



Report Identification Number: SV-19-028

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

Issue Date: Sep 23, 2019

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 2 year(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 05/25/2019
Initial Date OCFS Notified: 06/07/2019

Presenting Information

On 5/25/19, the grandmother reported she found the 2-year-old female child unresponsive between 4-5:00AM, while she was lying next to the child in bed. Bed-sharing between the grandmother and child was routine practice due to the child's special feeding needs. The grandmother and her ex-husband immediately put the child in their car to go to the hospital. They drove down the road and saw a parked ambulance and asked for assistance. The grandmother and child were transported to Long Island Community Hospital where the child was pronounced dead.

Executive Summary

On 8/4/16, when the child was 2 months old, she was admitted to the hospital weighing only 8.1 pounds. The child was diagnosed with failure to thrive. The child was born with multiple medical issues and the parents were noncompliant with treatment. The child had special feeding instructions and the parents failed to comply, and as a result, the child did not gain weight. The child gained weight while in the hospital. Suffolk County Department of Social Services (SCDSS) removed the child from her parents on 8/17/16 and placed her in the care and custody of SCDSS while the child remained in the hospital. On 8/22/16, a neglect petition was filed against the parents and on 8/23/16, the child was placed in the custody of her grandmother. The child remained in the care of her grandmother under Article 1017 until her death.

On 5/25/19, the grandmother woke at 4AM to check on the child and found her unresponsive. The grandmother's ex-husband was in the home and they left to transport her to the hospital. They saw an ambulance as they were driving and stopped and asked for help. The ambulance transported the child and grandmother to the hospital. EMS discontinued resuscitation efforts at 5:38AM.

The death certificate stated the cause of death was pending further study. The medical examiner stated the death was not suspicious due to the child's multiple medical issues, and ruled out neglect or abuse. The medical examiner did not observe any marks on the child. The autopsy was not complete at the time of this writing.

SCDSS gathered information regarding the child's death from the grandmother, EMS, and the medical examiner. The CW also obtained the death certificate, hospital records, and medical records from the child's specialists.

SCDSS provided the family with bereavement referrals and closed their services cases. There was no reason to suspect the child's death was the result of abuse or maltreatment by the caregiver.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:



- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?
- Was the determination made by the district to unfound or indicate appropriate? N/A

Was the decision to close the case appropriate? N/A
 Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes
 Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:
 Casework activity was in accordance with best casework practice.

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: 05/25/2019 **Time of Death:** 05:38 AM (Approximate)

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

County where fatality incident occurred: Suffolk

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping Working Driving / Vehicle occupant
 Playing Eating Unknown
 Other

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

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:
 Children ages 0-18: 1
 Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	No Role	Female	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	52 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	53 Year(s)
Other Household 1	Father	No Role	Male	31 Year(s)
Other Household 1	Mother	No Role	Female	30 Year(s)

LDSS Response

SCDSS visited the grandmother's home. The grandmother said she and the child slept together often and did so the night before the child's death. The grandmother said as usual, at 9PM she set the child up for her 10-hour overnight feeding. The grandmother said this was the normal routine and that the child regularly slept through the night. The child slept in a t-shirt and diaper that night. The grandmother said she woke around 4AM as she usually did, checked on the child by giving her a gentle tap to elicit a response. When she did not receive the usual wiggle or leg kick from the child, she got out of bed and turned the light on. She said the child "did not look right." The grandmother became emotional and could not give details as to how she did not "look right." The grandmother said her ex-husband stopped by and was sleeping on the couch (he was not there when she and the child initially went to bed). The grandmother called to him and they took the child in the car and began driving to the hospital. They saw an ambulance on the road and flagged it down. The EMS workers placed the child in the back of the ambulance and directed her to get in the front seat. They were taken to the hospital. She said she did not call 911 as she wanted to get the child to the hospital as soon as possible.

The grandmother showed the CW the bedroom in which they had slept. The CW observed a full or queen-sized bed that contained no sheets, blankets or pillows, as the grandmother said the child would chew on them.

The grandmother was very upset about the loss of the child, and the CW provided her with information on bereavement support groups. The grandmother said the funeral was held and the child was buried in the family plot.

The services case was closed after the death of the child.

Official Manner and Cause of Death

Official Manner: Pending
Primary Cause of Death: Unknown
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No
Comments: Suffolk County does not have an OCFS approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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	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 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"/>



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

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	Yes
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/08/2019	Other Child - 16yo Cousin, Female, 16 Years	Mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 13 Years	Mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - 16yo Cousin, Female, 16 Years	Other Adult - other mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



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Sibling, Male, 13 Years	Other Adult - other mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Years	Other Adult - other mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 5 Years	Other Adult - other mother, Female, 49 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - 16yo Cousin, Female, 16 Years	Father, Male, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 13 Years	Father, Male, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Years	Father, Male, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 5 Years	Father, Male, 31 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated

Report Summary:

An SCR report alleged that the two mothers, a father and the children (ages 15, 12, 8, and 3) resided in deplorable conditions. There was dog feces and urine on the floors creating a foul odor, loose garbage, paper products, bottles, old food, and other debris strewn about the floors. There were no clear pathways in the residence and the back door was blocked with old mattresses and boxes stacked in front of it. The kitchen had dirty dishes piled in the sink and all over the stove and there were roaches running rampant throughout the residence. There was no hot water in the home. The adults in the home failed to provide a clean and healthy environment for the children.

Report Determination: Unfounded

Date of Determination: 05/06/2019

Basis for Determination:

The CW made unannounced and announced home visits. The CW saw cockroaches in the home and observed it to be messy upon first visit. The CW returned a few days later and observed the home to be free of any safety hazards. The CW spoke with the landlord who confirmed the septic had been fixed and the hot water was working. The exits of the home were cleared. The case was appropriately unfounded.

OCFS Review Results:

SCDSS interviewed collateral contacts, completed home visits, interviewed all parties, and completed safety assessments accurately and on time.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/16/2018	Other Child - Cousin, Female, 15 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 12 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	



Other Child - Cousin, Female, 15 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 12 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 9 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 4 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 2 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 15 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 12 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 9 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 4 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 2 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 12 Years	Mother, Female, 29 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 9 Years	Mother, Female, 29 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 12 Years	Grandparent, Female, 48 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 9 Years	Grandparent, Female, 48 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 12 Years	Father, Male, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 9 Years	Father, Male, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 9 Years	Mother, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 9 Years	Grandparent, Female, 48 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 9 Years	Father, Male, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated

Report Summary:

An SCR report alleged that the 9yo sustained a bruise and laceration to his face while in the care of his mother, parent sub, and grandparent. The explanations provided were inconsistent with the child's injury. On a regular basis in the home, there was significant physical fighting and violence with the adults and children (ages 16, 14, 9, 4, and 2). The adults in the home were unable to control the children when they were physically aggressive with each other. One time, the grandparent pulled a machete in the presence of the children in attempt to get them to stop fighting. The adults fail to properly supervise the children.

Report Determination: Unfounded

Date of Determination: 11/29/2018

**Basis for Determination:**

All adults and children denied the allegations. There was no evidence of a machete in the home or that one had been pulled on the children in an attempt to get them to stop fighting.

OCFS Review Results:

SCDSS completed interviews with the family, completed safety assessments accurately and on time.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/08/2018	Sibling, Male, 9 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 9 Years	Aunt/Uncle, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Aunt/Uncle, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged that on 6/7/18, the father struck the 4yo child multiple times with a metal ring for unknown reasons. It was unknown if the child sustained injuries. While the father was hitting the child, the aunt jumped on the back of the father and physically assaulted him. This occurred in the presence of the 4yo child and the 9yo child.

Report Determination: Unfounded

Date of Determination: 07/23/2018

Basis for Determination:

CW saw the child and did not observe any marks or bruises on him. The child did not express any fear of the parents. The parents did not allow the children to be interviewed in private; however, they did allow the CW to observe the children.

OCFS Review Results:

Even though the parents were not very cooperative, SCDSS was able to assess the safety of the children. SCDSS spoke with the child who admitted he was spanked but it was determined to not be excessive. All casework was completed timely and the appropriate determination was made.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/04/2016	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Lack of Medical Care	Substantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Malnutrition / Failure to Thrive	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 28 Years	Lack of Medical Care	Substantiated	



Child Fatality Report

Deceased Child, Female, 1 Months	Father, Male, 28 Years	Malnutrition / Failure to Thrive	Substantiated
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Report Summary:

The SCR report alleged the SC had a low birth weight and lost weight while in the care of her parents. The parents were advised the SC required a higher calorie formula due to her weight loss. Despite that knowledge, the parents failed to provide the SC with the higher calorie formula and the SC continued to not gain weight and was diagnosed with failure to thrive. The parents were advised the SC required a GI evaluation and they refused. While in the care of her parents, the SC experienced irregular breathing and she stopped breathing and became unresponsive. EMS was contacted and performed CPR on the SC and she was admitted to the hospital.

Report Determination: Indicated **Date of Determination:** 09/09/2016

Basis for Determination:

Medical doctors and personnel repeatedly told the parents to feed the SC high caloric formula and they did not. The SC had a cleft palate which required significant patience and diligence in the feeding routine. The parents repeatedly declined medical services that were offered and were uncooperative with service providers and medical providers.

OCFS Review Results:

SCDSS responded appropriately to the concerns for the child and filed an emergency removal petition and followed with a neglect petition against the parents. SCDSS interviewed relevant collateral contacts, completed safety assessments accurately and on time, and placed the child with a relative resource. SCDSS appropriately indicated the case and opened it for court ordered 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)	Allegation Outcome	Compliance Issue(s)
06/02/2016	Sibling, Male, 10 Years	Father, Male, 28 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 7 Years	Father, Male, 28 Years	Excessive Corporal Punishment	Unsubstantiated	
	Aunt/Uncle, Female, 17 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Aunt/Uncle, Female, 17 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 13 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Cousin, Female, 13 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 10 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 2 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	



Other Child - Cousin, Female, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 7 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 7 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 1 Months	Other Adult - other mother, Female, 45 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Female, 1 Months	Other Adult - other mother, Female, 45 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated



Sibling, Male, 10 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 7 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 7 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 1 Months	Grandparent, Male, 44 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Female, 1 Months	Grandparent, Male, 44 Years	Inadequate Guardianship	Unsubstantiated
Aunt/Uncle, Female, 17 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 13 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 7 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 7 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Cousin, Female, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Female, 1 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated



Child Fatality Report

Deceased Child, Female, 1 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
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Report Summary:

An SCR report alleged the father had a history of hitting the mother's 10 and 7-year-old children as a form of discipline. On or about 6/2/16, the father made the 10yo stand facing a wall. When the 10yo left the wall, the father hit the child on the foot with a hanger. The 10yo did not have any visible injuries, however had lasting pain. The father hit the 7yo when the child accidentally wet the bed. It was unknown if the child sustained an injury.

Report Determination: Unfounded **Date of Determination:** 07/27/2016

Basis for Determination:

There was no evidence either child sustained any marks or injuries from being hit. The 10yo attended karate the same night he was struck on the foot with a hanger.

OCFS Review Results:

Collateral contacts were interviewed, law enforcement and medical records were reviewed, and case conferences were conducted throughout the investigation. The parents were counseled about the risks of using implements to discipline their children. The SC was born during this investigation and SCDSS made appropriate follow up contact with the SC's doctors. SCDSS provided safe sleep information to the family.

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

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

In 2015, the mother had one unfounded case against her with allegations of inadequate guardianship and sexual abuse, regarding two of the surviving siblings.

Between 2011 and 2014, the father had one unfounded report of inadequate guardianship for two of the surviving siblings, and two indicated reports with allegations of inadequate guardianship, excessive corporal punishment, and lacerations/bruises/welts, regarding children of a previous partner.

Known CPS History Outside of NYS

There was no known CPS history outside of New York state.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 08/17/2016

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 08/17/2016

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**

N/A

Preventive Services History

This case was opened on 8/17/16 and the parents completed a parenting class to help them better understand the child's medical needs. The case closed upon the child's death.

Foster Care Placement History

On 8/17/16, SCDSS filed an emergency removal of the SC and she was placed in the LDSS care and custody while she remained inpatient at the hospital for further medical care. The mother and father had been failing to properly feed the child and she was diagnosed with failure to thrive. On 8/22/16, SCDSS filed a neglect petition against both parents. SCDSS found a relative resource and on 8/23/16, the paternal grandmother was granted 1017 custody of the SC.

Legal History Within Three Years Prior to the Fatality**Was there any legal activity within three years prior to 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:
08/17/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	051322 Mother Female 30 Year(s)	
Comments:	SC was removed from both parents and placed in LDSS custody while the SC remained in the hospital.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/17/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	051323 Father Male 31 Year(s)	
Comments:	SC was removed from both parents and placed in LDSS custody while the SC remained in the hospital.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/22/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	051322 Mother Female 30 Year(s)	
Comments:	There was a disposition of Neglect with court ordered supervision.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
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08/22/2016	Adjudicated Neglected	Direct Custody to/or Continued with Relative (Article 10)
Respondent:	051323 Father Male 31 Year(s)	
Comments:	There was a disposition of Neglect with court ordered supervision.	

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