

**Report Identification Number: SV-14-010**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 6/29/2015**

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

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

## Case Information

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**Report Type:** Child Deceased  
**Age:** 1 month(s)

**Jurisdiction:** Nassau  
**Gender:** Female

**Date of Death:** 05/30/2014  
**Initial Date OCFS Notified:** 05/30/2014

## Presenting Information

On May 30, 2014, a SCR report was called in with allegations of inadequate guardianship and DOA/Fatality. The mother reported she was not feeling well and went to sleep in her son's room and the baby was in the care of the baby's father. The father reported he fed the baby a bottle around 1:30 a.m. and then briefly left the room. When the father returned the baby appeared sleepy, once he burped the baby he did not place her in the bassinet but in the bed with him. Around 5 a.m. the father awoke to a wet shirt and an unresponsive baby. He immediately notified the mother and she called 911. Both parents denied the father rolling over on the baby. The father believed the baby had an undiagnosed breathing condition. The child was last seen by her pediatrician on May 24, 2014, where she was diagnosed with a common cold.

## Executive Summary

On May 30, 2014, a report was called into the SCR with allegations of inadequate guardianship and DOA/ fatality against both parents of the deceased six-week old baby girl. Although, the baby was transported to a hospital in Queens, NY, the case was accepted and investigated by Nassau County Child Protective Services (CPS). CPS determined there was no credible evidence to substantiate the allegations and the case was unfounded. There were several theories as to why the death occurred: the family reported the child had been sick and became unresponsive while sleeping; however, while the medical and law enforcement's initial opinion was the death was a result of unsafe co-sleeping. To date the autopsy has not been received.

CPS conducted a thorough investigation. CPS interviewed the source, all collaterals, the family and the surviving siblings. On July 27, 2014, CPS concluded its investigation and found no credible evidence to support the allegations. The parents acted immediately and presented as appropriate parents; during the investigation it was determined the child was found on her back, which coincided with proper safe sleeping practices. Law enforcement did not pursue charges and the medical examiner's preliminary findings stated there were no signs or evidence of trauma.

## 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.

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• Was the determination made by the district to unfound or indicate appropriate? Yes

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.

## 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: 05/30/2014

Time of Death: 05:19 AM

County where fatality incident occurred: NASSAU

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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

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

2

At time of incident supervisor was:

- |   |  |
|---|--|
| <input type="checkbox"/> Drug Impaired          | <input type="checkbox"/> Absent              |
| <input type="checkbox"/> Alcohol Impaired       | <input checked="" type="checkbox"/> Asleep   |
| <input type="checkbox"/> Distracted             | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> Other:              |

Total number of deaths at incident event:

Children ages 0-18: 1

## Household Composition at time of Fatality

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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

## LDSS Response

On May 30, 2014, a SCR report was called in with allegations of inadequate guardianship and DOA/Fatality. The infant was taken to Long Island Jewish Hospital in New Hyde Park where she was pronounced dead. Due to the location of the hospital both Nassau County CPS and NYC Administration for Children's Services (ACS) were notified. ACS verified the case was not within its jurisdiction and was later unassigned from the case. Nassau County CPS made the necessary initial contacts with the reported source and the medical examiner. Within 24hours, CPS visited the case address to interview the parents and also visited the school to interview the surviving siblings.

CPS determined there was no credible evidence to substantiate the allegations and the case was unfounded. There were several theories as to why the death occurred. The family reported the child had been sick and became unresponsive while sleeping; however, the medical and law enforcement's initial opinion was the death was a result of unsafe co-sleeping. To date the autopsy has not been received.

CPS conducted a thorough investigation. CPS interviewed the source, all collaterals, the family and the surviving siblings. On July 27, 2014, CPS concluded its investigation and found no credible evidence to support the allegations. The parents acted immediately and presented as appropriate parents. During the investigation it was determined the child was found on her back, which coincided with proper safe sleeping practices. Law enforcement did not pursue charges and the medical examiner's preliminary findings stated there were no signs or evidence of trauma.

## Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** Unknown

**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?**No

## SCR Fatality Report Summary

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Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
012181 - Deceased Child, Female, 1 Mons	012184 - Father, Male, 53 Year(s)	DOA / Fatality	Unsubstantiated
012181 - Deceased Child, Female, 1 Mons	012184 - Father, Male, 53 Year(s)	Inadequate Guardianship	Unsubstantiated
012181 - Deceased Child, Female, 1 Mons	012182 - Mother, Female, 38 Year(s)	DOA / Fatality	Unsubstantiated
012181 - Deceased Child, Female, 1 Mons	012182 - Mother, Female, 38 Year(s)	Inadequate Guardianship	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

All LDSS investigation notes were entered contemporaneously.

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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"/>
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 and 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"/>

### Legal Activity Related to the Fatality

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

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## 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:**

It is unclear whether the family engaged in any of the referred services. Although, the case record contained a Preventive Services Referral for grief counseling, homemaking services, educational services, daycare services, early intervention, and housing assistance. It is unclear whether the mother or the family engaged in services. CPS offered to refer the family for funeral assistance but the

**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?** Unable to Determine

**Explain:**

The mother was referred to grief counseling through Long Island Jewish Hospital. The mother stated she planned to attend individual counseling and eventually family counseling with the entire family. It is unclear whether the mother or the family participated in grief counseling.

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

**Explain:**

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It is unclear whether the family engaged in any of the referred services. Although, the case record contained a Preventive Services Referral for grief counseling, homemaking services, educational services, daycare services, early intervention, and housing assistance. It is unclear whether the mother or the family engaged in services.

## History Prior to the Fatality

### Child Information

**Did the child have a history of alleged child abuse/maltreatment?** No  
**Was there an open CPS case with this child at the time of death?** No  
**Was the child ever placed outside of the home prior to the death?** No  
**Were there any siblings ever placed outside of the home prior to this child's death?** Yes  
**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"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/18/2011	1273-Sibling, Female, 15 Years	1274-Sibling, Female, 22 Years	Excessive Corporal Punishment	Indicated	No
	1273-Sibling, Female, 15 Years	1274-Sibling, Female, 22 Years	Inadequate Guardianship	Indicated	
	1273-Sibling, Female, 15 Years	1274-Sibling, Female, 22 Years	Excessive Corporal Punishment	Indicated	
	1273-Sibling, Female, 15 Years	1274-Sibling, Female, 22 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

Allegations were made against the mother for excessive corporal punishment and inadequate guardianship towards the eleven year old child. The allegation alleged the mother hit the eleven year old with a stick in her right eye and as a result

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of the injury the child's vision was blurry. It was also alleged the mother allowed her nineteen year old daughter to hit the eleven year old with a belt.

**Determination:** Indicated **Date of Determination:** 07/11/2011

**Basis for Determination:**  
The allegations of Excessive Corporal Punishment and Inadequate Guardianship were substantiated against the mother. There was credible evidence to substantiate the report because the mother admitted to throwing the stick at the child as a form of punishment. In addition, the mother admitted that she used physical force as a form discipline and the eleven year old child had marks to prove it.

**OCFS Review Results:**  
OCFS agrees with the determination of the local department of social 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)
11/28/2011	1268-Sibling, Female, 19 Years	1270-Mother, Female, 39 Years	Lacerations / Bruises / Welts	Unfounded	No
	1268-Sibling, Female, 19 Years	1270-Mother, Female, 39 Years	Swelling / Dislocations / Sprains	Unfounded	
	1268-Sibling, Female, 19 Years	1270-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
Allegations were made against the mother for inadequate guardianship, swelling/dislocation/sprains and lacerations/bruises/welts towards the subject child's sixteen year old sibling. The allegations alleged the mother hit the sixteen year old sibling and left scratches on her. A subsequent report was called in on December 2, 2011, with an allegation of inadequate guardianship.

**Determination:** Unfounded **Date of Determination:** 03/07/2012

**Basis for Determination:**  
The allegations of inadequate guardianship, swelling/dislocation/sprains and lacerations bruises, welts were unsubstantiated regarding the mother. The mother made a plan for the sixteen year old child; however, the child did not follow the rules of the house and became physical with her mother and her sibling. The police were called to the house and the sixteen year old was arrested. Once arrested, the sixteen year old was arraigned and released without her mother being notified. Once released, the sixteen year old did not contact her mother and went to a relative's home.

**OCFS Review Results:**  
OCFS agrees with the determination of the local department of social 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)
01/22/2013	1259-Sibling, Female, 15 Years	1260-Mother, Female, 39 Years	Inadequate Guardianship	Indicated	No
	1262-Sibling, Male, 9 Years	1260-Mother, Female, 39 Years	Inadequate Guardianship	Indicated	
	1264-Sibling, Female, 2 Years	1260-Mother, Female, 39 Years	Inadequate Guardianship	Indicated	
	1265-Sibling, Male, 7	1260-Mother, Female, 39	Inadequate	Indicated	

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Years	Years	Guardianship	
1259-Sibling,Female, 15 Years	1263-Mother's Partner,Male, 53 Years	Inadequate Guardianship	Indicated
1262-Sibling,Male, 9 Years	1263-Mother's Partner,Male, 53 Years	Inadequate Guardianship	Indicated
1264-Sibling,Female, 2 Years	1263-Mother's Partner,Male, 53 Years	Inadequate Guardianship	Indicated
1265-Sibling,Male, 7 Years	1263-Mother's Partner,Male, 53 Years	Inadequate Guardianship	Indicated

**Report Summary:**

An allegation was made against the mother and her paramour of inadequate guardianship against all the children. It was alleged that the mother and her paramour engaged in a physical altercation while the child (age 13), child (age 6), child (age 5), and child (age 6 months) were home. The oldest child attempted to intervene and feared for her life. Mother's paramour got in the child's face and the thirteen year old grabbed a knife to defend herself. Child did not use the knife to harm the paramour; however, he demanded the thirteen year old child leave the home.

**Determination:** Indicated

**Date of Determination:** 03/27/2013

**Basis for Determination:**

The allegation of inadequate guardianship against the mother and her paramour was substantiated. The argument became so intense that the oldest child attempted to intervene. The oldest child defended her mother and threatened to kill her mother's paramour. The oldest child became scared and left the apartment. The oldest child was outside in the cold without proper attire for an unconfirmed amount of time before the mother called 911. It was estimated that the oldest child was outside for at least two hours. Inadequate guardianship was substantiated for the children because they were in the apartment at the time of the altercation.

**OCFS Review Results:**

OCFS agrees with the determination of the local department of social 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)
05/08/2013	1253-Sibling,Female, 15 Years	1254-Mother,Female, 39 Years	Excessive Corporal Punishment	Unfounded	No
	1253-Sibling,Female, 15 Years	1254-Mother,Female, 39 Years	Lacerations / Bruises / Welts	Unfounded	

**Report Summary:**

Allegations were made against the mother for excessive corporal punishment and lacerations/ bruises/welts against the thirteen year old child. It was alleged the mother and thirteen year old were involved in a physical altercation resulting in an injury to the child's left knee.

**Determination:** Unfounded

**Date of Determination:** 06/21/2013

**Basis for Determination:**

The allegations of excessive corporal punishment and lacerations/bruises/welts against the mother were unsubstantiated as there was no credible evidence to support the concerns. The child admitted that her mother pushed her several weeks prior to the report being made. However, CPS did not observe the child to have any injuries. The child was acting out and became violent towards the mother and stepfather. During the investigation, the thirteen year old was hospitalized due to her behavior.

**OCFS Review Results:**

# NYS Office of Children and Family Services - Child Fatality Report

OCFS is in agreement with the determination of the local department of social 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)
07/22/2013	1247-Sibling,Female, 15 Years	1248-Mother's Partner,Male, 53 Years	Inadequate Guardianship	Unfounded	No

**Report Summary:**  
 An allegation was made against the mother's paramour for inadequate guardianship against the thirteen year old child. It was alleged that the paramour and the child were engaged in a verbal altercation that escalated into the paramour physically assaulting the child with a broken broom handle and a tea kettle.

**Determination:** Unfounded **Date of Determination:** 08/13/2013

**Basis for Determination:**  
 The allegation of inadequate guardianship against the paramour was unsubstantiated as there was no credible evidence to support the concerns. The child started the physical altercation by throwing things in the home which resulted in the stepfather being hit with a tea kettle. The mother restrained the thirteen year old child while the younger seven year old sibling called 911. The stepfather took the other children out of the home until the police arrived. As a result of this incident the thirteen year old was hospitalized.

**OCFS Review Results:**  
 OCFS is in agreement with the determination of the local department of social 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)
10/17/2013	1241-Sibling,Female, 15 Years	1242-Mother,Female, 39 Years	Lack of Medical Care	Unfounded	No

**Report Summary:**  
 An allegation was made against the mother for lack of medical care against the child. It was alleged the mother ignored the fourteen year old child's mental health needs. The fourteen year old did not attend counseling consistently and missed several appointments. Attempts to reach the mother were unsuccessful since her phone numbers were disconnected. The child's mental health was compromised because she was not engaged in regular counseling.

**Determination:** Unfounded **Date of Determination:** 11/18/2013

**Basis for Determination:**  
 The allegation of lack of medical care against the mother was unsubstantiated as there was no credible evidence to support the concerns. Mother did not fail to take the child to mental health counseling. The child was placed in a congregate care facility through SCO-Family of Services and did not reside in the home.

**OCFS Review Results:**  
 OCFS is in agreement with the determination of the local department of social 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)
05/12/2014	1113-Sibling,Male, 9 Years	1111-Mother's Partner,Male, 53 Years	Educational Neglect	Unfounded	No
	1113-Sibling,Male, 9	1111-Mother's Partner,Male,	Inadequate	Unfounded	

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Years	53 Years	Guardianship	
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Inadequate Guardianship	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
1113-Sibling, Male, 9 Years	1111-Mother's Partner, Male, 53 Years	Educational Neglect	Unfounded
1113-Sibling, Male, 9 Years	1111-Mother's Partner, Male, 53 Years	Inadequate Guardianship	Unfounded
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Inadequate Guardianship	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
1113-Sibling, Male, 9 Years	1111-Mother's Partner, Male, 53 Years	Educational Neglect	Unfounded
1113-Sibling, Male, 9 Years	1111-Mother's Partner, Male, 53 Years	Inadequate Guardianship	Unfounded
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1111-Mother's Partner, Male, 53 Years	Inadequate Guardianship	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1113-Sibling, Male, 9 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Educational Neglect	Unfounded
1116-Sibling, Male, 7 Years	1112-Mother, Female, 39 Years	Inadequate Guardianship	Unfounded

# NYS Office of Children and Family Services - Child Fatality Report

**Report Summary:**

Allegations were made against the mother and her paramour for education neglect and inadequate guardianship against the children (age 8 and age 6). It was alleged the children were failing school because of poor attendance. The mother and her paramour were notified but there were no improvements. During the course of this investigation, a subsequent report was made for the current fatality.

**Determination:** Unfounded**Date of Determination:** 06/26/2014**Basis for Determination:**

The allegations of educational neglect and inadequate guardianship against the mother and her paramour were unsubstantiated as there was no credible evidence to support the concerns. The mother stated the children missed school because she experienced complications during her pregnancy. During the course of the investigations the children's attendance improved. This case was unfounded; however, the fatality was transferred to the physical abuse unit.

**OCFS Review Results:**

OCFS is in agreement with the determination of the local department of social services.

**Are there Required Actions related to the compliance issue(s)?**  Yes  No**CPS - Investigative History More Than Three Years Prior to the Fatality**

During 2004, this family was known to the State Central Register (SCR) in three SCR reports. Of the three reports, two reports were indicated and one report was unfounded. On May 4, 2004, a report was called into the SCR for allegations of inadequate guardianship and lack of supervision against the mother regarding an older daughter. The report was unfounded on June 29, 2004; due to lack of credible evidence. A subsequent report was called into the SCR on May 27, 2004, with allegations of parent's drug use/alcohol misuse, inadequate food/clothing/and shelter and inadequate guardianship against the mother and parent substitute. The report was unfounded on June 28, 2004; due to lack of credible evidence. On July 22, 2004, a report was called into the SCR for allegations of inadequate guardianship, lack of supervision, lacerations/bruises/and welts against the mother regarding all children. The report was indicated on September 29, 2004, against the mother for inadequate guardianship and lack of supervision (unsubstantiated for lacerations/bruises/welts). A subsequent report was called into the SCR on July 22, 2004, with allegations of inadequate guardianship and lack of supervision and was closed as a duplicate on July 26, 2004. On December 19, 2004, a report was called into the SCR for allegations of sexual abuse against the parent substitute regarding an older daughter (non-related). The report was indicated for sexual abuse on February 22, 2005.

**Known CPS History Outside of NYS**

No CPS history outside of NYS.

**Services Open at the Time of the Fatality****Required Action(s)****Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?** Yes  No**Preventive Services History**

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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.

## 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