



Report Identification Number: SY-15-042

Prepared by: Syracuse Regional Office

Issue Date: 6/1/2016

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



Report Type: Child Deceased
Age: 11 month(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 12/03/2015
Initial Date OCFS Notified: 12/04/2015

Presenting Information

On 12/4/15 OCDSS received a subsequent SCR report alleging FX, II, IG, DOA/Fatality against the parents of the SC. The report re-stated the 12/1/15 SCR report allegations of FX, IG, LS against the parents alleging on 11/30/15 the parents left the SC asleep on her back in their bed and unsupervised. The BM checked on the SC and discovered her unresponsive, began CPR, called 9-1-1, and SC was transported to the hospital, where x-rays revealed a skull fracture with brain injury. The parent's account of the incident was not consistent with the nature of the injury. The SC was transported to another hospital placed on a ventilator, and a neck injury was also identified from x-rays. On 12/3/15, per the parent's instructions, and after a poor medical prognosis, the SC was taken off the ventilator and pronounced deceased at 5:11pm. The ME preliminary autopsy report stated the cause of death and manner of death were pending further studies, with comments of a linear skull fracture.

Executive Summary

This fatality report concerns the death of an 11 month old female infant that occurred on 12/3/15. On 11/30/15 at approximately 10:10pm the BM found the SC wedged between the wall and the mattress, and unresponsive. BM began CPR and BF called 911. The SC was transported to the hospital, and tests revealed an occipital bone skull fracture. SC was transported to a larger hospital, and remained on a ventilator. Further testing revealed spinal/neck ligament damage. Further scans, MRI, or complete Child Abuse Work Up could not be conducted due to the SC's seizure activity. During this time the SC's sibling was being cared for by a neighbor. Oneida County Department of Social Services (OCDSS) appropriately assessed and determined the sibling was in a safe setting. On 12/1/15 in response to the SCR report and finding the parents' did not provide a plausible explanation to the SC's injuries, OCDSS removed both children without consent and placed them in DSS custody. The neighbor caring for the sibling informed OCDSS they no longer wanted to care for the sibling due to the attention on the SC's death. OCDSS placed the sibling in a therapeutic foster home that was assessed and determined able to care for his special needs, while the SC remained in the hospital on a ventilator. OCDSS conducted joint interviews with LE's criminal investigation, to assess safety and risk, with no concerns found. On 12/2/15, the parents consented to the removal and court granted continued custody with OCDSS. Both parents denied any wrongdoing or to have caused the injuries to the SC. The parents agreed with voluntary protective services and participated in counseling. On 12/3/15 the hospital staff spoke with the parents about the poor prognosis for the SC, and the parents decided to take the SC off life support, and the SC was pronounced dead at 5:11pm. On 12/4 the court ordered the SC's sibling be placed in Article 10 relative placement (N-Docket), to care for the sibling in the birth parent's home. The parents were also permitted to return to their home, with an OOP with full supervision by the relative. On 3/8/16 the court modified the N-docket order approving another relative to reside in the parents' home to care for the sibling, and supervise all contact with the parents. Other than the current open investigation on 11/30/15, related to the SC DOA/fatality, there is no CPS history with the family. During the investigation OCDSS assessed risk and safety factors through announced and unannounced home visits, interviews with adults caring for the sibling, appropriate collateral contacts, and no other concerns were found.

The final autopsy report stated cause of death to be "positional asphyxia due to entrapment between bed and wall" and manner of death was accident. A court hearing was held on 4/19/16, OCDSS had determined there were no identified risks for the sibling and that the parents were adequately caring for him. All orders were vacated, the abuse



petition was dismissed, and the sibling was returned to the care and custody of the parents. At the time of this report, the investigation remained opened pending OCDSS supervisory and legal consultation on the determination. OCDSS reported LE viewed the incident as accidental, the outcome of the criminal investigation was unknown at the time of this report.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

OCDSS conducted ongoing risk and safety assessments through appropriate collateral contacts, obtained the family medical records, conducted unannounced home visits, observed the SC's sibling, and interviewed adults caring for the sibling.

Was the decision to close the case appropriate? N/A

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

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

Explain:

At the time of this report, the investigation remained opened pending the outcome of the criminal investigation and OCDSS supervisory and legal consultation regarding the determination.

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



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Date of Death: 12/03/2015

Time of Death: 05:11 PM

Date of fatal incident, if different than date of death: 11/30/2015

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

County where fatality incident occurred:

ONEIDA

Was 911 or local emergency number called?

Yes

Time of Call:

10:12 PM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim		11 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

LDSS Response

Upon receipt of the report, OCDSS collaborated with LE and members of the Multidisciplinary Team to review information obtained from the initial Investigation on 11/30/15, regarding the SC's injury, hospitalization, up until the time when the SC was taken off the ventilator and pronounced dead on 12/3/15. At the time of the SC's death OCDSS had already filed an abuse petition, obtained custody of the SC and sibling, and the sibling was being cared for in a therapeutic foster home. In response to the SC's death, OCDSS interviewed the parents and hospital social worker. Due to the criminal investigation and previous investigation report (12/1/15), the parents' attorney refused to allow them to respond to the same questions previously asked by CPS. On 12/4/15 the court ordered that the SC's sibling be placed under the N-docket with a relative. Due to the sibling's special needs, requiring special equipment and 24 hour care, the relative resided temporarily in the birth parent's home. An Order of Protection (OOP) was in place that allowed the parent's to also reside in their home with the SC's sibling, but under full supervision by the relative. OCDSS conducted announced and unannounced home visits to ensure the OOP was being followed, interviewed appropriate collaterals and adults to continue



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to assess for safety and risk factors, with no concerns found. The parents were in counseling during the time of the investigation, with no safety concerns. At the time of this report, the investigation remained opened as OCDSS was in the process of supervisory and legal consultations to determine the allegations. The OOP was still in place pending the next scheduled court appearance regarding the petition and final autopsy report.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024684 - Deceased Child, , 11 Mons	024685 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending
024684 - Deceased Child, , 11 Mons	024685 - Mother, Female, 27 Year(s)	Lack of Supervision	Pending
024684 - Deceased Child, , 11 Mons	024685 - Mother, Female, 27 Year(s)	Fractures	Pending
024684 - Deceased Child, , 11 Mons	024686 - Father, Male, 31 Year(s)	Fractures	Pending
024684 - Deceased Child, , 11 Mons	024686 - Father, Male, 31 Year(s)	Inadequate Guardianship	Pending
024684 - Deceased Child, , 11 Mons	024686 - Father, Male, 31 Year(s)	Lack of Supervision	Pending
024684 - Deceased Child, , 11 Mons	024686 - Father, Male, 31 Year(s)	DOA / Fatality	Pending
024684 - Deceased Child, , 11 Mons	024685 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending

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 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"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

The initial FASP was 27 days overdue, some FSS progress notes were untimely. The investigation remained open past 60 days, as OCDSS was waiting for the final autopsy report as the criminal investigation was significant to determining the allegations

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 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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household?				
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 or 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"/>

Explain as necessary:

In response to an SCR report that preceded the SC's death, OCDSS obtained custody of the SC and sibling without consent, and placed the sibling in a foster home. On 12/2/15 the court ordered temporary removal, the sibling remained in a foster home, and the SC remained hospitalized until deceased (12/3/15). On 12/4/15, the SC's sibling was placed with a relative under a court ordered N-docket, with an existing OOP that the parents must always be supervised when around the sibling.

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:
12/02/2015	There was not a fact finding	There was not a disposition
Respondent:	024684 Deceased Child 11 Mons	
Comments:		

Have any Orders of Protection been issued? Yes

From: 12/04/2015

To: 06/04/2016



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Explain:
 Temporary Order of Protection regarding the parents must have supervised visitation with the SC's sibling, and supervised at all times by the godmother or someone deemed appropriate by OCDSS.

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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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"/>

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:
 At the time of the injury that resulted in the SC's fatality, the sibling was placed in foster care for 3 days and subsequently court ordered into Article 10 relative placement. Services to meet the sibling's special needs were in place prior to the investigation. No other services related to the fatality were needed or identified for the sibling.

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



Explain:
OCDSS offered bereavement counseling, but the family utilized their own religious supports. The parents agreed to attend counseling together.

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? Yes
 Was the child ever placed outside of the home prior to the death? Yes
 Were there any siblings ever placed outside of the home prior to this child's death? Yes
 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)
12/01/2015	7235 - Deceased Child, Female, 11 Months	7237 - Mother, Female, 27 Years	Lack of Supervision	Pending	No
	7235 - Deceased Child, Female, 11 Months	7238 - Father, Male, 31 Years	Fractures	Pending	
	7235 - Deceased Child, Female, 11 Months	7238 - Father, Male, 31 Years	Inadequate Guardianship	Pending	
	7235 - Deceased Child, Female, 11 Months	7237 - Mother, Female, 27 Years	Fractures	Pending	
	7235 - Deceased Child, Female, 11 Months	7237 - Mother, Female, 27 Years	Inadequate Guardianship	Pending	



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7235 - Deceased Child, Female, 11 Months	7238 - Father, Male, 31 Years	Lack of Supervision	Pending
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Report Summary:

On 12/1/15 an SCR report alleged FX, IG, LS against the parents. The report alleged that on 11/30/15, BM and BF left the SC, 11 month old, asleep on her back in their bed and unsupervised. Sometime later, BM observed the SC to be on her stomach, warm to the touch but unresponsive. The BM began CPR on the SC. SC was brought to the ER and after head and neck x-rays a full skull fracture was observed. The parent's account of the incident was not consistent with the nature of the injury.

Determination: Undetermined**OCFS Review Results:**

OCDSS conducted appropriate collateral contacts and interviews, and obtained medical reports. Due to suspicious injuries, both children were removed without consent and placed in DSS custody. The SC remained at the hospital on life support, the sibling was temporarily in the care of a neighbor, and assessed safe. Subsequently the sibling was placed into a foster home that was able to meet his special needs. On 12/2/15 OCDSS filed a neglect petition, the court ordered temporary removal of the children. On 12/4 the court approved N-Docket placement with a relative. OCDSS CPS services case remains open until the final autopsy report is received. No other safety or risk factors indicated.

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

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

None

Known CPS History Outside of NYS

None

Services Open at the Time of the Fatality**Family Assessment and Service Plan (FASP)**

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)



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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.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care:

Date of placement with most recent caregiver?

11/30/2015

How did the child(ren) enter placement?

Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was the most recent placement stable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the agency comply with sibling placement standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to
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NYS Office of Children and Family Services - Child Fatality Report

				Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a Criminal History check conducted? Date:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The SC was hospitalized after the injury, and remained there until time of death. The SC was never in a foster home or other placement type. OCDSS took custody at the time of injury and had custody at the time of death.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No



Foster Care Placement History

The SC and sibling were placed in the custody of OCDSS as a result of the incident on 11/30/15 that led to the SC's death on 12/3/15 . 11/30/15, at the time of the incident, the sibling was placed into a therapeutic foster home, and was in the foster home at the time of the fatality. The SC was hospitalized after the incident and remained there until deceased. There was no other foster care placement history for the SC or sibling. On 12/4/15, the sibling was placed by the court into N-docket relative placement.

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