

Report Identification Number: RO-14-012

Prepared by: Rochester Regional Office

Issue Date: 1/26/2015

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

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

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

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

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

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

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

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

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Abbreviations

<p>Relationships BM = Biological Mother OC = Other Child MGM/PGM = Maternal/parental Grandmother</p>	<p>SM = Subject Mother BF = Biological Father FM = Foster Mother MGF/PGF = Maternal/parental Grandfather</p>	<p>SC = Subject Child SF = Surviving Father FF = Foster father DCP = Day Care Provider</p>
<p>Contacts LE = Law Enforcement EMS = Emergency Medical Services DC = Day Care</p>	<p>CW = Caseworker Dr = Doctor CPR = Cardiopulmonary Resuscitation</p>	<p>CP = CasePlanner ME = Medical Examier FD = Fire Department</p>
<p>Allegations L/B/W = Lacerations/Bruises /Welts B/S = Burns / Scalding PD/AM = Parent's Drug Alcohol Misuse M/FTTH= Malnutrition/Failure-to-Thrive LS = Lack of Supervision OTH/COI = Other</p>	<p>FX = Fractures S/D/S = Swelling/Dislocation /Sprains CD/A = Child's Drug/Alcohol Use P/Nx = Poisoning/ Noxious Substance IF/C/S = Inadequate Food/Clothing /Shelter Ab = Abandonment</p>	<p>II = Internal Injuries C/T/S = Choking/Twisting /Shaking MN = Medical Neglect XCP = Excessive Corporal Punishment IG = Inadequate Guardianship SO = Sex Offender</p>
<p>Miscellaneous LDSS = Local Department of Social Service</p>	<p>IND = Indicated ACS = Administration for Children's Services</p>	<p>UNF = Unfounded NYPD = New York City Police Department</p>

Case Information

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

Jurisdiction: Chemung
Gender: Male

Date of Death: 05/13/2014
Initial Date OCFS Notified: 05/13/2014

Presenting Information

On 5/13/14, Chemung County Department of Social Services (CCDSS) received an SCR report alleging that the mother awoke to discover the SC unresponsive and she brought the SC to the home of a neighbor. While at the neighbors' home, the SC vomited. Emergency services were contacted and the SC was brought to the hospital where he passed away. The parents provided conflicting explanations for where the SC slept last night; thus causing the SC's death to appear suspicious. The SC had Respiratory Syncytial Virus (RSV, a serious respiratory virus) which the parents were using the half-brother's nebulizer and medication on the SC. The adults were still smoking in the home despite the SC's serious respiratory issues. The parents were not providing a clean and sanitary home for the children. The home was in deplorable condition with garbage, animal feces and other refuse strewn about the home.

Executive Summary

This fatality report concerns the death of a male child that occurred on 5/13/14. The death certificate, signed on 5/19/14, indicated the cause and manner of death were "pending investigation". An SCR report was received by the CCDSS regarding the death of the SC.

CCDSS began their investigation on 5/13/14 and found that the parents were awake until 5-5:30am the day the SC died. They put the subject child to sleep in his crib until 7:30am when he was moved to the parent's bed to sleep on a body pillow on the adult bed between the parents. The mother moved the SC to his crib at 9:30am where she placed him on his back propped by a boppy pillow. The mother went back to sleep. The parents woke up at 11:15am. The father was inconsistent where the SC was found; either in his crib or in the bed. Regardless, the SC was limp and unresponsive. The father called 911 and the mother performed CPR. LE and EMS arrived and transported the SC to the hospital where he was later pronounced dead.

CCDSS continued to meet with the family and follow up with any concerns that arose during the investigation. CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, adequately assessed service needs and offered services when necessary, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment.

CCDSS spoke with the family and appropriate collateral contacts to obtain information about the SC's death. CCDSS met regularly with the family in the home and offered the family appropriate services during the investigation. However, due to the fact that concerns continued to arise and the condition of the home continued to be a hazard to the children; CCDSS filed an Article 10 Neglect petition against the mother and the father regarding the surviving siblings.

CCDSS substantiated the all of the allegations in the report. Allegations of LOS were added and substantiated of Educational Neglect against the mother and the father regarding the half-sister. The allegations were substantiated because CCDSS found that the parents failed to provide a minimum degree of care to the children.

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The case remained open for preventive services. CCDSS is to be commended on their fatality investigation.

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? N/A

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

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

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/13/2014

Time of Death: 12:15 PM

County where fatality incident occurred: CHEMUNG

Was 911 or local emergency number called? Yes

Time of Call: 11:24 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant

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

At time of incident supervisor was:
 Drug Impaired Absent
 Alcohol Impaired Asleep
 Distracted Impaired by illness
 Impaired by disability Other:

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Other	No Role	Male	30 Year(s)

LDSS Response

According to the parents, the SC would typically sleep in his crib propped on a boppy pillow that was underneath a sheet with a light comforter and a blanket over his legs. The SC was propped as he was diagnosed with an illness unrelated to his death. However, the pediatrician recommended that the boppy was placed under the mattress. When the SC was in their bed, the mother was on her side with the SC on his back in the nook of her arm. According to CCDSS, the parents were given safe sleeping practice education at the hospital, during a previous CPS investigation, and were provided a free pack-n-play from CCDSS. CCDSS observed the sleeping areas; the parents had a full sized mattress on the floor and the crib had a boppy pillow covered in a blanket with a large blanket at the foot of the crib.

EMS stated the SC had swelling and purple discoloration around his eyes. According to EMS, in some cases, that was indicative of some sort of head trauma but he was unsure if this pertained to the SC. The Dr at the hospital reported the SC had a lack of oxygen to his upper body as his skin was bluish color and swelling around his eyelids. The mother reported the SC fell off the pillow and was facedown which could be the reason for the swelling. The mother later denied making that statement. The Coroner reported to LE the SC showed some signs of lividity on his right hip but was still flexible in his extremities. There were no signs of rigor mortis alluding to the conclusion the SC was not deceased for a long period of time. The Dr and the coroner did not observe any physical signs of trauma.

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Although the ME and the coroner could not provide an opinion on causation, CCDSS consulted with other medical professionals, such as the SC's pediatrician, the Dr at the hospital, first responders, and collateral contacts and assessed the information to make their determination. CCDSS stated the Dr's assessment corroborated the SC was found face down. Furthermore, he stated he always had "some concerns when a five-week-old baby dies; babies don't die if they were asleep in their cribs". CCDSS found the parents had received enough information to provide the appropriate care to the SC, who was just hospitalized and diagnosed three weeks prior with RSV and an illness unrelated to his death. The pediatrician stated due to his diagnosis, he needed to be in a smoke free environment. However, the parents continued to disregard this information by smoking around the SC and placing him in unsafe sleep environments. CCDSS determined the parents continued use of unsafe sleeping practices placed the SC at risk of harm. CCDSS substantiated the allegation of DOA/Fatality.

All other allegations were substantiated as the home was in deplorable condition with animal feces, garbage, cigarette butts, food remains, bug infestation, and clutter covering the floor and the stairs. The parents cleaned the home but were unable to maintain a clean environment.

In regards to LS, on the day the SC died, the parents were unaware the half-sister was home. Although they initially woke up to get her to school, they did not follow through and assumed the MGM's ex-paramour had taken her to school. The parents finally realized she was home when they saw her standing on the front porch of the home.

In regards to Educational Neglect, CCDSS found the half-sister was tardy to school on numerous occasions, missed 39 days of school and did not complete homework. The half-sister needed evaluation for her cognitive ability but the parents failed to attend the appointment needed for the developmental assessment. As a result, she will be repeating Kindergarten.

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

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
Deceased Child Male 1 Month(s)	Father Male 26 Year(s)	Inadequate Guardianship	Substantiated
Deceased Child Male 1 Month(s)	Mother Female 24 Year(s)	Inadequate Guardianship	Substantiated
Deceased Child Male 1 Month(s)	Mother Female 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
Deceased Child Male 1 Month(s)	Father Male 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
Deceased Child Male 1 Month(s)	Mother Female 24 Year(s)	DOA / Fatality	Substantiated
Deceased Child Male 1 Month(s)	Father Male 26 Year(s)	DOA / Fatality	Substantiated

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Sibling Female 5 Year(s)	Father Male 26 Year(s)	Lack of Supervision	Substantiated
Sibling Female 5 Year(s)	Mother Female 24 Year(s)	Educational Neglect	Substantiated
Sibling Female 5 Year(s)	Father Male 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
Sibling Female 5 Year(s)	Father Male 26 Year(s)	Educational Neglect	Substantiated
Sibling Female 5 Year(s)	Mother Female 24 Year(s)	Lack of Supervision	Substantiated
Sibling Female 5 Year(s)	Mother Female 24 Year(s)	Inadequate Guardianship	Substantiated
Sibling Female 5 Year(s)	Mother Female 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
Sibling Female 5 Year(s)	Father Male 26 Year(s)	Inadequate Guardianship	Substantiated
Sibling Male 1 Year(s)	Mother Female 24 Year(s)	Inadequate Guardianship	Substantiated
Sibling Male 1 Year(s)	Father Male 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
Sibling Male 1 Year(s)	Father Male 26 Year(s)	Inadequate Guardianship	Substantiated
Sibling Male 1 Year(s)	Mother Female 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

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"/>
The SCR Report source contacted?	<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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Within 24 hours?				
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 danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 instigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
07/25/2014	There was not a fact finding	Adjourned
Respondent:	009467 Mother Female 24 Yrs	
Comments:	Due to the fact that concerns continued to arise and the condition of the home continued to be a hazard to the children; CCDSS filed an Article 10 Neglect petition against the mother and the father regarding the surviving siblings. The Chemung County Family Court Judge granted a Temporary Order of Supervision for the family by CCDSS. On 9/9/14, the parents consented to a finding of neglect. The half-sister's father filed an Article 6 custody petition for custody of the half-sister. A fact finding hearing was scheduled for 12/9/14.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Additional information, if necessary:
 CCDSS recommended that the half-sister attend bereavement counseling but the parents failed to attend the appointments. The parents were also recommended to attend smoking cessation as well.

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?** Yes

Infants Under One Year Old

During pregnancy, mother:

- | | |
|--|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input checked="" type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

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

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)
09/14/2011	96-Sibling, Female, 5 Years	91-Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	96-Sibling, Female, 5 Years	91-Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	97-Other Child, Male, 7 Years	91-Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	97-Other Child, Male, 7	91-Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	

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Years			
96-Sibling,Female, 5 Years	92-Mother's Partner,Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
96-Sibling,Female, 5 Years	92-Mother's Partner,Male, 29 Years	Inadequate Guardianship	Unfounded
97-Other Child,Male, 7 Years	92-Mother's Partner,Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
97-Other Child,Male, 7 Years	92-Mother's Partner,Male, 29 Years	Inadequate Guardianship	Unfounded
96-Sibling,Female, 5 Years	93-Unrelated Home Member,Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded
96-Sibling,Female, 5 Years	93-Unrelated Home Member,Female, 31 Years	Inadequate Guardianship	Unfounded
97-Other Child,Male, 7 Years	93-Unrelated Home Member,Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded
97-Other Child,Male, 7 Years	93-Unrelated Home Member,Female, 31 Years	Inadequate Guardianship	Unfounded
96-Sibling,Female, 5 Years	94-Unrelated Home Member,Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
96-Sibling,Female, 5 Years	94-Unrelated Home Member,Male, 29 Years	Inadequate Guardianship	Unfounded
97-Other Child,Male, 7 Years	94-Unrelated Home Member,Male, 29 Years	Inadequate Food / Clothing / Shelter	Unfounded
97-Other Child,Male, 7 Years	94-Unrelated Home Member,Male, 29 Years	Inadequate Guardianship	Unfounded
96-Sibling,Female, 5 Years	95-Unrelated Home Member,Male, 47 Years	Inadequate Food / Clothing / Shelter	Unfounded
96-Sibling,Female, 5 Years	95-Unrelated Home Member,Male, 47 Years	Inadequate Guardianship	Unfounded
97-Other Child,Male, 7 Years	95-Unrelated Home Member,Male, 47 Years	Inadequate Food / Clothing / Shelter	Unfounded
97-Other Child,Male, 7 Years	95-Unrelated Home Member,Male, 47 Years	Inadequate Guardianship	Unfounded

Report Summary:

The report alleged that the home was filthy with many animals and there was animal feces and urine all over the inside of the home. There were dirty dishes with old food caked on them. On 9/22/11, an SCR report was received regarding the conditions of the home and that there was an infestation of roaches, bed bugs, and lice. The subsequent SCR report was

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appropriately consolidated and closed into the open investigation.

Determination: Unfounded **Date of Determination:** 10/16/2011

Basis for Determination:
 CCDSS investigated and did not find any of the homes to have concerns that were noted in the SCR reports. Therefore, CCDSS unsubstantiated all of the allegations in the report.

OCFS Review Results:
 CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, gathered sufficient information to make a determinations for the allegations listed on the SCR reports, and appropriately determined those allegations of abuse and maltreatment. However, during the course of the investigation, new concerns arose that the half-sister was allowed to be around a known sex offender, she was not gaining weight, and the mother's paramour was selling drugs. There was no documentation that CCDSS addressed these concerns. Furthermore, the risk and safety factors were not addressed with the family. The family remained active with preventive services.

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

Issue:
 Pre-Determination/Assessment of Current Safety/Risk

Summary:
 During the 9/14/11 SCR report, there was no documentation that the risk and safety factors were addressed with the family.

Legal Reference:
 18 NYCRR 432.2(b)(3)(iii)(b)

Action:
 Since the 9/14/11 SCR report, CCDSS has addressed this concern. Therefore no further action is needed.

Issue:
 Determination of Nature, Extent and Cause of Conditions (Report)

Summary:
 During the 9/14/11 SCR report, further allegations arose during the investigation that the half-sister was allowed to be around a known sex offender, she was not gaining weight, and the mother's paramour was selling drugs. There was no documentation that CCDSS addressed these concerns with the family.

Legal Reference:
 18 NYCRR 432.2(b)(3)(ii)(d)

Action:
 Since the 9/14/11 SCR report, CCDSS has addressed this concern. Therefore no further action is needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
07/31/2013	100-Sibling, Female, 5 Years	98-Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	101-Sibling, Male, 1 Years	98-Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	100-Sibling, Female, 5 Years	99-Father, Male, 26 Years	Inadequate Guardianship	Unfounded	
	101-Sibling, Male, 1 Years	99-Father, Male, 26 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 The report alleged that the home was a health hazard with animal feces and an infestation of fleas and/or lice.

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Furthermore, there are dirty dishes that were growing mold.

Determination: Unfounded **Date of Determination:** 09/05/2013

Basis for Determination:
CCDSS investigated and did find that the home conditions were appropriate.

OCFS Review Results:
CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment. Service needs were adequately assessed and appropriate services were offered when necessary. There was supervisory consultation documented throughout the investigation and identified strengths and risks regarding the family.

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)
10/22/2013	105-Sibling, Female, 7 Years	104-Other Adult, Male, 30 Years	Inadequate Guardianship	Indicated	No
	105-Sibling, Female, 7 Years	104-Other Adult, Male, 30 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:
The report alleged that the half-sister's father became angry with the half-sister and forcefully hit the child leaving a bruise on the child's buttocks. The report further alleged that the half-sister's father frequently hits the half-sister in the head and the face.

Determination: Indicated **Date of Determination:** 01/24/2014

Basis for Determination:
CCDSS unsubstantiated the allegations of LABW against the half-sister's father due to the fact that the half-sister did not have any marks, bruises or injuries as a result. However, CCDSS substantiated the allegation of IG against the half-sister's father regarding the half-sister due to the fact that the half-sister reported being hit as a form of punishment and that it hurts. Furthermore, the half-sister's father made inappropriate comments to her about her mother and brother. She reported that she does not like visiting her father due to the way he speaks to her and he told her that he does not want her anymore. The half-sister was very upset by his comments.

OCFS Review Results:
CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, made appropriate collateral contacts, gathered sufficient information to make a determination for all allegations of abuse and maltreatment, and appropriately determined each allegation of abuse and maltreatment. Service needs were adequately assessed and appropriate services were offered when necessary. There was supervisory consultation documented throughout the investigation and identified protecting factors and risks regarding the family.

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

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

Between 10/14/08 and 11/1/10, there were five SCR reports with the mother listed as the subject of the report. The other subjects listed on some or all of the reports were the MGM and the MGM's paramour. The maltreated children in some or all of the reports were the half-sister and two minor maternal aunts. The allegations were IG, LBW, Educational Neglect,

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and/or IFCS. There were concerns that the adults were failing to supervise one of the minor maternal aunts who displayed aggressive behavior and was unmanageable. Attempts were made to file a PINS petition during the investigations but she aged out before one was filed. Furthermore, there were concerns of a dirty home.

Three of the reports were UNF and one was IND. One report was consolidated and closed into a report that was open at the time. During the three unfounded cases, CCDSS did not find any credible evidence that the adults were not providing a minimal degree of care. There were no admissions of neglect or abuse from the family or collateral contacts. The indicated report was substantiated for IG and IFCS against the mother, the MGM, and the MGM's paramour regarding the half-sister and the two maternal aunts. The allegations were substantiated due to the fact the home was found unclean and posed a hazard to the children. Furthermore, there was DV between family members in the presence of the children. The family engaged with preventive services on 5/7/09.

Known CPS History Outside of NYS

There was 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

The family engaged in two preventive services from 5/7/09 – 7/2/10 and 8/31/10 – 3/13/12. In both cases, the mother and half-sister were living in the home with the MGM and the two minor aunts. The main focus of the case was the MGM and the two minor maternal aunts due to the aunts' behaviors. The preventive case was closed due to the fact that there was an indicated SCR report and the second services case was opened as a result. During the second services case, there was concern about the home being dirty as well. The mother moved out of the home with the half-sister and one of the minor maternal aunts. The mother's home was appropriate and the case was closed as the MGM no longer wanted the services.

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 legal activity as a result of 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