



**Report Identification Number: NY-16-032**

**Prepared by: New York City Regional Office**

**Issue Date: 10/26/2016**

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
FM-Foster Mother	SS-Surviving Sibling	

### 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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

**Report Type:** Child Deceased  
**Age:** 16 day(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 03/31/2016  
**Initial Date OCFS Notified:** 04/08/2016

## Presenting Information

The SC was born 3/15/16, with congenital diaphragmatic hernia (CDH) and he remained in the NICU of Columbia Presbyterian Children's Hospital until he expired on 3/31/16 at 8:35PM. The SC was treated using extracorporeal membrane oxygenation (ECMO) since birth but was not getting any better. The parents were consulted on 3/31/16 and once the SC was removed from the ECMO he expired.

## Executive Summary

On 4/8/16, OCFS was notified of the death of this sixteen-day-old male SC via an OCFS-7065. According to the report narrative, the SC was born with congenital diaphragmatic hernia (CDH) and he remained hospitalized in the neonatal intensive care unit at the Columbia Presbyterian Children's Hospital (CPCH) until he expired on 3/31/16. The SC was being treated since birth but his condition never improved. The parents were advised of the child's condition; he was removed from treatment and he died in the hospital.

Prior to the death of the SC the family had received Family Court ordered services since 7/23/13 because of concerns with the mother's drug usage, clinical issues and the poor school attendance of the oldest child. The Family Court ordered supervision continued until 4/14/16 when the supervision ended. The SC was born and expired shortly before the services case was closed. The SC never resided with the family because he was born medically fragile. The surviving siblings never had the opportunity to see the SC.

ACS documented that during the supervision period the BM had made progress and complied with all of the requests of ACS and the service providers. The BM had consistently tested negatively for drugs and the children are well cared for and doing well in school. ACS had no concerns for the safety of the surviving siblings. According to ACS documentation, CPCH offered the BM bereavement counseling and stated the BM also received support from members of her church.

On 4/14/16, the ACS Specialist visited the home and the surviving siblings were observed to be neatly dressed with no indications of abuse or neglect doing schoolwork. On 5/20/16, ACS closed the services case.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Safety assessment due at the time of determination? N/A

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

ACS monitored the family under the provisions of the COS until supervision ended on 4/14/16.

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:

ACS documented the COS for this family ended on 4/14/16 and the case was closed.

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: 03/31/2016

Time of Death: 08:35 PM

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS to respond to the scene? No

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: Hospitalized since birth.

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

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01



# NYS Office of Children and Family Services - Child Fatality Report

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Male	16 Day(s)
Deceased Child's Household	Father	No Role	Male	22 Year(s)
Deceased Child's Household	Mother	No Role	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)

## LDSS Response

On 4/8/16, OCFS was notified of the death of this sixteen-day-old male SC via an OCFS-7065. According to the report narrative, the SC was born on 3/15/16 with congenital diaphragmatic hernia (CDH) and he remained in the hospitalized in the neonatal intensive care unit at the Columbia Presbyterian Children’s Hospital until he expired on 3/31/16. The SC was being treated using an extracorporeal membrane (ECMO) since birth but his condition never improved the parents were advised of this and the SC was removed from ECMO and expired.

On 4/5/16, the ACS Specialist contacted Columbia Presbyterian Children’s Hospital and spoke with the medical social worker (MSW) responsible for the SC's case and was told the SC expired on March 31, 2016. The MSW stated the cause of death was CDH, the medical condition the child was diagnosed with during prenatal care and at birth.

Prior to the death of the SC the family had received Family Court ordered services since July 23, 2013 because of concerns with the mothers drug usage, clinical issues and the poor school attendance of the oldest child. The Family Court ordered supervision continued until 4/14/16 when the supervision ended. The SC was born and expired shortly before the services case was closed. The SC never resided with the family because he was born medically fragile. The surviving siblings never had the opportunity to see the SC.

ACS documented that during the supervision period the BM had made progress and complied with all of the requests of ACS and the service providers. The BM had consistently tested negatively for drugs and the children are well cared for and doing well in school and ACS had no concerns for the safety of the surviving siblings. According to ACS documentation, CPCH offered the BM bereavement counseling and stated the BM also received support from members of her church.

On 4/14/16, the ACS Specialist visited the home and the surviving siblings were observed to be neatly dressed with no indications of abuse or neglect doing schoolwork. On 5/20/16, ACS closed the services case.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Hospital physician



# NYS Office of Children and Family Services - Child Fatality Report

## Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: There is no OCFS approved CFRT in the New York City region.

## 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"/>
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"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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# NYS Office of Children and Family Services - Child Fatality Report

**danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?**

**Explain:**  
No 24-Hour Report or safety assessment required for this fatality. There were no suspicions of neglect or maltreatment by the parents. The children had been closely monitored by ACS for several years prior to the SC's birth and death. ACS' court ordered supervision ended on 4/14/16.

## 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"/>
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 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

## Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



# NYS Office of Children and Family Services - Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input 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:**

The mother declined ACS' offer of bereavement counseling and stated Columbia Presbyterian Hospital had given her information regarding bereavement services for the family. The mother stated she would receive support from her church.

**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?** Unable to Determine

**Explain:**

The hospital offered the family bereavement services but it is unknown if the parents used the services for the surviving children.

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

**Explain:**

The hospital offered the family bereavement services but it is unknown if the parents used the service.

## History Prior to the Fatality





# NYS Office of Children and Family Services - Child Fatality Report

## 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?** No  
**Were there any siblings ever placed outside of the home prior to this child's death?** No  
**Was the child acutely ill during the two weeks before death?** Yes

## Infants Under One Year Old

### During pregnancy, mother:

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

### Infant was born:

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

## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/22/2015	10960 - Sibling, Female, 5 Years	10957 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	10961 - Sibling, Female, 7 Years	10957 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10962 - Sibling, Female, 8 Years	10957 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10959 - Sibling, Male, 2 Years	10958 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10959 - Sibling, Male, 2 Years	10957 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10959 - Sibling, Male, 2 Years	10957 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10959 - Sibling, Male, 2 Years	10958 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	10960 - Sibling, Female, 5 Years	10958 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10961 - Sibling, Female, 7 Years	10958 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

10961 - Sibling, Female, 7 Years	10958 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded
10960 - Sibling, Female, 5 Years	10957 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
10961 - Sibling, Female, 7 Years	10957 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
10962 - Sibling, Female, 8 Years	10957 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
10960 - Sibling, Female, 5 Years	10958 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded
10962 - Sibling, Female, 8 Years	10958 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded
10962 - Sibling, Female, 8 Years	10958 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded

**Report Summary:**

The allegations of the 9/22/15 SCR report were PD/AM and IG of the four children by the parents. ACS initiated the investigation timely and conducted the appropriate interviews with family members and collateral contacts. On 11/25/15 ACS unsubstantiated the allegations of the report and unfounded the case.

**Determination:** Unfounded

**Date of Determination:** 11/25/2015

**Basis for Determination:**

ACS determined there was no credible evidence to support the allegations.

**OCFS Review Results:**

ACS made the appropriate collateral contacts and assessed for safety of the children. ACS documented the children were safe and well cared for by the parents.

**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)
05/22/2015	10966 - Sibling, Female, 5 Years	10964 - Father, Male, 22 Years	Lack of Supervision	Unfounded	No
	10966 - Sibling, Female, 5 Years	10964 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10968 - Sibling, Female, 8 Years	10964 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10968 - Sibling, Female, 8 Years	10963 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10967 - Sibling, Female, 7 Years	10964 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	10967 - Sibling, Female, 7 Years	10964 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10968 - Sibling, Female, 8 Years	10964 - Father, Male, 22 Years	Lack of Supervision	Unfounded	
	10965 - Sibling, Male, 2 Years	10963 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

10965 - Sibling, Male, 2 Years	10963 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
10967 - Sibling, Female, 7 Years	10963 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
10967 - Sibling, Female, 7 Years	10963 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
10968 - Sibling, Female, 8 Years	10963 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
10968 - Sibling, Female, 8 Years	10963 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
10965 - Sibling, Male, 2 Years	10963 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
10966 - Sibling, Female, 5 Years	10963 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
10966 - Sibling, Female, 5 Years	10963 - Mother, Female, 27 Years	Lack of Supervision	Unfounded
10966 - Sibling, Female, 5 Years	10963 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded
10967 - Sibling, Female, 7 Years	10963 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded
10965 - Sibling, Male, 2 Years	10964 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded
10965 - Sibling, Male, 2 Years	10964 - Father, Male, 22 Years	Lack of Supervision	Unfounded
10965 - Sibling, Male, 2 Years	10964 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded
10966 - Sibling, Female, 5 Years	10964 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded
10967 - Sibling, Female, 7 Years	10964 - Father, Male, 22 Years	Lack of Supervision	Unfounded
10968 - Sibling, Female, 8 Years	10964 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

On 5/22/15, the SCR registered a report that alleged I/F/C/S, LS, PD/AM and IG of the now 2, 5, 7 and 8 year-old children by the parents. These allegations were identical with the 5/20/15 report. The SC was not yet born at the time of these reports. The allegations were addressed with the parents and ACS documented there was no credible evidence to support any of the allegations.

**Determination:** Unfounded

**Date of Determination:** 07/20/2015

**Basis for Determination:**

ACS determined each of the allegations of the report and in each instance established there was no credible evidence to support the allegations were true. On 7/20/15, ACS unsubstantiated all of the allegations and unfounded the case which remained open for services.

**OCFS Review Results:**



# NYS Office of Children and Family Services - Child Fatality Report

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)
05/20/2015	10956 - Sibling, Female, 8 Years	10951 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	10953 - Sibling, Male, 2 Years	10952 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10955 - Sibling, Female, 7 Years	10952 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	10956 - Sibling, Female, 8 Years	10952 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	10956 - Sibling, Female, 8 Years	10952 - Father, Male, 22 Years	Lack of Supervision	Unfounded	
	10953 - Sibling, Male, 2 Years	10951 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10955 - Sibling, Female, 7 Years	10951 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	10956 - Sibling, Female, 8 Years	10951 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10953 - Sibling, Male, 2 Years	10952 - Father, Male, 22 Years	Lack of Supervision	Unfounded	
	10955 - Sibling, Female, 7 Years	10952 - Father, Male, 22 Years	Lack of Supervision	Unfounded	
	10956 - Sibling, Female, 8 Years	10952 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10953 - Sibling, Male, 2 Years	10951 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	10953 - Sibling, Male, 2 Years	10951 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10955 - Sibling, Female, 7 Years	10951 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	10955 - Sibling, Female, 7 Years	10951 - Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10956 - Sibling, Female, 8 Years	10951 - Mother, Female, 27 Years	Lack of Supervision	Unfounded	
	10953 - Sibling, Male, 2 Years	10952 - Father, Male, 22 Years	Inadequate Guardianship	Unfounded	
	10955 - Sibling, Female, 7 Years	10952 - Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**  
 On 5/20/16, the SCR registered a report that alleged I/F/C/S, LS, PD/AM and IG of the now 2, 5, 7 and 8 year-old children by the parents. These allegations were identical with the 5/20/15 report. The SC was not yet born at the time of these reports. The allegations were addressed with the parents and ACS documented there was no credible evidence to



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support any of the allegations.

**Determination:** Unfounded

**Date of Determination:** 07/20/2015

**Basis for Determination:**

ACS determined there was no credible evidence to support the allegations of the 5/20/15 report.

**OCFS Review Results:**

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**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)
09/10/2013	10942 - Sibling, Female, 5 Years	10941 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	10942 - Sibling, Female, 5 Years	10941 - Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	10943 - Sibling, Female, 7 Years	10941 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	10944 - Sibling, Female, 8 Years	10941 - Mother, Female, 24 Years	Excessive Corporal Punishment	Unfounded	
	10944 - Sibling, Female, 8 Years	10941 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	10942 - Sibling, Female, 5 Years	10941 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10944 - Sibling, Female, 8 Years	10941 - Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	10944 - Sibling, Female, 8 Years	10941 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	10942 - Sibling, Female, 5 Years	10941 - Mother, Female, 24 Years	Excessive Corporal Punishment	Unfounded	
	10943 - Sibling, Female, 7 Years	10941 - Mother, Female, 24 Years	Excessive Corporal Punishment	Unfounded	
	10943 - Sibling, Female, 7 Years	10941 - Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	10943 - Sibling, Female, 7 Years	10941 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The 9/10/13 report alleged XCP, L/B/W, I/F/C/S and PD/AM of the now five, seven and eight-year old female siblings by the BM. During the investigation there was no indication the children were not well cared for by the BM. The school age children were attending school and the children's medical immunizations were current. The mother had been engaged in a drug treatment program from an earlier ACS investigation and it was documented the BM was making progress. The BM was also engaged in clinical services. The home was described as adequate with food and no safety concerns were noted.

**Determination:** Unfounded

**Date of Determination:** 11/08/2013

**Basis for Determination:**

ACS investigated the allegations of XCP, L/B/W, I/F/C/S and PD/AM of the three older children of the BM and



determined there was no credible evidence to support the allegations.

**OCFS Review Results:**  
ACS made multiple unannounced visits and there were no concerns regarding the safety of the now seven, eight and five year-old female siblings.

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

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

There were five CPS investigations more than three years prior to the fatality none of which involved the SC who was not yet born. The BM was the subject of all of the reports that involved the three older siblings of the SC.

The allegations of the 3/15/13 report were LBW, XCP and IG of the BM's three children. On 4/29/13, ACS unsubstantiated the allegations of the report and the case was unfounded.

The allegations of the 1/25/12 report were LS and IG of the BM's three children. On 3/21/12, ACS unsubstantiated allegations and unfounded the case.

The allegation of the 12/2/11 report were LS of the BM's three children by the BM. On 1/31/12, ACS unsubstantiated the allegation and unfounded the case.

The allegation of the 2/15/11 report was IG of the BM's two oldest children by the BM and former paramour. On 3/24/11, ACS substantiated the allegation and indicated the report against both subjects.

The allegations of the 9/8/10 report LS and IG of the BM's two older children by the BM. On 10/15/10, ACS unsubstantiated the allegations of the report and unfounded the case.

**Known CPS History Outside of NYS**

There is no known history outside of NYS.

**Services Open at the Time of the Fatality**

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes  
**Date the Child Protective Services case was opened:** 07/23/2013

**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
<b>Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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## 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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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