

NYS Office of Children and Family Services - Child Fatality Report

Report Identification Number: SY-14-019

Prepared by: Syracuse Regional Office

Issue Date: 4/23/2015

(Report was reissued on: 5/21/2015)

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

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	MN-Medical Neglect	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

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Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 06/25/2014
Initial Date OCFS Notified: 06/26/2014

Presenting Information

On 06/25/14 OCDSS received an initial, subsequent, and duplicate report listing the SC as an abused child. The allegations listed on all three reports were DOA/FAT and IG. The BF was listed as the subject of the reports. According to the report, the SC was in the care of the BF at the time of her death. The SC was on the floor, either on or lying next to a body pillow. The father stepped away for two minutes and came back to find her face down and not breathing. The child was healthy with no pre-existing medical conditions. There were no signs of trauma to the body. EMS responded to the home in less than two minutes after being called. Based on the condition of the SC's body, she was already dead long before EMS responded to the home. Rigor mortis had already set in and the SC's body temperature was at 96 degrees. The role of the mother and the two surviving siblings was listed as unknown.

Executive Summary

This fatality report concerns the death of a 4-month old female that occurred on 6/25/14. The family was known to OCDSS due to two prior CPS investigations involving allegations of IG, IFCS, and PDAM against the BF and BM. Of the two reports, one had been indicated against the BF for IG and PDAM in April of 2014. During prior involvement with the family, OCDSS properly assessed safety and risk. Appropriate services were also offered and provided to address identified concerns. In addition, safe sleep and supervision of all children was discussed thoroughly with the parents.

OCDSS gathered information about the circumstances of the SC's death from the parents, LE, attending physicians, and hospital social workers. OCDSS also obtained copies of medical and LE records. From the time of the case opening in June of 2014 to the writing of this report, OCDSS made several contacts with the BM, BF, surviving siblings and other family members of the SC. OCDSS also conducted joint investigations with LE. OCDSS determined that the SC resided at the case address with the BM, BF, and surviving siblings. On the day of the SC's death, the BF was under the influence of alcohol while caring for the SC and the 18-month old surviving sibling. During this time, the BF placed both children to sleep on the floor with an adult sized body pillow and a comforter.

The autopsy report dated 12/10/14, lists the cause of death as Sudden Unexplained Death in Infancy associated with an unsafe sleeping environment and the manner of death as Undetermined. OCDSS found some credible evidence to appropriately substantiate the allegations of IG and LSUP against the BM and BF, and PDRG against the BF as the BF admitted to consuming alcohol while caring for the SC and the BM was aware that the BF abused alcohol and continued to allow the BF to care for the children despite being informed that she should not leave the children in his care by CPS. The allegation of DOA/FAT was appropriately substantiated as OCDSS determined that a causal connection could be made between the BF's failure to provide a minimum degree of care and the child's death, due to the unsafe sleep environment and alcohol impairment as an aggravating factor.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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- 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.

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: 06/25/2014

Time of Death: 16:01 PM

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: 15:40 PM

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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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

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

2

At time of incident supervisor was:

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- | | |
|--|--|
| <input type="checkbox"/> Drug Impaired | <input type="checkbox"/> Absent |
| <input checked="" type="checkbox"/> Alcohol Impaired | <input type="checkbox"/> Asleep |
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Impaired by illness |
| <input type="checkbox"/> Impaired by disability | <input type="checkbox"/> 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	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	19 Month(s)

LDSS Response

On 06/25/14, LE informed OCDSS that the SC was found unresponsive and transported to the local emergency room via ambulance. The SC arrived at 3:53 pm and was pronounced dead at 4:01 pm. OCDSS completed and approved the initial 24 hour safety assessment on 06/26/14. OCDSS determined that there were safety factors present that placed the surviving siblings in immediate and/or impending danger of serious harm. A Safety Plan was implemented and maintained through the actions of the parents and child welfare staff. In addition, law enforcement involvement was listed as a controlling intervention.

OCDSS conducted joint interviews with LE. It was determined that on the day of the SC's death, she and the 18-month old surviving sibling was left in the sole care of the BF at about 9:05 am. The mother was working outside of the home and the 5-year-old sibling was at school. During the day, the BM received about 3 phone calls from the BF while she was at work. The BM reported that this was typical as the BF would call her during breaks. The BF placed both children on the living room floor on top of a comforter with a body pillow at about 1:00 pm. The SC was placed to sleep on her back. During this time, the BF napped on the sofa in the same room. At some point, he observed the SC on her stomach. According to the parents, the SC was able to roll from her back to her stomach. The BF reported that on this occasion, he left the SC on her stomach as she appeared comfortable. The BF remained asleep until about 3:10 pm when he overheard the school bus for the oldest child. At this point he checked on the SC and noticed that she was not breathing. The BM received a phone call from the BF at about 3:35 pm informing her that the SC was not breathing. The BM instructed the BF to call 911 for assistance. The BM left work and returned to the home. Upon arriving at the home, she observed EMS on the scene in the process of transporting the SC to the hospital. The BM reported that they were aware that the SC was supposed to sleep on her back and as a result they would frequently place her on her back after she would rolled over on her stomach. The BM also reported that they did have a portable crib for the SC; however she did not like to sleep in it. The BF admitted to LE that while caring for the children on this day he had consumed a total of 11 shots of vodka.

On 6/26/14, LE informed OCDSS that the BF was released from police custody however; the case would be submitted to the DA for possible presentation to the Grand Jury. On the same day, OCFSS received the preliminary autopsy report.

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According to the report, there were no fractures or internal injuries. The cause and manner death was listed as pending. OCDSS referred the BF and the BM to appropriate community services to address the identified safety and risk issues. In addition, the family was engaged by the local Child Advocacy Center.

The autopsy report cause of death was listed as Sudden Unexplained Death in Infancy associated with an unsafe sleeping environment. The manner of death was listed as Undetermined. On 2/3/15, OCDSS appropriately substantiated all allegations against the mother and all allegations against the father.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Unknown

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: The Oneida County CFRT does not review child death's during the course of the CPS investigation.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
013201 - Deceased Child, Female, 4 Mons	013203 - Father, Male, 34 Year(s)	Lack of Supervision	Substantiated
013201 - Deceased Child, Female, 4 Mons	013203 - Father, Male, 34 Year(s)	DOA / Fatality	Substantiated
013201 - Deceased Child, Female, 4 Mons	013203 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
013201 - Deceased Child, Female, 4 Mons	013203 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
013201 - Deceased Child, Female, 4 Mons	013202 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
013201 - Deceased Child, Female, 4 Mons	013202 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated
013281 - Sibling, Female, 6 Year(s)	013203 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
013281 - Sibling, Female, 6 Year(s)	013203 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
013281 - Sibling, Female, 6 Year(s)	013202 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated

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013281 - Sibling, Female, 6 Year(s)	013202 - Mother, Female, 29 Year(s)	Lack of Supervision	Substantiated
013282 - Sibling, Male, 19 Month(s)	013203 - Father, Male, 34 Year(s)	Lack of Supervision	Substantiated
013282 - Sibling, Male, 19 Month(s)	013203 - Father, Male, 34 Year(s)	Inadequate Guardianship	Substantiated
013282 - Sibling, Male, 19 Month(s)	013203 - Father, Male, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
013282 - Sibling, Male, 19 Month(s)	013202 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
013282 - Sibling, Male, 19 Month(s)	013202 - Mother, Female, 29 Year(s)	Lack of Supervision	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"/>
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"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

A number of progress notes were not entered timely as some events that occurred in June of 2014 were not entered until October and November of 2014.

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"/>

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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 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 investigation?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Explain as necessary:

On 7/22/14 an Article 10 abuse petition was filed. The parents were listed as respondents. The SC and the surviving siblings were listed as abused/neglected. The children were placed in the custody of the OCDSS Commissioner and in the care of kinship foster parents.

Legal Activity Related to the Fatality

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:
07/22/2014	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	013202 Mother Female 29 Year(s)	
Comments:	On 7/22/14 an Article 10 abuse petition was filed. The parents were listed as respondents. The SC and the surviving siblings were listed as abused/neglected. The children were placed in the custody of the OCDSS Commissioner and in the care of kinship foster parents. As a result, a Family Services Stage was opened. The mother consented to the dispositional order on 12/17/14 agreeing to engage in and complete services to address the identified safety and risk concerns.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/22/2014	Adjudicated Neglected	Care/Custody to Local Social Services District
Respondent:	013203 Father Male 34 Year(s)	
Comments:	On 7/22/14 an Article 10 abuse petition was filed. The parents were listed as respondents. The SC and the surviving siblings were listed as abused/neglected. The children were placed in the custody of the OCDSS Commissioner and in the care of kinship foster parents. As a result, a Family Services Stage was opened. The father consented to the dispositional order on 1/7/15 agreeing to engage in and complete services to address the identified safety and risk concerns.	

Have any Orders of Protection been issued? No

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"/>				
Economic support	<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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Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 Services provided and offered as listed above.

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:
 On 7/17/14, the two surviving siblings were found in the care of the BF. In addition, the BF appeared to be under the influence of alcohol. OCDSS determined that the children were not safe in the care of the parents as the BM continued to leave the children in the care of the father and the BF continued to consume alcohol while caring for the children, despite the implementation of the safety plan. The parents signed consent for removal of the children. The children were placed with a relative.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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

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Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
10/24/2013	828-Sibling, Female, 5 Years	826-Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	828-Sibling, Female, 5 Years	826-Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	
	828-Sibling, Female, 5 Years	826-Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	829-Sibling, Male, 11 Months	826-Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	829-Sibling, Male, 11 Months	826-Mother, Female, 28 Years	Inadequate Guardianship	Unfounded	
	829-Sibling, Male, 11 Months	826-Mother, Female, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	828-Sibling, Female, 5 Years	827-Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	828-Sibling, Female, 5 Years	827-Father, Male, 33 Years	Inadequate Guardianship	Unfounded	
	828-Sibling, Female, 5 Years	827-Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	829-Sibling, Male, 11 Months	827-Father, Male, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	829-Sibling, Male, 11 Months	827-Father, Male, 33 Years	Inadequate Guardianship	Unfounded	
	829-Sibling, Male, 11 Months	827-Father, Male, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

OCDSS received a report listing the two surviving siblings of the SC as maltreated. The BM and BF were listed as the subjects of the report. The allegations listed were IFCS, IG, and PDAM. The report alleged that the BM and the BF were abusing drugs and engaging in domestic violence in the presence of the children. The report also alleged that there was

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no electricity or food in the home.

Determination: Unfounded **Date of Determination:** 12/19/2013

Basis for Determination:
 OCDSS did not find credible evidence to support the allegations. The BM tested negative for all substances and the BF tested positive for opiates and a high positive for marijuana. The BF was able to provide a prescription for the opiates. Both parents reported that the BF did not use marijuana in the presence of the children. The BM, BF, and oldest surviving sibling all denied domestic violence. OCDSS determined that the parents were providing a minimal degree of care for the children.

OCFS Review Results:
 OCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate on-going safety and risk assessments, implemented appropriate safety plans when needed, gathered sufficient information to make determinations for the allegations, and appropriately determined each allegation of abuse and maltreatment. In addition, service needs were adequately assessed and appropriate services were offered when necessary.

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)
02/12/2014	923-Sibling, Female, 5 Years	926-Father, Male, 34 Years	Inadequate Guardianship	Indicated	No
	923-Sibling, Female, 5 Years	926-Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	
	924-Sibling, Male, 13 Months	926-Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	924-Sibling, Male, 13 Months	926-Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	
	927-Deceased Child, Female, 6 Days	926-Father, Male, 34 Years	Inadequate Guardianship	Indicated	
	927-Deceased Child, Female, 6 Days	926-Father, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	

Report Summary:
 OCDSS received a report listing the two surviving siblings and the SC as maltreated. The BF was listed as the subject of the report. The allegations listed were IG and PDAM. The report alleged that when law enforcement responded to the home due to a report of domestic violence, the BF was highly intoxicated and engaged in verbal and physical abuse towards the responding officers in the presence of the children. As a result, the father was arrested.

Determination: Indicated **Date of Determination:** 04/30/2014

Basis for Determination:
 OCDSS found some credible evidence to support the allegations. OCDSS determined that the father was intoxicated, engaged in assaultive behavior, and resisted arrest in the presence of the children. During the incident, all children were visibly upset as they were crying. The BF admitted to drinking alcohol but denied using drugs. After being detained, The BF was released with conditions. The BM and BF denied engaging in domestic violence.

OCFS Review Results:
 OCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate on-going safety and risk assessments, implemented appropriate safety plans when needed, gathered sufficient information to make determinations for the allegations, and appropriately determined each allegation of abuse and maltreatment. In addition, service needs were adequately assessed and appropriate services were offered when

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necessary. The parents refused substance abuse and domestic violence services and OCDSS was unable to take legal action as it was determined that the children were safe. .

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

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

No history more than three years prior to the fatality.

Known CPS History Outside of NYS

No known 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

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.

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