



Report Identification Number: SV-15-034

Prepared by: Spring Valley Regional Office

Issue Date: 3/1/2016

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: 2 month(s)

Jurisdiction: Dutchess
Gender: Male

Date of Death: 07/13/2015
Initial Date OCFS Notified: 07/16/2015

Presenting Information

A report was called in to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 6/27/2015 alleging Inadequate Guardianship on behalf of the then 1-month-old male subject child, against the mother. This report alleged the subject child was a healthy child and was found unresponsive by his mother. The subject child was transported to the hospital and was noted to have been in very critical and severe condition. The mother had no explanation for the condition of the subject child. On 7/13/2015, a subsequent report was received alleging DOA/Fatality and Inadequate Guardianship on behalf of the 2-month-old subject child against the mother. This report alleged the subject child passed away from Cardiac Arrest and Multiple Organ Failure however; the subject child was not noted to have had any pre-existing health conditions and was an otherwise healthy child. The mother had no explanation for the subject child's death.

Executive Summary

Dutchess County Department of Community and Family Services, (DCDCFS), conducted an investigation into the allegations listed on the report, and worked in conjunction with Westchester County Department of Social Services, (WCDSS) who had a secondary assignment, service providers within the community and local law enforcement officials. Numerous appropriate collateral contacts were made including the police department, the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were made for and accepted by the family.

During the course of the investigation, it was learned that the mother had woken up around 5:00 AM on 6/27/2015. When the mother went to feed and change the diaper of the subject child, she observed him to have been "limp." A 911 call was placed by the mother at 5:46 AM while she was performing Cardio Pulmonary Resuscitation (CPR) on the subject child. The subject child was brought to the local hospital prior to being transferred to Westchester Medical Center and being placed on life support. A 7/2/2015 MRI revealed the subject child had no brain activity, and the mother and father ultimately made the decision to end care for the subject child. The subject child was taken off of life support, and pronounced dead on 7/13/2015 at 8:30 PM while at the Medical Center.

Home visits to assess the safety and well-being of the four male surviving half-siblings were made and contact with them was maintained. The siblings were assessed to have been clean, appropriately dressed for the weather, and free of any marks and/or bruises during each visit. The home was also observed to have been clean and well-kept with appropriate provisions and no obvious safety hazards.

As per the Dutchess County Medical Examiner's Office, there was no injury noted to the subject child's body. The Medical Examiner added the subject child's heart showed "tissue depth" which could have been the result of chest compression, a heart attack or an arrhythmia. It was also noted the subject child's bowel had separated, and he experienced multi-organ shut down which likely resulted in elevated liver enzymes. The final autopsy results were pending at the time of the investigation closure, and were waiting on additional test results to be received. DCDSS



made numerous attempts to contact the Medical Examiner’s Office for additional information prior to case closure via telephone calls and e-mails, however no contact was made. No preliminary cause of death was made at the time of case closure.

On 09/11/2015, DCDCFS unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality on behalf of the subject child listed on the report against the mother. There was no credible evidence to support the mother’s actions or inactions resulted in the condition of the subject child and ultimately his death. The mother acted appropriately and in a timely manner by ensuring appropriate medical attention was sought for the subject child once she observed him to have been “limp.” The Medical Examiner indicated that there were no bruises, old or new fractures, or any sign of external trauma to the subject child’s body. A referral for voluntary preventive services was made for the family, as well as aid from the Department of Mental Health for grief counseling, assistance with coping with being a victim of domestic violence, and legal aid. Contact information was also provided to the family for assistance with finding child care for the siblings.

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:

Sufficient information was gathered during the course of the investigation to made a determination, and the decision to close the case was appropriate.

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 decision to close the case was appropriate.

Required Actions Related to the Fatality



NYS Office of Children and Family Services - Child Fatality Report

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	A seven day safety assessment document was not completed for the fatality report.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	Dutchess County Department of Community and Family Services will submit a corrective action plan to the Office of Children and Family Services to address the citation in regard to Timely/Adequate Seven Day Assessment in this fatality report within thirty days of the report being issued.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 07/13/2015

Time of Death: 08:30 PM

Date of fatal incident, if different than date of death: 06/27/2015

Time of fatal incident, if different than time of death: 05:46 AM

County where fatality incident occurred:

DUTCHESS

Was 911 or local emergency number called?

Yes

Time of Call:

05:46 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

How long before incident was the child last seen by caretaker? 4 Hours

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

1

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



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Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Father	No Role	Male	27 Year(s)
Other Household 2	Other Adult	No Role	Male	27 Year(s)

LDSS Response

Dutchess County Department of Community and Family Services, (DCDCFS), conducted an investigation into the allegations listed on the report, and worked in conjunction with Westchester County Department of Social Services, (WCDSS), service providers within the community and local law enforcement officials. DCDCFS did make many appropriate collateral contacts including the police department, the Medical Examiner, medical professionals, community resources and relatives. All subjects and other persons named on the report were interviewed, and the allegations were discussed. Appropriate service referrals were made for, and accepted by, the family.

The safety of the surviving 8-year-old, 6-year-old, 3-year-old and 2-year-old male half-siblings was assessed and contact was maintained. The completed safety assessments were timely, appropriate and accurately reflected the known circumstances of the case. However, there was no completed 7-day safety assessment document listed. The case notes were well documented, detailed and contemporaneous.

As per the Medical Examiner, there were no injuries found during the autopsy, and the cause of death was still pending. A 7/31/2015 note indicated there were no new updates in regard to the case. DCDCFS made additional attempts to obtain further information before the closure of the case, however was unsuccessful.

There was documentation of supervisory conferences noted. The investigation was closed on 9/11/2015 and the allegations on the report were determined to have been unsubstantiated regarding the mother on behalf of the subject child. The mother acted appropriately and sought necessary medical attention for the subject child in a timely manner. At the time of case closure, the family was open to voluntary preventive services. A referral was made, however services had not yet begun prior to the case being closed.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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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: Dutchess County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022641 - Deceased Child, Male, 2 Mons	022642 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
022641 - Deceased Child, Male, 2 Mons	022642 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine



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Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Explain as necessary:

There was no removal regarding the surviving children.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

Preventive Services were offered to and accepted by the family. Referrals for Early Intervention were completed.

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:



A referral for Preventive Services was made on behalf of the family.

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

Explain:

A referral for Preventive Services was made on behalf of the family.

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)
03/02/2014	6045 - Sibling, Male, 8 Years	6041 - Mother, Female, 26 Years	Educational Neglect	Unfounded	No
	6045 - Sibling, Male, 8 Years	6041 - Mother, Female, 26 Years	Inadequate Guardianship	Unfounded	
	6045 - Sibling, Male, 8 Years	6050 - Other Adult - Sibling's father, Male, 27 Years	Educational Neglect	Unfounded	
	6045 - Sibling,	6050 - Other Adult - Sibling's	Inadequate	Unfounded	



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Male, 8 Years	father, Male, 27 Years	Guardianship	
6044 - Sibling, Male, 3 Years	6046 - Aunt/Uncle, Female, 26 Years	Inadequate Guardianship	Unfounded
6044 - Sibling, Male, 3 Years	6046 - Aunt/Uncle, Female, 26 Years	Lack of Supervision	Unfounded

Report Summary:

This report alleged Inadequate Guardianship on behalf of the then 7-year-old and 2-year-old surviving half siblings against the mother, the father and the maternal aunt. Additional allegations of Educational neglect on behalf of the 7-year-old against the mother and father and Lack of Supervision on behalf of the 2-year-old against the aunt were made. The report alleged the 2-year-old wandered into the unheated hallway without supervision. It also alleged the 7-year-old had 13 school absences, had been late 8 times, and dismissed early 18 times.

Determination: Unfounded

Date of Determination: 04/29/2015

Basis for Determination:

The allegations in the report were unsubstantiated. During the investigation, it was determined the aunt locked the door and was unaware the child was outside while she was caring for 6 children, all of which were asleep during the incident. This was the first time the 2-year-old was in the apartment and the aunt was not the child's usual babysitter. The mother was not the supervisor of the 7-year-old in the morning and relied on family members and friends to get the child to and from school on time, due to her work schedule.

OCFS Review Results:

OCFS is in agreement with the outcome of the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/01/2014	6052 - Sibling - Sibling's father, Male, 8 Years	6051 - Mother - Sibling's father, Female, 26 Years	Inadequate Guardianship	Unfounded	No
	6052 - Sibling - Sibling's father, Male, 8 Years	6057 - Day Care Provider - Sibling's father, Female, 43 Years	Inadequate Guardianship	Unfounded	
	6052 - Sibling - Sibling's father, Male, 8 Years	6057 - Day Care Provider - Sibling's father, Female, 43 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

This report alleged Inadequate Guardianship and Inadequate Food/Clothing/Shelter against the mother and the day care provider on behalf of the then 7-year-old surviving half-sibling. It was alleged that the day care provider failed to feed the 7-year-old and he went to bed hungry. It was also alleged the 7-year-old slept on a cot without a pillow or blanket. The mother was said to have been aware of the situation and continued to send the 7-year-old to the day care provider. It was noted the 7-year-old was dirty while in the mother's care and wore the same clothing many days in a row.

Determination: Unfounded

Date of Determination: 06/18/2014

Basis for Determination:

The report was unfounded as the mother packed food for all of the siblings to attend the day care and a visit to the day care revealed ample food. Pillows and blankets are provided to the children at the day care and the 7-year-old slept on the couch. All of the surviving siblings appeared to have clean clothing and appropriate hygiene.



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OCFS Review Results:

OCFS is in agreement with the determination of the investigation.

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)
09/05/2014	6059 - Sibling - Sibling's father, Male, 2 Years	6058 - Mother - Sibling's father, Female, 26 Years	Inadequate Guardianship	Indicated	No
	6060 - Sibling - Sibling's father, Male, 3 Years	6058 - Mother - Sibling's father, Female, 26 Years	Inadequate Guardianship	Indicated	
	6062 - Sibling - Sibling's father, Male, 6 Years	6058 - Mother - Sibling's father, Female, 26 Years	Lack of Supervision	Indicated	
	6059 - Sibling - Sibling's father, Male, 2 Years	6058 - Mother - Sibling's father, Female, 26 Years	Lack of Supervision	Indicated	
	6060 - Sibling - Sibling's father, Male, 3 Years	6058 - Mother - Sibling's father, Female, 26 Years	Lack of Supervision	Indicated	
	6062 - Sibling - Sibling's father, Male, 6 Years	6058 - Mother - Sibling's father, Female, 26 Years	Inadequate Guardianship	Indicated	
	6061 - Sibling - Sibling's father, Male, 8 Years	6058 - Mother - Sibling's father, Female, 26 Years	Inadequate Guardianship	Indicated	

Report Summary:

This report alleged Inadequate Guardianship against the mother on behalf of the then 7-year-old, 5-year-old, 2-year-old and 1-year-old surviving half-siblings. It also alleged Lack of Supervision on behalf of the 5-year-old, 2-year-old and 1-year-old. This report alleged the mother left the 5-year-old, 2-year-old and 1-year-old unsupervised for an extended period of time while she slept. After waking up, she allegedly passed out and was non responsive. During this time, it was alleged the one-year-old was standing on the table, playing with a glass and a can opener, and the five-year-old was jumping on the furniture.

Determination: Indicated

Date of Determination: 12/10/2014

Basis for Determination:

There was credible evidence to support that the incidents were observed and occurred, in addition to the 5-year-old repeatedly stated that he looked after his siblings while his mother slept, and corroborated what had been reported.

OCFS Review Results:

OCFS is in agreement with the determination of the investigation. The mother was counseled about safe sleeping, appropriate supervision and following up with medical recommendations.

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)
06/27/2015	6066 - Deceased Child - Sibling's Paternal Grandfather, Male, 2 Months	6065 - Mother - Sibling's Paternal Grandfather, Female, 26 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

This report alleged Inadequate Guardianship against the mother on behalf of the subject child. This report alleged the



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mother checked on the subject child at midnight and he was fine. The mother again checked on the subject child around 5:00 AM, and the subject child was unresponsive and 911 was called. The report alleged the subject child was in very critical and severe condition and was an otherwise healthy child. The mother reportedly had no explanation for what happened to the subject child.

Determination: Unfounded

Date of Determination: 09/11/2015

Basis for Determination:

The basis for the determination was the mother responded appropriately and began CPR on the subject child and called 911. Her demeanor was also appropriate at the hospital. An autopsy of the subject child after his passing on 7/13/2015 revealed no prior abuse.

OCFS Review Results:

OCFS 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

There were 3 investigations from 12/2010-5/2011 that listed unfounded allegations of Inadequate Guardianship, Lacerations/Bruises/Welts, Lack of Supervision, and Excessive Corporal Punishment on behalf of the oldest two surviving half-siblings against their mother, their biological father, their paternal great-grandmother and their paternal aunt. There was one indicated case with allegations of Inadequate Guardianship on behalf of the then 4-year-old and 2-year-old against their father. This report alleged an incident of domestic violence occurred between their father and mother in the presence of the siblings and the police were called as a result. The father was arrested and charged with Endangering the Welfare of a Child. An order of protection was issued for the mother and the children.

Known CPS History Outside of NYS

There is no known 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 known Preventive Service History on file for the family.

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