



Report Identification Number: SV-17-028

Prepared by: New York State Office of Children & Family Services

Issue Date: Jan 16, 2018

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Nassau
Gender: Male

Date of Death: 07/18/2017
Initial Date OCFS Notified: 07/19/2017

Presenting Information

An SCR report was received on 7/18/17 regarding the death of the SC. The report alleged on that morning the 2-month-old SC was in the care of the SM, SF and PGM. The SC was fed a bottle at approximately 7:30am by the PGM. The SC was then found some hours later (details unknown) unresponsive, with dried vomit on him. He was found by the PGM. The parents called 911 and the PGM began CPR. EMS transported the SC to the hospital and he was pronounced dead at 10:20am. The cause of death was unknown. The SC did not have any known preexisting medical conditions. The caretakers have not provided an explanation for the death.

Executive Summary

This report concerns the death of the 2-month-old SC. Nassau County Department of Social Services (NCDSS) was notified of the death on 7/18/17 upon receiving a report from the SCR. The report alleged the SC was found unresponsive and the SM, SF and PGM had no explanation for his death. The SC was an otherwise healthy child with no preexisting medical conditions.

The SF gave the SC a bottle at 7:30AM the day of his death and afterward he placed the SC to sleep in his bassinet. The SF then drove the 4yo SS to camp, while the SM was asleep on the couch. At 9:20AM the SF checked on the SC and found him unresponsive. The SF yelled for help and the SM called 911 while the SF administered CPR. The SF denied the PGM administered CPR or called 911, although she was present at the time of the fatal incident. EMS responded to the home and transported the SC to the ER. ER staff attempted to resuscitate the SC for about an hour, but were unable to revive him.

LE investigated the death and did not pursue criminal charges. The cause and manner of death were unknown at the time of this writing. The ME performed an autopsy. NCDSS requested information from the ME, but the report was not available at the time this report was written.

NCDSS made immediate contact with the SM, SF and four SS (ages 1,2,2 and 4). NCDSS made several home visits throughout the investigation and continuously attempted to engage the SM and SF in a discussion about the events leading up to the fatal incident. The PGM was seen at a home visit, but refused to speak with NCDSS. The SM and SF gave minimal details about the SC's death and refused to sign releases of information to allow NCDSS to speak with childcare providers and the pediatrician. NCDSS observed the SS and their sleeping arrangements during several home visits and the children were deemed to be safe.

NCDSS contacted the BF of the 4yo SS, as well as the BF of the 2yo twin SS and the 1yo SS. NCDSS offered several services to the SM, SF and SS. These services included bereavement counseling, burial assistance, housing assistance, parenting classes, daycare services and Preventive Services. The SM and SF initially agreed to accept some of these services, but later declined all services. NCDSS addressed concerns as they arose throughout the investigation, including the cleanliness of the home and safe sleep for the SS.

NCDSS concluded their investigation after numerous unsuccessful attempts to engage the family. NCDSS unsubstantiated the allegations of IG and DOA/Fatality against the PGM, SF and SM. NCDSS found no credible evidence to suggest the SC died as a result of an act of any of the adults in the home.



PIP Requirement

A review of historical cases found practice issues. NCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) NCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, NCDSS will review the plan(s) and revise as needed to further address on-going concerns.

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:
The SM and SF were very uncooperative and only spoke minimally with NCDSS about the circumstances of the fatality.

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: 07/18/2017

Time of Death: 10:20 AM



Time of fatal incident, if different than time of death:

09:30 AM

County where fatality incident occurred:

Nassau

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

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

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	50 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Other Adult - BF to SS	No Role	Male	31 Year(s)
Other Household 2	Other Adult - BF to SS	No Role	Male	30 Year(s)

LDSS Response

After receiving a report from the SCR on 7/18/17 concerning the death of the SC, NCDSS contacted the source and notified LE and the DA. NCDSS went to the home of the SC and spoke with the SM and SF. NCDSS was told the four SS were not home and the SM and SF were not cooperative in providing their whereabouts. NCDSS observed the inside of the



SC's home during the initial visit. The SM showed NCDSS the room where the SS slept. NCDSS observed a crib and 3 toddler beds. NCDSS spoke with the SM and SF about safe sleep. The SM showed NCDSS the bedroom shared by the SF and herself and NCDSS observed a bassinet where the SC slept. The SM reported the SC was laying in the bassinet when he was found unresponsive. NCDSS saw toys, a bottle, a blanket and a box inside the bassinet and the SM reported those items were not in the bassinet when the SC was using it. The SM stated the SF found the SC and they promptly called 911. The SM and SF continued to be reluctant to allow NCDSS to visit the SS where they were staying and an appointment was made to visit the children on 7/19/17.

At the next visit to the SC's home, NCDSS was able to see the SS and speak with the SF about the events leading up to the fatality. The SS were awake and appeared in good health. NCDSS asked to check the SS for bruising, but the SM and SF did not allow it. The SM and SF refused to sign releases for childcare providers and the pediatrician. The SF reported the day of the fatal incident, he fed the SC a bottle at 7:30 AM and placed him in the bassinet. The SF then left the home and drove the 4yo SS to camp. The SF said the SM was asleep on the living room sofa and the other 3 SS were asleep in their room. The SM and SF stated the PGM was not caring for the SC when the fatality occurred and further denied she attempted to resuscitate him or call 911. The SF reported the PGM does not reside in the home and said she refuses to speak with NCDSS.

LE told NCDSS the SF provided the same timeline of events regarding the morning of the SC's death. LE said the SF returned home at 9:30AM and found the SC unresponsive and gray in color. The SF told LE he yelled out for the help of the PGM and she responded by providing CPR to the SC, while the SM called 911. The PGM was seen and identified herself, but did not speak to NCDSS or provide any further information.

The SM and SF denied any drug or alcohol use. NCDSS continued to try to engage the SM and SF throughout the investigation, to no avail. The SM and SF declined any services offered by NCDSS.

NCDSS contacted the BF of the twin SS and he reported living out of the state and having minimal contact with his CHN. The BF denied any concerns regarding the care of his CHN. NCDSS requested that the BF of the eldest SS be seen in his home, also outside of New York State. The state where the BF resides made a visit to his home and told NCDSS the BF said he has had no contact with the SS in over a year. The BF and his paramour reported that they would like to have contact with the SS, but the SM will not allow it.

NCDSS learned the SF had a child living outside the home. The SF reported he had not seen the child in several months. NCDSS learned the SS had been involved in a recent CPS investigation and were able to confirm the child was safe in the care of his mother.

NCDSS concluded their investigation after numerous unsuccessful attempts to engage the family. NCDSS repeatedly tried to speak with the SM and SF regarding the fatality and were given limited information. NCDSS made an appropriate determination to unsubstantiate the allegations and close the case after exhausting their options.

Official Manner and Cause of Death

Official Manner: Unknown

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



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
043341 - Deceased Child, Male, 2 Mons	043344 - Grandparent, Female, 50 Year(s)	DOA / Fatality	Unsubstantiated
043341 - Deceased Child, Male, 2 Mons	043344 - Grandparent, Female, 50 Year(s)	Inadequate Guardianship	Unsubstantiated
043341 - Deceased Child, Male, 2 Mons	043343 - Father, Male, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
043341 - Deceased Child, Male, 2 Mons	043343 - Father, Male, 22 Year(s)	DOA / Fatality	Unsubstantiated
043341 - Deceased Child, Male, 2 Mons	043342 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated
043341 - Deceased Child, Male, 2 Mons	043342 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Members	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public or Private Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:



Several attempts were made to speak with the PGM and she refused to speak to them. The SM and SF refused to sign releases for the pediatrician or child care provider. NCDSS noted EMT reports were provided, but unclear if they were requested.

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 danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input 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 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 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:

Numerous services were offered to the family and the SM and SF refused all services for the children.



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

Explain:
NCDSS offered Preventive Services to the SM and SF and they accepted these services. NCDSS began the case opening and the SM and SF then refused the services. They were also offered parent education, bereavement services and burial assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/07/2016	Sibling, Male, 5 Months	Father, Male, 22 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 3 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 5 Months	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 3 Years	Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 5 Months	Grandparent, Female, 50 Years	Inadequate Food / Clothing / Shelter	Unfounded	



Sibling, Male, 3 Years	Grandparent, Female, 50 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 5 Months	Grandparent, Female, 50 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 3 Years	Grandparent, Female, 50 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 5 Months	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 3 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 3 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 5 Months	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unfounded

Report Summary:

An SCR report was received alleging the SF left out loaded guns that were accessible to the SS. The SM and PGM were aware and failed to intervene. The SF sold marijuana and heroin from the home while the SS were present. The SM and PGM were aware and continued to allow the SF to sell drugs from the home. The home smelled of urine and had animal feces on the floors accessible to the SS. All adults were aware and do not clean up the animal feces. The PGM left film of a pornographic nature on the television where the SS could watch it. The SM and SF were aware of it and failed to intervene.

Determination: Unfounded

Date of Determination: 11/30/2016

Basis for Determination:

NCDSS interviewed the PGM, SM and SF regarding the allegations. All of the adults denied there were guns in the home or drug use and drug sales. At home visits, NCDSS did not observe guns, drugs or drug paraphernalia and all the adults were observed to be sober. The adults also denied the children were exposed to pornographic television programming and NCDSS found no evidence otherwise. NCDSS found the home to be safe and appropriate with no visible safety issues.

OCFS Review Results:

NCDSS spoke with the SM, SF and PGM and addressed all the allegations. The SS were seen and the eldest SS interviewed as well. The BF of the twin SS was contacted and had no concerns regarding the care of the SS. The safety assessments and RAP were completed on time. There were several home visits made and no credible evidence found to substantiate the allegations.

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)
03/31/2016	Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Lack of Supervision	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Lack of Supervision	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Burns / Scalding	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Lack of Supervision	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Burns / Scalding	Unfounded

Report Summary:

An SCR report was received alleging the SM and SF were taking the SS with them in the car and selling drugs while the CHN were present. The report stated the SM and 3 eldest SS moved in with the SF and he left loaded guns out in the home accessible to the CHN. The SM was using drugs to the point of impairment while caring for the SS. The SM smoked cigarettes and marijuana around the CHN and the CHN had been burned by cigarettes in the past. The SM hit the SS and knocked him to the ground. The SM also locked the SS in a dark closet for a period of 2-3 hours.

Determination: Unfounded**Date of Determination:** 04/08/2016**Basis for Determination:**

NCDSS found no evidence to suggest the CHN were living in the home of the SF, or that he had loaded weapons in his home. The SM and SF both tested negative for illicit substances, and appeared alert and sober at home visits. The CHN were seen and assessed to be safe.

OCFS Review Results:

At the time of the investigation NCDSS had 2 other concurrent investigations with the family. NCDSS was attempting to engage the family in Preventive Services and assist the family through long term CPS.

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

Issue:

Failure to provide notice of report

Summary:

NCDSS did not give the BF of the eldest SS notice of existence regarding the CPS report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

NCDSS will provide a notice of existence within the timeframe required, to each parent with a child listed on an SCR report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
SV-17-028				FINAL	



03/25/2016	Sibling, Female, 1 Years	Other Adult - SS's BF, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Sibling, Male, 2 Years	Other Adult - SS's BF, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Other Adult - SS's BF, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Other Adult - SS's BF, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Other Adult - SS's BF, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Other Adult - SS's BF, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received alleging the SF had loaded guns in the home and was threatening people while the 3 eldest SS were present. The report further alleged the SF was selling drugs and the SM was aware of it. The drug sales reportedly occurred in the presence of the CHN.

Determination: Unfounded

Date of Determination: 03/31/2016

Basis for Determination:

NCDSS documented the SF did not reside in the same home as the SM and the SS at the time of the report, and the SF had no caretaking responsibilities for the CHN. The SF had no guns in his home because he had surrendered them previous to the report, due to an order of protection in a separate matter. The SM and SF both denied there was any drug use or drug sales occurring in the home. The SM and SF were sober when interacting with NCDSS.

OCFS Review Results:

NCDSS spoke with the SM, BF of the twin SS and the SF regarding the allegations. The SS were seen and their safety assessed at several home visits. NCDSS contacted LE regarding the allegations and the SF's criminal history. NCDSS also drug tested the SM and SF and there was no evidence of drug use.

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)
02/19/2016	Other Child - Sibling to SS no relation, Male, 4 Years	Father, Male, 21 Years	Other	Unfounded	No
	Sibling, Male, 1 Years	Father, Male, 21 Years	Other	Unfounded	



Other Child - Sibling to SS no relation, Male, 4 Years	Other Adult - BM of SS, Female, 23 Years	Other	Unfounded
Sibling, Male, 1 Years	Other Adult - BM of SS, Female, 23 Years	Other	Unfounded

Report Summary:

An SCR report was received as the result of a court ordered investigation ordered by a Family Court Judge. There were concerns the SF was physically abusive to his former paramour (the mother of his child). The paramour was seeking full custody of the child with supervised visitation with the SF. There were also accusations the SF and paramour abused illegal substances and alcohol.

Determination: Unfounded

Date of Determination: 04/25/2016

Basis for Determination:

There was no evidence that the SF assaulted his former paramour in the presence of their child and the paramour's child. The SF submitted to a drug test and was negative for all substances. The paramour did not submit to drug testing, but both the SF and paramour appeared sober at interactions with NCDSS. NCDSS assessed the CHN were well cared for by the paramour and there was no evidence of abuse or neglect.

OCFS Review Results:

NCDSS made visits to both homes, interviewed the child and contacted collaterals.

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)
01/05/2016	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	Yes
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded	



Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Parents Drug / Alcohol Misuse	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Fractures	Unfounded
Sibling, Female, 1 Years	Other Adult - BF of SS, Male, 28 Years	Fractures	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Lacerations / Bruises / Welts	Unfounded
Sibling, Female, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded
Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Burns / Scalding	Unfounded
Sibling, Male, 2 Years	Mother, Female, 20 Years	Excessive Corporal Punishment	Unfounded
Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Excessive Corporal Punishment	Unfounded

Report Summary:

An SCR report was received alleging the SM and BF of the 2-year-old (twin) SS drank alcohol to intoxication while caring for the twins and 4-year-old SS. The report also alleged the SM and BF were physically assaulting each other in front of the SS. The SM and BF were hitting the SS and he had bruises as a result. The home was dirty with animal feces and food on the floor posing a danger to the SS. The SM smoked cigarettes while holding the 4yo SS and he was burned by the cigarette and all the SS were coughing from the smoke. The SM put alcohol in the 4yo's bottle. A subsequent report was received and consolidated regarding a fracture of a SS's arm and failure to thrive of another SS.

Determination: Unfounded

Date of Determination: 04/13/2016

Basis for Determination:

The SM and BF were found to be coherent and sober at home visits and the SS had no visible marks, burns or bruises. The doctor that treated the SS's fracture reported the injury appeared to be accidental and there was no sign of abuse or neglect.

OCFS Review Results:

NCDSS contacted the source and checked CPS history. The SM and SF were interviewed and the safety of all the CHN was assessed at home visits. NCDSS spoke with medical staff and also relatives. NCDSS monitored the medical care and home environment of the CHN and consulted legal when appropriate. NCDSS substantiated the allegations in the report and the indication was later overturned as the result of a fair hearing. There was discussion of a neglect petition at NCDSS, however, Family Court dismissed the petition due to lack of evidence.

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

Issue:



Failure to provide notice of report

Summary:

NCDSS did not give the BF of the eldest SS notice of existence regarding the CPS report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

NCDSS will provide a notice of existence within the timeframe required, to each parent with a child listed on an SCR report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/29/2015	Sibling, Female, 6 Months	Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 6 Months	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 6 Months	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 6 Months	Other Adult - BF of SS, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 6 Months	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 6 Months	Mother, Female, 19 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 6 Months	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 2 Years	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 6 Months	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received alleging that the SM and BF of the SS had a verbal argument which escalated, and the BF pushed the SM into a wall. The SM then had a knife and threatened to hurt herself during the incident. The 3 SS were present during the events.

Determination: Unfounded

Date of Determination: 12/14/2015

Basis for Determination:

NCDSS interviewed the SM and BF and observed the CHN. The SM and BF admitted to a verbal altercation but denied the SM had a knife. The BF reported the SM was holding a cell phone and he thought that it was a knife. The SM denied suicidal ideations or attempts. The SM and BF denied the BF pushed her or became physical in any way during their argument. NCDSS found the CHN to be healthy and the home had proper provisions and ample food.

**OCFS Review Results:**

NCDSS contacted the source, completed safety and risk assessments timely and accurately and interviewed both subjects. NCDSS also observed the CHN and the home environment. Safe sleep was discussed with the SM and BF. The BF admitted to a history of anger issues and reported he took medication. The SM said she saw a therapist regularly, but refused to sign releases for NCDSS to speak with the therapist. The SM later told NCDSS she did not see a therapist. NCDSS spoke with the pediatrician and there were no concerns regarding the medical care of the SS.

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

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

An SCR report received on 1/7/2014 with an allegation of IG Unsub against the SM regarding the eldest SS.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Preventive Services History

There was a Preventive Services Case opened on 4/11/2016 to provide the SM and BF (to the twin SS) parent education, early intervention referrals and a physical evaluation of the eldest SS. NCDSS planned on filing a neglect petition against the SM and BF of SS after a SS sustained an unexplained arm fracture. The petition was not filed because after presenting the information to the legal department, NCDSS was told there was no basis to file a neglect petition as planned. The SM and BF were not willing to voluntarily participate in services, and the case was closed on 7/25/16 as a result.

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