



**Report Identification Number: SY-15-015**

**Prepared by: Syracuse Regional Office**

**Issue Date: 2/5/2016**

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



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

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

**Jurisdiction:** Herkimer  
**Gender:** Female

**Date of Death:** 04/10/2015  
**Initial Date OCFS Notified:** 04/13/2015

## Presenting Information

On 4/13/15 it was reported that on 4/10/15, the SF woke up in the middle of the night to feed the five-week-old SC. SF put the SC in bed with the SM and himself. SF fell asleep and the SC remained in bed with the parents. The SC's 2-year-old brother climbed into the parent's bed at some point in the night without them knowing. Both the SC and the SC's brother were in the middle of the bed when the parents woke up in the morning, with the SC down towards the center of the mattress. The SC was not breathing and an ambulance was called. It is suspected that one of the parents laid on the SC during the night causing her to stop breathing. The SC's 5-year-old maternal half-sister and 2-year-old brother have unknown roles.

An autopsy has been performed. The SC had respiratory issues, but the autopsy showed no underlying infections, and there were no injuries to the SC.

## Executive Summary

The report involved the death of a one-month-old female child. The SC was pronounced dead on 4/10/15 at 8:45AM. The Final Autopsy Report listed the Cause of Death as unable to be determined - history of infant co-sleeping with others on an adult sized bed. The Manner of death is undetermined. It documented history of normal term pregnancy (approximately 39 weeks) with low birth weight and size at delivery (5 lbs. 3 oz.); and that there was reported history of symptoms of recent respiratory tract infection with recent vomiting, regurgitation and respiratory congestion with no evidence of significant inflammation noted in the lower respiratory tract by microscopic examination.

On 4/13/15 HCDSS received an SCR report with allegations of IG and DOA/Fatality against the SM and SF. The LDSS investigation revealed that on 4/9/15 at about 10:30PM, the SM fed the SC and placed her to sleep on her back and swaddled in a blanket in a bassinet in the parent's bedroom. During the night the SF got up to feed the SC and placed the SC on her back in a king size bed with the SF, SM and the SC's 2-year-old brother. The SF placed the SC between himself and the SC's brother with the SM on the other side of the brother. The king size mattress was described as "spongy", not firm, and did not have a fitted sheet on it; and each of the four family members had their own blanket in the bed as well. The parent's stated that the SC was normally placed to sleep in the bassinet, but if she cried then they would put the SC in bed with them to comfort her. The SM reported that the SC was congested and stuffy sounding that evening; however the SF stated that he was not aware of any medical concerns and there was no documented medical record of illness or diagnosis. At about 7:30AM on 4/10/15, the SC's 5-year-old maternal half-sister entered the bedroom and woke the SM. The SM and SF got out of the bed and noticed that the SC and the SC's brother were sleeping in the middle of the bed. The SM stated that the SC looked to be sleeping and was covered to her waist with a blanket; and she was lying on her back, but was a little bit on her side. The SM left the home to bring the 5-year-old maternal half-sister to school. When the SF returned to the bedroom at about 7:45AM, the 2-year-old brother was awake and the SF picked up the SC to find her unresponsive and colder than usual to the touch. The SF called 911 and attempted CPR; however he could not open the SC's mouth, so he attempted chest compressions. The SM arrived home and EMS arrived shortly after her. When Police and EMS arrived, they placed the unresponsive SC in the ambulance and found that the SC had no cardiac electrical activity and her rhythm was asystole. No resuscitation efforts were administered due to the SC showing signs of lividity and rigor. The coroner responded to



the scene and the SC was pronounced dead at 8:45AM.

On 6/12/15, the LDSS completed their investigation and substantiated the allegations of IG against the SM and SF regarding the SC and the allegation of DOA/Fatality against the SF regarding the SC. It was determined that there was credible evidence that the SC’s physical condition was placed in imminent danger of impairment when the SM and SF failed to exercise a minimum degree of care by co-sleeping with the SC in an unsafe sleep environment, and that failure caused the impairment. Despite there being a bassinet and a pack and play available in the same room, the SC was placed to sleep in a king size bed with a very soft/spongy mattress, which lacked a fitted sheet, with two adults, one toddler, three pillows and four blankets on the bed. It was determined that the SM and SF had been previously educated on safe sleep and the risks associated with co-sleeping, and were advised against co-sleeping with an infant child. The allegation of DOA/Fatality was unsubstantiated against the SM as it was determined that she was unaware that night that the SF had placed the SC in the bed.

## 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 LDSS appropriately determined the allegations in the report and services were offered to the family, but refused. The LDSS consulted with their legal department and determined that there was not cause to file a Neglect Petition. All casework activity was commensurate with case circumstances.

**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:

LDSS offered Preventive Services to the family, but the parents refused. The SM and SF are providing a minimal degree of care for the surviving children and there are no immediate safety concerns.

## 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: 04/10/2015

Time of Death: 08:45 AM

Time of fatal incident, if different than time of death: 07:45 AM

County where fatality incident occurred:

HERKIMER

Was 911 or local emergency number called?

Yes

Time of Call:

07:47 AM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

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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	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)

### LDSS Response



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

LDSS responded appropriately to the death by interviewing all parties involved, obtaining and reviewing medical records, gathering information from first responders and offering appropriate services, including preventive services, grief and mental health counseling and a referral to Early Intervention services. LDSS learned from a medical record review that the SC had been seen for scheduled well-child visits since her birth and was documented as "healthy". LDSS appropriately assessed safety and risk of the surviving siblings.

On 6/12/15, the LDSS completed their investigation and substantiated the allegations of IG against the SM and SF regarding the SC and the allegation of DOA/Fatality against the SF regarding the SC. It was determined that there was credible evidence that the SC's physical condition was placed in imminent danger of impairment when the SM and SF failed to exercise a minimum degree of care by co-sleeping with the SC in an unsafe sleep environment, and that failure caused the impairment. Despite there being a bassinet and a pack and play available in the same room, the SC was placed to sleep in a king size bed with a very soft/spongy mattress, which lacked a fitted sheet, with two adults, one toddler, three pillows and four blankets on the bed. It was determined that the SM and SF had been previously educated on safe sleep and the risks associated with co-sleeping, and were advised against co-sleeping with an infant child. The allegation of DOA/Fatality was unsubstantiated against the SM as it was determined that she was unaware that night that the SF had placed the SC in the bed.

The LDSS appropriately determined the allegations in the report and services were offered to the family, but refused. The LDSS consulted with their legal department and determined that there was not cause to file a Neglect Petition. All casework activity was commensurate with case circumstances.

Ilion Police Department conducted an investigation into the death of the SC and the case was closed with no criminal charges.

## 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  
**Comments:** SCR report dated 4/13/15 was investigated by HCDSS and reviewed by the MDT.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** No  
**Comments:** SCR report dated 4/13/15 was investigated by HCDSS and reviewed by the MDT. Herkimer County does not have a CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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022261 - Deceased Child, Female, 1 Mons	022262 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
022261 - Deceased Child, Female, 1 Mons	022262 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
022261 - Deceased Child, Female, 1 Mons	022263 - Father, Male, 31 Year(s)	DOA / Fatality	Substantiated
022261 - Deceased Child, Female, 1 Mons	022263 - Father, Male, 31 Year(s)	Inadequate Guardianship	Substantiated

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

### 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"/>
<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"/>
<b>Was there an approved Initial Safety Assessment for all surviving</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<b>siblings/ other children in the household within 24 hours?</b>				
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<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



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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

LDSS offered Preventive Services to the family and encouraged them to accept the services, but parents refused. LDSS made referrals for grief and mental health counseling for the SM, and a referral to Early Intervention Services for the 2-year-old surviving sibling; however the SM refused services.

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes**

**Explain:**

HCDSS referred the SC's brother to Early Intervention Services.

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

**Explain:**

HCDSS referred the SM to grief counseling; however the SM did not follow through with the service. HCDSS offered Preventive Services to the family, but they refused.



## 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? No
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

#### 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)
08/22/2012	7000 - Sibling, Female, 3 Years	6998 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	No
	7000 - Sibling, Female, 3 Years	6998 - Mother, Female, 21 Years	Lack of Supervision	Indicated	
	7001 - Sibling, Male, 8 Years	6998 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	7001 - Sibling, Male, 8 Years	6998 - Mother, Female, 21 Years	Lack of Supervision	Indicated	
	7000 - Sibling, Female, 3 Years	6999 - Father, Male, 29 Years	Inadequate Guardianship	Indicated	
	7000 - Sibling, Female, 3 Years	6999 - Father, Male, 29 Years	Lack of Supervision	Indicated	
	7001 - Sibling, Male, 8 Years	6999 - Father, Male, 29 Years	Inadequate Guardianship	Indicated	



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7001 - Sibling, Male, 8 Years	6999 - Father, Male, 29 Years	Lack of Supervision	Indicated
7000 - Sibling, Female, 3 Years	6999 - Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Indicated
7001 - Sibling, Male, 8 Years	6999 - Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Indicated

### Report Summary:

On 8/22/12, HCDSS received an SCR report alleging IG and LS by the BM and IG, LS and PD/AM by the BF regarding the SC's then 3-year-old maternal half-sister and 8-year-old paternal half-brother. The report alleged that the BM was leaving the children unsupervised and that the BF was abusing drugs. During the investigation, the home was found to be unsafe. The family subsequently moved to a new home and there were no further safety issues. The investigation was substantiated on 11/27/12 against the BM and BF for IG and LS, as well as for PD/AM against the BF. A Preventive Services case was opened and the BF entered a drug treatment program.

**Determination:** Indicated

**Date of Determination:** 11/27/2012

### Basis for Determination:

Credible evidence was found to support that the BM left the children unsupervised for hours at a time and that the father was abusing drugs, which impacted his ability to care for the children.

### OCFS Review Results:

Sufficient information was found to make appropriate safety and risk decisions. The decision to substantiate the report and open the family for Preventive Services was appropriate.

**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)
11/20/2012	7024 - Sibling, Female, 3 Years	7021 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	7025 - Other Child - MU's child, Male, 7 Months	7021 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	
	7024 - Sibling, Female, 3 Years	7022 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	7025 - Other Child - MU's child, Male, 7 Months	7022 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	
	7024 - Sibling, Female, 3 Years	7023 - Aunt/Uncle, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	7024 - Sibling, Female, 3 Years	7023 - Aunt/Uncle, Male, 23 Years	Inadequate Guardianship	Unfounded	
	7025 - Other Child - MU's child, Male, 7 Months	7023 - Aunt/Uncle, Male, 23 Years	Inadequate Guardianship	Unfounded	
	7024 - Sibling, Female, 3 Years	7021 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	
	7024 - Sibling, Female, 3 Years	7022 - Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	7025 - Other Child - MU's child, Male, 7 Months	7022 - Father, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded	



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

7025 - Other Child - MU's child, Male, 7 Months	7021 - Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Unfounded
7025 - Other Child - MU's child, Male, 7 Months	7023 - Aunt/Uncle, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unfounded

**Report Summary:**

On 11/20/12, HCDSS received an SCR report alleging IG and IF/C/S by the BM, BF and the MU regarding the SC's then 3-year-old maternal half-sister and the MU's 7-month-old son. The report alleged that the home was unsanitary and unsafe and that the adults failed to address safety issues. It also alleged that the MU was violent in the home. The allegations were unsubstantiated and the investigation was closed on 1/27/13. The BM and BF were receiving Preventive Services at the time of the investigation.

**Determination:** Unfounded**Date of Determination:** 01/27/2013**Basis for Determination:**

No credible evidence was found to substantiate the allegations. Collateral contacts were made. No safety factors were present. Preventive services remained open.

**OCFS Review Results:**

Sufficient information was found to make appropriate safety and risk decisions. The decision to unsubstantiate and close the report was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/04/2013	7055 - Sibling, Female, 3 Years	7053 - Mother, Female, 21 Years	Lack of Supervision	Indicated	No

**Report Summary:**

On 4/4/13, HCDSS received an SCR report alleging LS by the BM regarding the SC's then 3-year-old sister. The report alleged that the BM failed to provide adequate supervision of the 3-year-old when she was sleeping in bed with the SC's one-month-old brother. The 3-year-old sister was leaning on a screen of a second story window talking to people outside. The police responded and entered the home to wake the BM up. The allegation was substantiated and the investigation was closed on 8/9/13. The BM was receiving preventive services (since 10/31/12) at the time of the report; however preventive services closed 7/11/13 at the request of the family.

**Determination:** Indicated**Date of Determination:** 08/09/2013**Basis for Determination:**

Credible evidence was found to support that the BM failed to provide adequate supervision of the 3-year-old child which placed the child at risk of imminent danger due to the dangers of the open second story window. The BM was found by police to be sleeping in bed with the SC's then one-month-old brother. HCDSS addressed the co-sleeping and provided the BM with safe sleep information.

**OCFS Review Results:**

Sufficient information was found to make appropriate safety and risk decisions. The decision to substantiate the report was appropriate.

**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)
10/23/2014	6994 - Sibling, Female,	6996 - Father, Male,	Excessive Corporal	Unfounded	No



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

5 Years	31 Years	Punishment	
6994 - Sibling, Female, 5 Years	6996 - Father, Male, 31 Years	Lacerations / Bruises / Welts	Unfounded
6994 - Sibling, Female, 5 Years	6996 - Father, Male, 31 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

On 10/23/14, HCDSS received an SCR report alleging IG, XCP and L/B/W against the SC's BF regarding the then 5-year-old sister. The report alleged that the BF caused bruising to the sister's forehead by smashing her head against the wall and had slapped her face as discipline. The allegations were unsubstantiated and the investigation was closed on 12/23/14.

**Determination:** Unfounded**Date of Determination:** 12/23/2014**Basis for Determination:**

No credible evidence was found to substantiate the allegations. Collateral contacts were made with school personnel and family members. No safety factors were present.

**OCFS Review Results:**

Sufficient information was found to make appropriate safety and risk decisions. The decision to unsubstantiate and close the report was appropriate.

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

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

There is no CPS history more than three years prior to the fatality involving 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.

**Known CPS History Outside of NYS**

There is no known 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**

HCDSS provided Preventive services to the BM, BF, SC's maternal half-sister and brother from 10/31/12-7/11/13. A Preventive Services case was opened based on an Indicated CPS report against the BM and BF for IG and LS, as well as for PD/AM against the BF. HCDSS provided homemaker services, parent aide services, casework counseling, safe sleep education and referral to Head Start; and the BF completed a drug treatment program. The family was maintaining the home in a safe and sanitary condition. Preventive services were closed at the family's request. The review found compliance by HCDSS with all applicable statutory and regulatory requirements.



## 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