



Report Identification Number: SY-15-006

Prepared by: Syracuse Regional Office

Issue Date: 2/5/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Onondaga
Gender: Male

Date of Death: 02/07/2015
Initial Date OCFS Notified: 02/07/2015

Presenting Information

On 2/7/15 the 3 month old SC was found unresponsive by BM at 9:00 am. EMS was called and SC was transported to the hospital where he was pronounced dead. At that time the cause of death was unknown. BM and MA were named as subjects of the report because they had no explanation for the sudden death of the healthy SC. BM and MA were impaired by drugs and alcohol. When police responded to the home, BM still reeked of alcohol. SC returned from the babysitter's home in healthy condition at midnight and was placed in his crib by BM. BM then proceeded to abuse alcohol and smoke drugs to impairment with MA, who lives in the home with her 2 children, and the BM's unnamed boyfriend who sometimes stays over night at the home. It was unknown how long the drug and alcohol party lasted. At about 4:00 am, BM fed SC and placed him in bed with herself and her boyfriend and when she awoke at 9:00 am, SC was not breathing or moving.

Executive Summary

This fatality report concerns the death of a three month old child on 2/7/15 which was reported to the SCR on 2/7/15 with allegations of DOA/Fatality, IG and PD/AM against BM and MA. BM and MA were both named as subjects of the report as they did not have an explanation for the SC's death. On 2/7/15 SC was found unresponsive in the bed he was sharing with BM and her boyfriend who did not reside in the home and was visiting for the night. SC had been returned to the home by the babysitter at midnight and placed in his crib by BM. SC was healthy when he returned with the babysitter. BM, MA and two other friends played cards, drank alcohol and smoked marijuana while caring for the children. MA and her 2 children, ages 3 years and 5 years, also lived in the home. BM's boyfriend came to the home later that evening and fell asleep in BM's bed. Around 4:00 am, BM fed SC and placed him in bed with herself and her boyfriend. At 9:00 am, BM woke up and found SC cold and unresponsive. EMS was called and SC was transported by EMS to the Pediatric ER in full cardiac arrest. Lifesaving interventions were attempted on the child but were unsuccessful and the child passed away. SC had no symptoms prior to the hospitalization and was current on immunizations. The Medical Examiner's report listed the final diagnosis was Viral Infection of Respiratory System (culture positive for Respiratory Syncytial Virus-RSV), Bronchopneumonia, Bilateral Hippocampal Acute Neuronal Necrosis with mild Cerebral Edema and unsafe sleep environment. No injuries were noted. The final autopsy report determined that the cause of death was Respiratory Viral Infection with Bronchopneumonia and contributing to this death was the unsafe sleep environment. The manner of death was undetermined.

OCDCFS initiated their investigation on 2/7/15 in collaboration with LE. Collateral contacts and home visits were made and safety decisions were appropriate based on case circumstances. Caseworkers engaged the family throughout the investigation and casework activities were appropriate. Services were offered to the family, but they refused. The allegations of DOA/Fatality, IG and PD/AM were indicated against BM. This determination was based on evidence obtained during the investigation and BM's admission of consuming alcohol, smoking marijuana and then co-sleeping. LE could still smell alcohol on BM in the hospital and there was some credible evidence that she may have been impaired at the time of her son's death. Allegations of DOA/Fatality, IG and PD/AM were unfounded against MA as she was not directly responsible for the well-being of the SC at the time of death. OCDCFS determined that BM's boyfriend did not reside in the home and was not a person responsible for SC. Furthermore there was no evidence found to suggest that he was aware that BM had brought SC into the bed. Therefore, boyfriend was not added or listed to the SCR report but was interviewed as a collateral source.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Findings were consistent with case circumstances.

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:

Investigation was closed appropriately.

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: 02/07/2015

Time of Death: Unknown

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

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 09:12 AM



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Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

How long before incident was the child last seen by caretaker? 5 Hours

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

1

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	Aunt/Uncle	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Other Child	No Role	Female	5 Year(s)
Deceased Child's Household	Other Child	No Role	Female	3 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)
Other Household 1	Sibling	No Role	Female	11 Month(s)
Other Household 2	Father	No Role	Male	38 Year(s)

LDSS Response

OCDCFS initiated their investigation on 2/7/15. Contact was made with the family while still at the hospital following the SC's death. Required contacts were made with the other children living in the home and interviews were appropriately conducted. Safety Assessments were adequately completed at 24 hours, 7 days, 30 days and at the determination of the investigation. Collateral contacts were made with relevant sources. Caseworker continued to visit the home throughout the course of the investigation to assess safety and risk to the surviving children living in the home. The family was offered bereavement counseling, funeral arrangements, mental health services and alcohol and substance abuse services but refused them all. OCDCFS collaborated with LE and child's medical records and autopsy report were requested and received. The closing of the case and determinations were appropriate.



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Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a 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

Comments: Reviewed by Onondaga CFRT

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
022281 - Deceased Child, Male, 3 Mons	022284 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
022281 - Deceased Child, Male, 3 Mons	022285 - Aunt/Uncle, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
022281 - Deceased Child, Male, 3 Mons	022284 - Mother, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
022281 - Deceased Child, Male, 3 Mons	022284 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
022281 - Deceased Child, Male, 3 Mons	022285 - Aunt/Uncle, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
022281 - Deceased Child, Male, 3 Mons	022285 - Aunt/Uncle, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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



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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"/>

Additional information:

Progress notes entered timely.

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"/>



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Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: Not needed in this case.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



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Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Additional information, if necessary: refused services.							

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? N/A
- 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	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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SCR Report	Victim(s)	Perpetrator(s)			Issue(s)
12/18/2012	6666 - Sibling - half sibling's sibling, Male, 1 Days	6663 - Father's Partner - half sibling's sibling, Female, 19 Years	Parents Drug / Alcohol Misuse	Far-Closed	No

Report Summary:

Father's partner's child was born with a positive toxicology for marijuana. Father's partner admitted to smoking marijuana during pregnancy. Child appeared healthy with no medical concerns.

OCFS Review Results:

OCFS reviewed the records in this case and found that appropriate services were offered to the family. Collateral contacts and home visits were made and safety decisions were appropriate based on case circumstances. Caseworkers engaged the family throughout the investigation and casework activities were appropriate

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)
08/01/2013	7057 - Other Child - father's partner's child, Female, 2 Years	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Inadequate Guardianship	Far-Closed	No
	7057 - Other Child - father's partner's child, Female, 2 Years	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	6662 - Sibling - half sibling's sibling, Male, 8 Months	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Inadequate Guardianship	Far-Closed	
	6662 - Sibling - half sibling's sibling, Male, 8 Months	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7057 - Other Child - father's partner's child, Female, 2 Years	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	6662 - Sibling - half sibling's sibling, Male, 8 Months	6653 - Father's Partner - Half sibling's sibling, Female, 20 Years	Inadequate Food / Clothing / Shelter	Far-Closed	

Report Summary:

Father's partner's home had unsanitary living conditions. Children were playing in the garbage. There was not enough food in the home and father's partner used drugs and alcohol, affecting her ability to care for her children.

OCFS Review Results:

OCFS reviewed the records in this case. The case was originally tracked as FAR. The FAR case was subsequently closed when a new SCR report was made that had new allegations that did not meet FAR criteria. During the FAR case, casework activities showed that father's partner did not have her children living in unsanitary conditions and was linked with services in the community.

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



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/29/2013	6620 - Other Child - half sibling's sibling, Female, 3 Years	6618 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	No
	6621 - Sibling - half sibling's sibling, Male, 1 Years	6618 - Father, Male, 36 Years	Inadequate Guardianship	Indicated	

Report Summary:
 Allegations of DV. BF went to the home of the children and became physically aggressive towards the mother when he grabbed and pulled her hair. The children were present in the home during the incident.

Determination: Indicated **Date of Determination:** 10/30/2013

Basis for Determination:
 Allegations were substantiated based on interviews and information gathered during the investigation regarding DV. Casework activities included working with father's partner's family to address identified concerns from previous FAR case and an Order of Protection was issued against BF.

OCFS Review Results:
 OCFS reviewed the records in this case and found that the investigation was conducted appropriately.

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)
01/03/2014	6687 - Other Child - maltreated child, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Excessive Corporal Punishment	Unfounded	Yes
	6689 - Other Child - maltreated child, Female, 1 Years	6997 - Day Care Provider, Female, 67 Years	Excessive Corporal Punishment	Unfounded	
	6689 - Other Child - maltreated child, Female, 1 Years	6997 - Day Care Provider, Female, 67 Years	Inadequate Guardianship	Unfounded	
	7068 - Other Child - SC's Cousin, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Inadequate Guardianship	Unfounded	
	7068 - Other Child - SC's Cousin, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Parents Drug / Alcohol Misuse	Unfounded	
	7067 - Other Child - SC's Cousin, Female, 4 Years	6997 - Day Care Provider, Female, 67 Years	Inadequate Guardianship	Unfounded	
	7068 - Other Child - SC's Cousin, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Excessive Corporal Punishment	Unfounded	
	7067 - Other Child - SC's Cousin, Female, 4 Years	6997 - Day Care Provider, Female, 67 Years	Excessive Corporal Punishment	Unfounded	



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7067 - Other Child - SC's Cousin, Female, 4 Years	6997 - Day Care Provider, Female, 67 Years	Parents Drug / Alcohol Misuse	Unfounded
6687 - Other Child - maltreated child, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Inadequate Guardianship	Unfounded
6687 - Other Child - maltreated child, Female, 2 Years	6997 - Day Care Provider, Female, 67 Years	Parents Drug / Alcohol Misuse	Unfounded
6689 - Other Child - maltreated child, Female, 1 Years	6997 - Day Care Provider, Female, 67 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

SC's cousins that reside in SC's home were named on a day care report. Owner/director of day care center allegedly stripped child's clothing off and hit her with a belt. It is also alleged that the DCP grabbed a different child by her hair, dragged her across the room causing her to lose balance. DCP allegedly dragged a 4 yr old boy across the room by his arm. DCP grabs children's faces, forcibly sits them down and has made children sit on the toilet for an hour at a time. DCP curses and screams at the children and has allowed her friends to drink alcohol and smoke marijuana in the home during business hours.

Determination: Unfounded

Date of Determination: 03/03/2014

Basis for Determination:

No credible evidence was found to support IG, XCP or PD/AM by the day care provider. Children did not appear to be afraid and collaterals contacted expressed no concerns in regards to the care of the children.

OCFS Review Results:

OCFS reviewed the record in this case and found compliance issues related to the timeliness of the 7 Day Safety Assessment. 7 Day Safety Assessment was due on 1/10/14 but was not approved until 2/12/14.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was due on 1/10/14. Progress notes reflected that appropriate safety assessment was completed within 7 days however progress notes and safety assessment were not entered and approved until 2/12/14.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

OCDCFS will develop a plan to ensure that all 7 Day Safety Assessments are completed and approved in a timely manner.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/10/2014	6642 - Sibling - Half sibling's sibling, Male, 1 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Inadequate Guardianship	Unfounded	Yes



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6651 - Sibling - Half sibling's sibling, Female, 0 Days	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Lack of Supervision	Unfounded
7069 - Other Child - Unrelated Child , Female, 3 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Inadequate Guardianship	Unfounded
7069 - Other Child - Unrelated Child , Female, 3 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Lack of Supervision	Unfounded
6642 - Sibling - Half sibling's sibling, Male, 1 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Lack of Supervision	Unfounded
6642 - Sibling - Half sibling's sibling, Male, 1 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
6651 - Sibling - Half sibling's sibling, Female, 0 Days	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Inadequate Guardianship	Unfounded
6651 - Sibling - Half sibling's sibling, Female, 0 Days	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded
7069 - Other Child - Unrelated Child , Female, 3 Years	6638 - Father's Partner - half sibling's sibling, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

Report alleged that father's partner left half siblings and father's partner's other children home alone several times a day for about 15 minutes at a time. It was also alleged that she smoked marijuana and drank alcohol to the extent that she could not adequately supervise the children.

Determination: Unfounded**Date of Determination:** 03/20/2014**Basis for Determination:**

There was no credible evidence to substantiate the allegations of IG, PD/AM, or LS. In addition to the investigation Law Enforcement responded to the home and found no reason to believe the children were left alone. Children were observed in the home and appeared to be well cared for.

OCFS Review Results:

OCFS reviewed the case records and found compliance issues related to the timeliness of the 7 Day Safety Assessment. 7 Day Safety Assessment was due on 1/17/14 but records reflect that it was not completed until 3/18/14.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

7 Day Safety Assessment was due on 1/17/14 but was not completed until 3/18/14.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:



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OCDCFS will develop a plan to ensure that all 7 Day Safety Assessments are completed and approved in a timely manner.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/04/2014	6616 - Sibling - half siblings sibling, Female, 1 Days	6611 - Father's Partner, Female, 20 Years	Inadequate Guardianship	Unfounded	No
	6616 - Sibling - half siblings sibling, Female, 1 Days	6611 - Father's Partner, Female, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

Half sibling born with positive toxicology for marijuana. Infant appeared to be doing well.

Determination: Unfounded

Date of Determination: 04/23/2014

Basis for Determination:

There was no credible evidence to substantiate the allegations of IG or PD/AM. Children were observed multiple times in the home and appeared to be happy and well cared for. Services were provided to the family by a community health worker. In spite of positive toxicology, no impact on half sibling was found.

OCFS Review Results:

OCFS reviewed the records in this case and determined that all casework activities were completed and appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/03/2014	6635 - Other Child - half sibling's sibling, Female, 3 Years	6631 - Father's Partner, Female, 20 Years	Inadequate Guardianship	Unfounded	No
	6636 - Sibling - half sibling's sibling, Male, 1 Years	6631 - Father's Partner, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6636 - Sibling - half sibling's sibling, Male, 1 Years	6631 - Father's Partner, Female, 20 Years	Inadequate Guardianship	Unfounded	
	6637 - Sibling - half sibling's sibling, Female, 3 Months	6631 - Father's Partner, Female, 20 Years	Inadequate Guardianship	Unfounded	
	6635 - Other Child - half sibling's sibling, Female, 3 Years	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Guardianship	Unfounded	
	6636 - Sibling - half sibling's sibling, Male, 1 Years	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	6637 - Sibling - half sibling's sibling, Female, 3 Months	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded	



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6635 - Other Child - half sibling's sibling, Female, 3 Years	6631 - Father's Partner, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded
6637 - Sibling - half sibling's sibling, Female, 3 Months	6631 - Father's Partner, Female, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded
6635 - Other Child - half sibling's sibling, Female, 3 Years	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Food / Clothing / Shelter	Unfounded
6636 - Sibling - half sibling's sibling, Male, 1 Years	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Guardianship	Unfounded
6637 - Sibling - half sibling's sibling, Female, 3 Months	6632 - Other Adult - half sibling's grandparent, Female, 39 Years	Inadequate Guardianship	Unfounded

Report Summary:

The father's partner's children were dirty and there was no food in the home. The father's partner and father's partner's mother did not have the means to provide food for the children and therefore could not meet their basic needs. Children were placed at risk of harm when the father's partner and father's partner's mother engaged in a heated verbal argument in the presence of the children.

Determination: Unfounded

Date of Determination: 07/17/2014

Basis for Determination:

There was no credible evidence to substantiate the allegations. Father's partner and father's partner's mother were interviewed and children were observed in their environment and appeared to be well fed with no signs of visible marks or bruises.

OCFS Review Results:

OCFS reviewed the records in this case and found the investigation to have been adequately conducted.

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)
11/14/2014	7011 - Other Child - Father's Partner's Child, Female, 3 Years	6622 - Father's Partner, Female, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	Yes
	7012 - Sibling - Father's Partner's Child, Female, 8 Months	6622 - Father's Partner, Female, 21 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7012 - Sibling - Father's Partner's Child, Female, 8 Months	6622 - Father's Partner, Female, 21 Years	Inadequate Guardianship	Far-Closed	
	7011 - Other Child - Father's Partner's Child, Female, 3 Years	6622 - Father's Partner, Female, 21 Years	Inadequate Guardianship	Far-Closed	

Report Summary:



Father's partner's home had no electricity or heat for two months. An extension cord was being run from the neighbors house, creating a fire hazard. The fire department and local codes had been to the home and advised that the extension cord be unplugged. The father's partner's home had no known heat source during the cold and snowy weather.

OCFS Review Results:

OCFS reviewed the records in this case and determined that the FAR activities were adequately conducted. Family was receiving services from a case manager and a Healthy Families worker. No evidence was found in the case record of a 7 Day Safety Assessment.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

There is no evidence of a 7 Day Safety Assessment being completed.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

OCDCFS will develop a plan to ensure that all 7 Day Safety Assessments are completed and approved in a timely manner.

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

No reports prior to three year history.

Known CPS History Outside of NYS

No reports found.

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