



Report Identification Number: SY-16-013

Prepared by: Syracuse Regional Office

Issue Date: 10/7/2016

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 |
| FM-Foster Mother | SS-Surviving Sibling | |

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 | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | |



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Jefferson
Gender: Female

Date of Death: 04/14/2016
Initial Date OCFS Notified: 04/14/2016

Presenting Information

On 4/14/16, the SCR received a report that the 3 month old SC was found expired, while in the care of Alleged Subject (AS) and the AS's husband. The AS was operating an unlicensed daycare in the home, and was caring for the SC. The AS fed the SC and laid her down for a nap, in a twin bed with a pillow on each side. There were also pillows pushed in between the mattress and the wall. The SC was in a bedroom for one to two hours, when the AS sent a friend of hers upstairs to check on the SC. The AS's friend found the SC unresponsive, wedged between the wall and the mattress, with her feet in the air. There was vomit found on the bedding and on the SC. EMS was called and responded to the scene. Local police were contacted.

Executive Summary

On 4/14/16, the SC was dropped off by the BF to be babysat by the AS in her home. The AS had been providing the SC with daycare for about three weeks. The BF and BM reported that the SC was diagnosed with a medical condition, and medical records showed the SC was slow gaining weight, but had no other significant medical conditions. The AS fed the SC soon after her arrival, and the SC vomited significantly twice during the feeding. The AS then swaddled the SC and laid her down in a room on the second floor of the home. The AS laid the SC down on a twin bed on her back with a pillow on each side of her. Roughly two hours later, someone came to the home to see the AS and while the AS was talking with that person, the AS asked her friend to check on the SC. The AS's friend had been visiting at the home all day. The AS's friend went up to the second floor, and found the SC's head wedged between the wall and the mattress she was laid down on and the SC's feet up in the air. The AS's friend reported, and the LE and CPS records also stated there was vomit on the SC's face and on the bedding. The AS's friend left the room and alerted the AS's husband, who was sleeping in a room nearby, that she had discovered the SC unresponsive. EMS was contacted and responded to the scene, the SC was taken to the local hospital, and despite lifesaving efforts was pronounced dead. LE was contacted and the LDSS coordinated the investigation with LE. The AS and her husband had video cameras in the home and LE obtained and reviewed the footage. The footage showed that the SC was up in the bedroom for roughly two hours before the AS's friend was sent up to check on her. The AS's dog was discovered to frequently sleep in this room, and it was concluded that the dog may have jumped on the bed resulting in the SC being found in the position she was. The ME determined that the manner of death was an accident, and that the cause of death was asphyxiation due to aspiration of gastric contents. The LDSS records showed that both the EMT's and the hospital staff found large amounts of fluid in the SC's airway. The AS was operating an unlicensed daycare in her home, and the LDSS coordinated parts of the investigation with OCFS Day Care Services. The LDSS gathered adequate information to determine that the other children in the home were safe. One of the other children receiving day care in the home was the SC's half sibling, who resided with the SC's BF and BM half of the time. The SC's sibling was not at the day care on the day of this incident. The SC's sibling stopped attending the day care following the fatality and moved out of the area with his BM. All but one of the other children going to the AS's home for day care stopped using the AS as a day care provider. At the completion of the investigation, the LDSS determined the AS's niece to be safe, and she remained in the home. The AS's sister in law, BM of the niece, also moved into the home, with services in place for them. The LDSS indicated this case for abuse, for the allegations of DOA/Fatality, IG and Lack of Supervision against the AS. The



LDSS determined that the AS failed to adequately supervise and monitor the well-being of the SC and put the SC in an unsafe sleeping environment. The AS’s husband was found not to be a person with legal responsibility for the SC, and the allegations of DOA/Fatality and IG were unsubstantiated in regard to him.

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

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:

N/A

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: 04/14/2016

Time of Death: 03:41 PM

County where fatality incident occurred:

JEFFERSON

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown



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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? No - but needed

At time of incident supervisor was: Unknown if they were 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 | 3 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 26 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 26 Year(s) |
| Other Household 1 | Day Care Provider | Alleged Perpetrator | Female | 33 Year(s) |
| Other Household 1 | Day Care Provider | Alleged Perpetrator | Male | 38 Year(s) |
| Other Household 1 | Other | No Role | Female | 11 Year(s) |
| Other Household 1 | Other Adult | No Role | Female | 24 Year(s) |
| Other Household 1 | Unrelated Home Member | No Role | Male | 24 Year(s) |

LDSS Response

Once the LDSS was made aware of the report, the LDSS caseworker contacted the source of the report and coordinated the investigation with local LE. The LDSS CW interviewed the two AS's, the AS and the AS's Husband, along with the SC's BM and BF. The AS's niece and two other adults were also living in the home. The two other adults were interviewed in regard to the case, and were determined to have no role. The AS's niece who was an 11 year old girl, was interviewed and was assessed to be safe to remain in the home. The other children and their parents who were utilizing the AS's unlicensed daycare were contacted and interviewed. Those parents were advised to reconsider their day care choice.

The LDSS made collateral contacts with LE, the ME, the SC's pediatrician, and the local hospital. While coordinating the investigation with LE, the LDSS worker discovered that the SC had recently started going to daycare at the AS's. The AS was responsible for running the daycare and though the AS's husband was home during the day, he had some stated disabilities and was not assisting with the daycare regularly. The BM and the BF of the SC stated that the SC was recently diagnosed with acid reflux and was being medicated for it, and they informed the AS of this condition. The LDSS discovered that the AS fed the SC prior to laying the SC down for a nap in an adult bed, surrounded by pillows. The SC was also wearing a teething necklace around her neck. The AS reported that the SC vomited twice during the feeding, and she then decided to lay her down for the nap. The LDSS interviewed a friend of the AS, who discovered the SC and alerted the AS and the AS's husband when she saw the SC was unresponsive. The AS's friend found the SC with her head



wedged between the wall and the mattress, and her feet sticking up in the air, and there was vomit on the bedding and the SC.

LE obtained video footage from cameras in the home that showed that though the AS stated she left the SC upstairs for about 45 minutes, the SC was upstairs for two hours. The video footage also shows the AS's 40lb dog enter and leave the room where the SC was sleeping two times. This dog sleeps on the bed in this room nightly, and there was dog hair found all over the bedding near the SC. The LDSS and LE concluded that the family dog entered the room during the SC's nap, jumped on the bed, moving her into the position she was found by the AS's friend.

The BM and BF of the SC were ensuring that the SC was being seen regularly by a physician. She was diagnosed with GERD and was slow gaining weight, but was not diagnosed with any other significant health issues. The ME determined the cause of death to be accidental and caused by asphyxiation due to aspiration of gastric contents.

Based on the gathering of information in the case by the LDSS, they were able to determine that the AS placed the SC in danger by placing the SC in a dangerous sleep environment and not adequately monitoring the SC. The LDSS indicated this case against the AS for abuse for DOA/Fatality, IG and Lack of Supervision for her failure to exercise a minimum degree of care, and that her actions placed the SC in a sufficient amount of danger to lead to the SC's death. The LDSS unfounded the allegations regarding the AS's husband, as there was no evidence to show that the AS's husband was a person with legal responsibility for the SC on the date of the SC's death or any other day.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: No CFRT in Jefferson County

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---|--|-------------------------|--------------------|
| 030981 - Deceased Child, Female, 3 Mons | 030985 - Day Care Provider, Male, 38 Year(s) | DOA / Fatality | Unsubstantiated |
| 030981 - Deceased Child, Female, 3 Mons | 030985 - Day Care Provider, Male, 38 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 030981 - Deceased Child, Female, 3 Mons | 030984 - Day Care Provider, Female, 33 Year(s) | Lack of Supervision | Substantiated |
| 030981 - Deceased Child, Female, 3 Mons | 030984 - Day Care Provider, Female, 33 Year(s) | DOA / Fatality | Substantiated |
| 030981 - Deceased Child, Female, 3 | 030984 - Day Care Provider, Female, 33 | Inadequate | Substantiated |



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|------|---------|--------------|--|
| Mons | Year(s) | Guardianship | |
|------|---------|--------------|--|

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

Fatality Safety Assessment Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



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| | | | | |
|---|--|--|--|--|
| danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | | | | |
|---|--|--|--|--|

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 or 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"/> |

Explain as necessary:
 The AS and her husband were caring for the AS's 11 year old niece. She was assessed to be safe and remained in the home.

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 |
|----------|----------------------|----------------------|--------------------------|------------------------|------------------------|-----|----------------------|
| | | | | | | | |



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| | | | | | | | |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input checked="" 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 checked="" 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"/> |
| 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"/> |

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

Explain:
No service needs identified.

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

Explain:
the BM and BF of the SC were provided with referral information for grief counseling services.
The AS and the AS's husband reported they receive mental health treatment through a local provider.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No



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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) |
|--------------------|--|---|-------------------------------|----------------|---------------------|
| 09/08/2013 | 10793 - Other Child - Day Care Provider's Husband's Child, Male, 6 Years | 10792 - Other - Day Care Provider's Husband, Male, 38 Years | Inadequate Guardianship | Indicated | No |
| | 10793 - Other Child - Day Care Provider's Husband's Child, Male, 6 Years | 10791 - Day Care Provider, Female, 33 Years | Excessive Corporal Punishment | Indicated | |
| | 10793 - Other Child - Day Care Provider's Husband's Child, Male, 6 Years | 10791 - Day Care Provider, Female, 33 Years | Inadequate Guardianship | Indicated | |
| | 10793 - Other Child - Day Care Provider's Husband's Child, Male, 6 Years | 10794 - Other - Mother of Day Care Provider's Husband's Child, Female, 31 Years | Inadequate Guardianship | Indicated | |
| | 10793 - Other Child - Day Care Provider's Husband's Child, Male, 6 Years | 10791 - Day Care Provider, Female, 33 Years | Choking / Twisting / Shaking | Indicated | |

Report Summary:

The AS and the AS's Husband had the AS's Husband's child for a visit. The child resides with his BM. The AS was angry with the child and forcefully picked him up by the neck, threw him on the bed and pinned him down. The child sustained visible injuries to his neck and left arm. Due to previous abuse by the AS and the AS' Husband, there were OOP's which this child's BM violated by allowing the child to visit.



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| | |
|---|--|
| Determination: Indicated | Date of Determination: 11/20/2013 |
| Basis for Determination: The LDSS found evidence that the AS did grab the child by the neck and throw him on the bed, causing the alleged injuries. The AS denied causing any such injuries. The case was also indicated against the AS's Husband (the child's father) and the child's BM due to them allowing the child to visit with the AS despite the documented history of physical and emotional abuse she has inflicted on the child. Full stay away orders of protection were issued for the AS and the AS's Husband, and the AS was arrested for EWOC and for Criminal Obstruction of Breathing. The child returned to the care of his BM in Pennsylvania. | |
| OCFS Review Results: The LDSS made appropriate contacts with the family, and adequately assessed the child's safety in this case. The LDSS made necessary collateral contacts, and gathered enough information to make the determination in this case. | |
| Are there Required Actions related to the compliance issue(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

The AS, the AS's Husband and the BM of the SC all have CPS history older than three years prior to the fatality.

The AS was named as a subject in 14 CPS reports. In 2008 the AS was indicated for Lack of Supervision for failing to adequately supervise her 4 year old son. Later in 2008 the AS was indicated for abuse for using excessive corporal punishment for injuring that same child and he was removed and placed with a relative. In 2009, the AS and the AS's husband were indicated again for abuse for burns, using excessive corporal punishment and injuries to another child. That child and all the other children living in the home were removed, and placed with relatives. The children were never returned. The AS was listed in two additional reports in 2009 with no role, and in two reports in 2011 with no role.

The AS's Husband was Indicated for IG and DV in front of his child. He was indicated for Excessive Corporal Punishment for abuse in 2008 and 2009, on the same reports the AS was listed in above. He had one unfounded case in 2011.

The BM of the SC was the confirmed maltreated child in one Investigation as a child, and listed as a person with no role in another.

The BF has no CPS History in NY State.

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?
Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



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