established. The case record reflects that the official autopsy report was still pending at the time this investigation was closed.

The The Autopsyy Report issued on 7/9/14 listed the cause and manner of death as undetermined. It was established that the injuries the subject child presented with were post-resustation efforts. The case record was ammended at a Fair Hearing held on 10/8/14.

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** Yes

appropriate?

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.

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: 08/05/2013

Time of Death: 08:01 PM

Date of fatal incident, if different than date of death: 08/03/2013

County where fatality incident occurred: SUFFOLK

Was 911 or local emergency number called? Yes

Time of Call: 08:00 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

How long before incident was the child last seen by caretaker? 190 Minutes

Is the caretaker listed in the Household Composition? No

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

Total number of deaths at incident event:

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Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Male	27 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	27 Year(s)

LDSS Response

Suffolk County Department of Social Services (SCDSS) visited the hospital, interviewed mother (mo), father (fa) and medical personnel. SCDSS investigation also included phone contact with the assigned case detective, hospital personnel, the assistant district attorney, the medical examiner's (ME's) office, and Child Advocacy Center's (CAC) child abuse specialist. The SCDSS worker interviewed the maternal great grandparents, who confirmed that the mo and her children resided with them. The SCDSS worker also conducted interviews with the father, two paternal uncles and paternal grandparents (PGPs) about events leading up to the incident.

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)?No

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: Suffolk County Department of Social Services does not have a Fatality Review team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
004201 - Deceased Child, Female, 7 Mons	004203 - Mother, Female, 23 Yrs	Fractures	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004203 - Mother, Female, 23 Yrs	Choking / Twisting / Shaking	Unsubstantiated

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004201 - Deceased Child, Female, 7 Mons	004203 - Mother, Female, 23 Yrs	Inadequate Guardianship	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004203 - Mother, Female, 23 Yrs	DOA / Fatality	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004204 - Father, Male, 27 Yrs	Choking / Twisting / Shaking	Substantiated
004201 - Deceased Child, Female, 7 Mons	004204 - Father, Male, 27 Yrs	Internal Injuries	Substantiated
004201 - Deceased Child, Female, 7 Mons	004203 - Mother, Female, 23 Yrs	Internal Injuries	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004204 - Father, Male, 27 Yrs	DOA / Fatality	Substantiated
004201 - Deceased Child, Female, 7 Mons	004206 - Aunt/Uncle, Male, 27 Yrs	Internal Injuries	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004206 - Aunt/Uncle, Male, 27 Yrs	Inadequate Guardianship	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004204 - Father, Male, 27 Yrs	Fractures	Substantiated
004201 - Deceased Child, Female, 7 Mons	004206 - Aunt/Uncle, Male, 27 Yrs	Choking / Twisting / Shaking	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004206 - Aunt/Uncle, Male, 27 Yrs	DOA / Fatality	Unsubstantiated
004201 - Deceased Child, Female, 7 Mons	004204 - Father, Male, 27 Yrs	Inadequate Guardianship	Substantiated
018201 - Sibling, Male, 2 Year(s)	004203 - Mother, Female, 23 Yrs	Inadequate Guardianship	Unsubstantiated
018201 - Sibling, Male, 2 Year(s)	004204 - Father, Male, 27 Yrs	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"/>
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"/>

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Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>

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Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input 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:

It was determined that the subject child suffered with a fractured skull with no explanation. On 8/7/12 Family Court Applications 1022 and 1029 were filed and approved in Suffolk County Family Court. The surviving sibling was remanded and placed with a maternal family friend.

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:
08/07/2013	There was not a fact finding	There was not a disposition
Respondent:	mother	
Comments:		

Have any Orders of Protection been issued? Yes	
From: 08/07/2013	To: Unknown
From: 08/07/2013	To: 08/07/2014

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"/>

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Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

The surviving sibling's special needs were assessed. The case record indicates that the child's needs were addressed by the school district; the child was evaluated and had an IEP. The sibling was offered all required health and educational services.

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 subject child's surviving sibling was legally removed and placed with other relatives.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The parents were offered bereavement referrals.

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

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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:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
01/04/2010	985-Other Child, Male, 3 Years	982-Father, Male, 22 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

On 1/04/10 an SCR report alleged inadequate guardianship against the father, and his distant cousin on behalf of a non-related 3 year old child. The report alleged that the father allowed the distant cousin, who is a convicted sex offender, to have contact with the non-related child. The allegations were unsubstantiated against the father and the distant cousin and on 3/3/11 the case was unfounded and closed with no further services needed.

Determination: Unfounded **Date of Determination:** 03/03/2010

Basis for Determination:

The father, father's cousin and the other relatives residing in the home were interviewed. Their was no creditable evidence found to support the allegations.

OCFS Review Results:

No violations were documented

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/10/2010	978-Sibling, Female, 4 Years	975-Father, Male, 23 Years	Inadequate Guardianship		No
	978-Sibling, Female, 4 Years	975-Father, Male, 23 Years	Lack of Medical Care	Indicated	
	979-Sibling, Female, 4 Years	975-Father, Male, 23 Years	Inadequate Guardianship		

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979-Sibling,Female, 4 Years	975-Father,Male, 23 Years	Lack of Medical Care	Indicated
978-Sibling,Female, 4 Years	977-Mother,Female, 25 Years	Inadequate Guardianship	
978-Sibling,Female, 4 Years	977-Mother,Female, 25 Years	Lack of Medical Care	Indicated
979-Sibling,Female, 4 Years	977-Mother,Female, 25 Years	Inadequate Guardianship	
979-Sibling,Female, 4 Years	977-Mother,Female, 25 Years	Lack of Medical Care	Indicated

Report Summary:

An SCR report alleging inadequate guardianship and lack of medical care by the mother of the surviving half sibling on behalf of the 4 year old surviving half sibling. The report alleged that the 4 year old surviving half sibling appeared dirty and unkempt and that the 6 month surviving half sibling was not receiving medical care.

Determination: Indicated

Date of Determination: 03/09/2011

Basis for Determination:

The allegation of inadequate guardianship was unfounded against the father. The allegations of inadequate guardianship and lack of medical care was substantiated against the mother of the surviving half siblings. The case was indicated and closed with no services required.

OCFS Review Results:

No negative review results

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)
03/29/2011	989-Sibling,Female, 4 Years	986-Mother,Female, 26 Years	Inadequate Guardianship	Indicated	No
	989-Sibling,Female, 4 Years	986-Mother,Female, 26 Years	Sexual Abuse	Unfounded	
	990-Sibling,Female, 4 Years	986-Mother,Female, 26 Years	Inadequate Guardianship	Indicated	
	990-Sibling,Female, 4 Years	986-Mother,Female, 26 Years	Sexual Abuse	Unfounded	
	991-Other Child,Male, 11 Months	986-Mother,Female, 26 Years	Inadequate Guardianship	Indicated	
	991-Other Child,Male, 11 Months	986-Mother,Female, 26 Years	Sexual Abuse	Unfounded	
	989-Sibling,Female, 4 Years	988-Father,Male, 32 Years	Inadequate Guardianship	Indicated	
	989-Sibling,Female, 4 Years	988-Father,Male, 32 Years	Sexual Abuse	Unfounded	
	990-Sibling,Female, 4 Years	988-Father,Male, 32 Years	Inadequate Guardianship	Indicated	
	990-Sibling,Female, 4 Years	988-Father,Male, 32 Years	Sexual Abuse	Unfounded	

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991-Other Child, Male, 11 Months	988-Father, Male, 32 Years	Inadequate Guardianship	Indicated
991-Other Child, Male, 11 Months	988-Father, Male, 32 Years	Sexual Abuse	Unfounded

Report Summary:

An SCR report alleged inadequate guardianship against the half surviving sibling's mother and the half sibling's mother's non related male friend on behalf of the one year old surviving half sibling and two 4 year old surviving half siblings. The report alleged that the half surviving half sibling's mother allowed her current paramour, a convicted sex offender, access to her children.

Determination: Indicated **Date of Determination:** 06/01/2011

Basis for Determination:

The allegations was substantiated against the paramour. The case was indicated and kept open for preventive services.

OCFS Review Results:

No regulatory violations were noted

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)
01/03/2012	972-Sibling, Female, 28 Days	971-Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	972-Sibling, Female, 28 Days	971-Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	972-Sibling, Female, 28 Days	971-Mother, Female, 36 Years	Malnutrition / Failure to Thrive	Unfounded	
	973-Sibling, Female, 24 Months	971-Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	973-Sibling, Female, 24 Months	971-Mother, Female, 36 Years	Inadequate Guardianship	Unfounded	
	973-Sibling, Female, 24 Months	971-Mother, Female, 36 Years	Malnutrition / Failure to Thrive	Unfounded	

Report Summary:

An SCR report alleged inadequate food, clothing, shelter & failure to thrive & inadequate guardianship against the surviving child's one year old half sibling's mother on behalf of surviving child one year old half sibling. The report alleged that The surviving child's one year old half sibling's mother was not providing him with the proper nourishment and therefore the child was not gaining weight. Father was listed as having no role.

Determination: Unfounded **Date of Determination:** 02/14/2012

Basis for Determination:

There was no evidence to support the allegations. Therefore the allegations were unsubstantiated and the report was unfounded and transferred for continued preventive services.

OCFS Review Results:

No findings.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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04/13/2012	970-Sibling, Male, 1 Years	968-Mother, Female, 22 Years	Childs Drug / Alcohol Use	Unfounded	No
	970-Sibling, Male, 1 Years	968-Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	970-Sibling, Male, 1 Years	968-Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	970-Sibling, Male, 1 Years	969-Other Adult, Male, 18 Years	Childs Drug / Alcohol Use	Unfounded	
	970-Sibling, Male, 1 Years	969-Other Adult, Male, 18 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	970-Sibling, Male, 1 Years	969-Other Adult, Male, 18 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 SCR report alleged inadequate guardianship, parent drugs/alcohol misuse and inadequate food, clothing, shelter against the mother on behalf of the surviving sibling. The report alleged that the mother uses marijuana daily, her child is frequently hungry and appears malnourished.

Determination: Unfounded **Date of Determination:** 04/13/2013

Basis for Determination:
 The surviving sibling was observed to be physically age appropriate, well presented having no signs of diaper rash. The child was described to be a happy child, having positive interaction with the mother. it was determined that there was no credibility to the allegations.

OCFS Review Results:
 No violations found

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)
04/19/2012	967-Sibling, Female, 5 Years	964-Mother's Partner, Male, 35 Years	Inadequate Guardianship	Indicated	No
	966-Sibling, Male, 1 Years	964-Mother's Partner, Male, 35 Years	Inadequate Guardianship	Indicated	

Report Summary:
 An subsequent SCR report alleged sexual abuse allegations against the mother of the surviving half sibling and her male friend on behalf of the surviving two 5 year old half siblings and 2 year old surviving half sibling.

Determination: Indicated **Date of Determination:** 05/16/2012

Basis for Determination:
 The sexual abuse allegations were indicated against the surviving sibling's half mother's male friend. The allegations against the former paramour/mother male friend were substantiated. The allegations against father and his former paramour/mother were unsubstantiated. The case remained open for continued preventive services.

OCFS Review Results:
 No regulatory violations noted

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

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

05/07/2012	951-Sibling,Female, 5 Months	950-Mother,Female, 36 Years	Other	Unfounded	No
	952-Sibling,Female, 1 Years	950-Mother,Female, 36 Years	Other	Unfounded	
	951-Sibling,Female, 5 Months	954-Father,Male, 25 Years	Other	Unfounded	
	952-Sibling,Female, 1 Years	954-Father,Male, 25 Years	Other	Unfounded	

Report Summary:
 A Court Ordered an Investigation as it was alleged that the mother of the father's two surviving half siblings tried to run him over with her car while the children were present.

Determination: Unfounded **Date of Determination:** 02/14/2012

Basis for Determination:
 There were no credible evidence found to support the allegations.

OCFS Review Results:
 No regulatory violations were observed.

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)
08/03/2013	933-Deceased Child,Female, 8 Months	932-Mother,Female, 23 Years	Choking / Twisting / Shaking	Indicated	No
	933-Deceased Child,Female, 8 Months	932-Mother,Female, 23 Years	Fractures	Indicated	
	933-Deceased Child,Female, 8 Months	932-Mother,Female, 23 Years	Inadequate Guardianship	Indicated	
	933-Deceased Child,Female, 8 Months	932-Mother,Female, 23 Years	Internal Injuries	Indicated	
	934-Sibling,Male, 2 Years	932-Mother,Female, 23 Years	Choking / Twisting / Shaking	Indicated	
	934-Sibling,Male, 2 Years	932-Mother,Female, 23 Years	Fractures	Indicated	
	934-Sibling,Male, 2 Years	932-Mother,Female, 23 Years	Inadequate Guardianship	Indicated	
	934-Sibling,Male, 2 Years	932-Mother,Female, 23 Years	Internal Injuries	Indicated	
	933-Deceased Child,Female, 8 Months	935-Father,Male, 27 Years	Choking / Twisting / Shaking	Indicated	
	933-Deceased Child,Female, 8 Months	935-Father,Male, 27 Years	Fractures	Indicated	
	933-Deceased Child,Female, 8 Months	935-Father,Male, 27 Years	Inadequate Guardianship	Indicated	
	933-Deceased Child,Female, 8 Months	935-Father,Male, 27 Years	Internal Injuries	Indicated	

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934-Sibling, Male, 2 Years	935-Father, Male, 27 Years	Choking / Twisting / Shaking	Indicated
934-Sibling, Male, 2 Years	935-Father, Male, 27 Years	Fractures	Indicated
934-Sibling, Male, 2 Years	935-Father, Male, 27 Years	Inadequate Guardianship	Indicated
934-Sibling, Male, 2 Years	935-Father, Male, 27 Years	Internal Injuries	Indicated

Report Summary:

An SCR report alleged inadequate guardianship by the father on behalf of the deceased child and the surviving sibling. The deceased child, while in the care of her father was found to be unresponsive and not breathing. On 08/05/2013 the deceased child passed away as a result of her injuries.

Determination: Indicated

Date of Determination: 09/03/2013

Basis for Determination:

The deceased child sustained the injuries while in the care of the father. The child passed away as a result of her injuries. The child's injuries were determined to be non-accidental. Family Court proceedings were initiated and Orders of Protection are in place. The case was kept open for supervision and court ordered services.

OCFS Review Results:

All agency and fatality protocols were followed.

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 was a child on 8 SCR investigations from 1988 to 1990. All were indicated.

Known CPS History Outside of NYS

None

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

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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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