



**Report Identification Number: SV-15-008**

**Prepared by: Spring Valley Regional Office**

**Issue Date: 7/30/2015**

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.



## 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



**Report Type:** Child Deceased  
**Age:** 4 month(s)

**Jurisdiction:** Rockland  
**Gender:** Male

**Date of Death:** 01/30/2015  
**Initial Date OCFS Notified:** 02/04/2015

## Presenting Information

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 01/08/2015, with allegations of IG, and II against the mother, father and babysitter on behalf of the then three-month-old subject child. The report alleged the subject child suffered respiratory failure and a severe brain injury, with no explanation as to how the otherwise healthy child sustained such injuries.

According to the report, the mother observed the subject child to have red eyes with greenish discharge. She used breast milk to wipe the eye and took him to a babysitter, scheduling a doctor appointment for later that same day. The child died at the hospital on 1/30/15.

A subsequent report on 01/31/2015 alleged DOA/Fatality, Internal Injuries and Inadequate Guardianship against both parents on behalf of the four-month-old subject child. The mothers explanation that the subject child had pink eye, and the diagnosis by medical personnel were not consistent.

## Executive Summary

Rockland County Department of Social Services, (RCDSS), conducted an investigation into the allegations of the 1/8/15 and the 1/31/15 reports and coordinated their investigation with law enforcement working in conjunction with New York City Children's Services Manhattan Division of Child Protection (MDCP) as the subject child was in a New York City Hospital. Appropriate collateral contacts were made, and pertinent information was obtained. RCDSS contacted medical professionals, Social Workers, first responders, and family members, and offered appropriate services for the family.

The doctor told RCDSS that he was unable to speak to the family as they would not agree to it. The child had Major Hypoxia Injury to the brain, which indicated he stopped breathing, but he could not be sure what could have caused the injury. A CT Scan and skeletal survey were conducted and the results were normal, revealing no fractures. After all this testing, doctors could not establish what happened to the child. The doctor reiterated that only an autopsy would shed light in the cause, but lacking any signs of trauma, abuse or neglect, there was no reason to compel such autopsy.

A home visit was conducted on 3/12/15. The home was appropriate and the surviving siblings presented as healthy and well, appropriately bonded to the mother. The mother reiterated that except for the pink eye observed the morning of 3/8/15, there were no other indicators of illness or distress. She used breast milk to wipe the subject child's eye and made a doctor's appointment for the child to be seen the same day, leaving the child with a babysitter while at work. The mother indicated the babysitter had reported the baby was fuzzy, but nothing out of the norm.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous. The family was not receptive to speaking with caseworkers or law enforcement at first; however diligent efforts were made to engage the family. Bereavement counseling referrals and Preventive Services were offered to the family.



However, these services were declined as they were already engaged in grief counseling through a community resource.

There were questions regarding the decision to take the child to a hospital in NYC instead of the nearest hospital. Collateral contact with first responders uncover that the ambulance service was able to administer CPR to the child and obtained a good heart rate and strong pulse on the subject child, leading them to the decision to transport the child into NYC. First responders indicated they reported this to the local hospital who agreed to contact the NYC hospital ahead of time to let them know the circumstances. It is unclear the how this delay in the transportation to the hospital may have affected the overall circumstances.

On 03/26/2015, RCDSS made the determination to un-substantiate the allegations of DOA/Fatality Inadequate Guardianship and Internal Injuries listed on the report against the mother and the father, on behalf of the four-month-old subject child. The mother and the father were not present at the time of the incident. A collateral investigation was conducted with law Enforcement yielded no concerns and no criminal charges. No credible evidence was obtained throughout the investigation to support an indication of the allegations.

The Medical Examiner confirmed there was no cause to compel an autopsy override of the religious objection by the family, as there were no signs of abuse and/or neglect, but indicated there may have been issues with the ambulance service. As a result, an autopsy was not performed and the subject child’s body was released to the funeral home at the discretion of the family. The Medical Examiner listed the cause of death as “Undetermined.”

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

### Explain:

The RCDSS complied with the regulatory requirements and acted appropriately in their investigation of suspected child abuse and maltreatment.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**

The surviving siblings were assessed to be safe and the risk of future abuse or maltreatment was adequately assessed. The risk rating was low. The CPS investigation did not yeield any evidence to support the parents' behaviors or actions contributed to the child's demise.

**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:** 01/30/2015

**Time of Death:** 06:12 PM

**Date of fatal incident, if different than date of death:** 01/08/2015

**County where fatality incident occurred:**

ROCKLAND

**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:**

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

**Is the caretaker listed in the Household**

**Composition?** No

**At time of incident supervisor was:** Not impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)



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

Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)

## LDSS Response

Rockland County Department of Social Services, (RCDSS), conducted an investigation into the allegations of the 1/8/15 and the 1/31/15 reports and coordinated their investigation with law enforcement working in conjunction with New York City Children’s Services Manhattan Division of Child Protection (MDCP) as the subject child was in a New York City Hospital. Appropriate collateral contacts were made, and pertinent information was obtained. RCDSS contacted medical professionals, Social Workers, first responders, and family members, and offered appropriate services for the family.

An attending physician told RCDSS that he was unable to speak to the family as they would not agree to speak with Medical staff. The child had Major Hypoxia Injury to the brain, which indicated he stopped breathing, but he could not be sure what could have caused the injury. A CT Scan and skeletal survey were conducted and the results were normal, revealing no fractures. After all this testing, doctors could not establish what happened to the child. The doctor reiterated that only an autopsy would shed light in the cause, but lacking any signs of trauma, abuse or neglect, there was no reason to compel such autopsy.

A home visit was conducted on 3/12/15. The home was appropriate and the surviving siblings presented as healthy and well, appropriately bonded to the mother. The mother reiterated that except for the pink eye observed the morning of 3/8/15, there were no other indicators of illness or distress. She had made an appointment for the same day. The mother indicated the babysitter had reported the baby was fuzzy, but nothing out of the norm.

All Safety Assessments as well as the Risk Assessment Profile (RAP) were appropriate, timely, and accurately reflected the known circumstances of the case. The case notes were well documented, detailed and contemporaneous. The family was not receptive to speaking with caseworkers or law enforcement at first; however diligent efforts were made to engage the family. Bereavement counseling referrals and Preventive Services were offered to the family. However, these services were declined as they were already engaged in grief counseling through a community resource.

There were questions regarding the decision to take the child to a hospital in NYC instead of the nearest hospital. Collateral contact with first responders uncovered that the ambulance service was able to administer CPR to the child and obtained a good heart rate and strong pulse on the subject child, leading them to the decision to transport the child into NYC. First responders indicated they reported this to the local hospital who agreed to contact the NYC hospital ahead of time to let them know the circumstances. It is unclear the how this delay in the transportation to the hospital may have affected the overall circumstances.

On 03/26/2015, RCDSS made the determination to un-substantiate the allegations of DOA/Fatality Inadequate Guardianship and Internal Injuries listed on the report against the mother and the father, on behalf of the four-month-old subject child. The mother and the father were not present at the time of the incident. A collateral investigation was conducted with law Enforcement yielded no concerns and no criminal charges. No credible evidence was obtained throughout the investigation to support an indication of the allegations.

The Medical Examiner confirmed there was no cause to compel an autopsy override of the religious objection by the family, as there were no signs of abuse and/or neglect, but indicated there may have been issues with the ambulance



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

service. As a result, an autopsy was not performed and the subject child's body was released to the funeral home at the discretion of the family. The Medical Examiner listed the cause of death as "Undetermined."

## Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

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

**Comments:** Rockland County does not have a Child Fatality Review Team.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
017741 - Deceased Child, Male, 4 Mons	018121 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
017741 - Deceased Child, Male, 4 Mons	018121 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
017741 - Deceased Child, Male, 4 Mons	018122 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
017741 - Deceased Child, Male, 4 Mons	018122 - Father, Male, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
017741 - Deceased Child, Male, 4 Mons	018121 - Mother, Female, 24 Year(s)	Internal Injuries	Unsubstantiated
017741 - Deceased Child, Male, 4 Mons	018122 - Father, Male, 25 Year(s)	Internal Injuries	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

**Additional information:**

All appropriate casework and collateral contacts were made and pertinent information was obtained.

**Fatality Safety Assessment Activities**

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<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"/>





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

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

## Services Provided to the Family in Response to the Fatality

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



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

Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Preventive Services

**Additional information, if necessary:**

Bereavement Counseling and Preventive Services were offered to the family, however declined as the family was engaged in grief counseling through a community resource.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality?** No

**Explain:**

Bereavement counseling and preventive services were offered to the family, however declined as the family was engaged in grief counseling through a community resource.

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

**Explain:**

Bereavement counseling and preventive services were offered to the family, however declined as the family was engaged in grief counseling through a community resource.

## 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? Yes
- 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



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

**During pregnancy, mother:**

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

**Infant was born:**

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

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/08/2015	3415 - Deceased Child, Male, 4 Months	3411 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	3415 - Deceased Child, Male, 4 Months	3411 - Mother, Female, 24 Years	Internal Injuries	Unfounded	
	3415 - Deceased Child, Male, 4 Months	3412 - Father, Male, 25 Years	Inadequate Guardianship	Unfounded	
	3415 - Deceased Child, Male, 4 Months	3412 - Father, Male, 25 Years	Internal Injuries	Unfounded	

**Report Summary:**

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 01/08/2015, which alleged Inadequate Guardianship and Internal Injuries against the mother, father and babysitter on behalf of the then three-month-old subject child. The report alleged the subject child suffered respiratory failure and a severe brain injury, with no explanation as to how the otherwise healthy child sustained such injuries. The reported alleged the mother observed the subject child to have red eyes with greenish discharge, and left the subject child with a babysitter, scheduling a doctor appointment for him for later that same day.

**Determination:** Unfounded**Date of Determination:** 03/06/2015**Basis for Determination:**

The basis for the determination was the subject child was allegedly found unresponsive at the home of the babysitter after being put down for a nap. The babysitter and her assistant claimed to have checked on the subject child several times during his nap, where he had appeared to have been resting comfortably. The babysitter further alleged that there was nothing in the crib with the subject child, not even a sheet on the mattress. The mother and father were not present at time of the incident. A collateral investigation was completed by MDCP as well as Law Enforcement and revealed no concerns. The cause of death was certified by the Medical Examiner as "Undetermined."

**OCFS Review Results:**

OCFS reviewed the case and is in agreement with the determination of the allegations.

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

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



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

The family has no known CPS history more than three years prior to the fatality.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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