



Report Identification Number: SV-15-046

Prepared by: Spring Valley Regional Office

Issue Date: 6/10/2016

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: Nassau
Gender: Male

Date of Death: 12/13/2015
Initial Date OCFS Notified: 12/13/2015

Presenting Information

This report was made with allegations of DOA/Fatality and Inadequate Guardianship against the mother and father on behalf of the 3-month-old subject child. This report stated that the mother and father put the subject child to bed on 12/12/2015. On 12/13/2015 the subject child was checked on at approximately 3:30 AM and found to be alive and well. At approximately 7:30 AM, the subject child was found in his crib, unresponsive. The parents called 911 and the subject child was pronounced dead at 8:10 AM. The subject child was noted to have been an otherwise healthy child and there was no plausible explanation for his death. A subsequent report was called in 8 days later listing the same allegations. This report noted the subject child was found unresponsive, and had been sleeping with his parents. There was no known reason which could have accounted for the death of the subject child.

Executive Summary

Nassau County Department of Social Services, (NCDSS), conducted an investigation into the allegations listed on the report. Many appropriate collateral contacts including the Medical Examiner, local law enforcement officials, hospital staff, community resources and relatives were made. All subjects and other persons named on the report were interviewed and/or observed, and the allegations were discussed. Appropriate service referrals were offered to the family.

During the course of the investigation, it was learned that the subject child was put to bed on 12/12/2015 and had a minor cold. On 12/13/2015 the father checked on the subject child at approximately 3:30 AM, fed him and both he and the subject child had fallen asleep on a bean-bag couch. The father had returned to his bedroom, leaving the subject child on the bean-bag. At approximately 7:30 AM, the father found the subject child unresponsive, and called 911. The subject was pronounced dead at 8:10 AM, fifteen minutes after his arrival at the local hospital. Medical Records indicated the subject child had an appointment with his pediatrician on 12/13/2015.

Home visits to assess the safety and well-being of the 4-year-old and 1-year-old female surviving siblings were made and contact was maintained throughout the course of the investigation. The children were noted to have been free of any obvious marks and/or bruises and appropriately dressed for the weather. Maternal relatives from out of state had come to aid in the care of the surviving siblings while the parents grieved the loss of the subject child. The home was noted to have been in "deplorable condition" and the parents were asked to have the siblings remain in the care of the maternal relatives while they cleaned up the home. Contact was made with the day-care provider and pediatricians and no concerns were noted.

The Medical Examiner noted that all known concerns would be considered. However no preliminary determination was disclosed. The Medical Examiner explained to local law enforcement officials that it does not appear to have been any criminal action in regard to the death of the subject child and no criminal charges were pursued. An autopsy was conducted on 12/14/2015. To date, there has been no final determination shared with SVRO in regard to the cause of death.

Both the mother and the father disclosed that they began to utilize marijuana as a coping mechanism upon the death



of the subject child. The mother tested positive for marijuana while receiving services and the father refused drug/alcohol services.

The investigation was closed indicated on 01/29/2016. The allegations listed on and added to the report were substantiated against the father and the mother on behalf of the subject child and the surviving siblings, excluding the allegation of DOA/Fatality against the mother on behalf of the subject child.

The case remained opened for intensive preventive services.

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:

Casework activities were appropriate.

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 the investigation closure, the case remained open with intensive preventive services in place.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Seven Day Assessment
Summary:	While there was a 24 hour, 30 day and determination assessment documents completed, a seven day safety assessment was not completed for this investigation.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



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Action: Nassau County Department of Social Services must remind their caseworkers of the multiple safety assessments required in Fatality cases and forward documentaion of this to SVRO. The 4/30/16 OCI report lists NCDSS 7 day assessments timely at 92%. No other actions will be required at this time.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/13/2015

Time of Death: 08:10 AM

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

County where fatality incident occurred:

NASSAU

Was 911 or local emergency number called?

Yes

Time of Call:

07:30 AM

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

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

2

At time of incident supervisor was: Not 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	Male	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	4 Year(s)



LDSS Response

When Nassau County Department of Social Services, (NCDSS), received the report, they conducted an investigation into the allegations listed on the report. The safety of the 4-year-old and 1-year-old female surviving siblings was assessed within 24 hours and contact with them was maintained. NCDSS completed three safety assessments in regard to the siblings. There was no 7-day safety assessment completed in the current system of record. All completed assessments were timely, and the 24-hour assessment was appropriate. The case notes were detailed and all were contemporaneous.

As per the Medical Examiner's office, an autopsy was completed on the subject child on 12/14/2015 and there was no preliminary information available as there were multiple tests that were being conducted to assist with the determination. The Medical Examiner indicated that all known conditions would be considered. The Medical Examiner provided no preliminary finding or answer in regard to the cause of death of the subject child.

There was documentation of supervisory conferences noted in which the known circumstances of the case were discussed and directives were provided.

The investigation was closed on 01/29/2016 and the allegations on the report were determined to be substantiated against the father and the mother on behalf of the subject child for Inadequate Guardianship. The allegation of DOA/Fatality was substantiated against the father only on behalf of the subject child. Allegations of Parent's Drug/Alcohol Misuse were added to the report by NCDSS against both the mother and the father on behalf of the subject child and the surviving siblings, and substantiated. Allegations of Inadequate Guardianship were also added to the report by NCDSS against both mother and father on behalf of the 4-year-old and against the mother only on behalf of the 1-year-old and were substantiated. As per NCDSS, the allegation of Inadequate Guardianship against the father on behalf of the 1-year-old surviving sibling was omitted mistakenly. A post determination note was entered through data maintenance.

The mother admitted on 12/21/2015 she smoked marijuana prior to the case worker's arrival and there was marijuana and drug paraphernalia present in the home easily accessible to the 1-year-old in her care. The police were called and the mother was issued a violation. The parents disclosed they began smoking marijuana as a coping mechanism following the death of their son.

The condition of the home had deteriorated from previous NCDSS observations, but was not deemed unsafe. Services were accepted by the family.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: NCDSS worked in conjunction with local law enforcement officials, however it is not documented if the fatality investigation was conducted by an MDT.



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

Comments: An OCFS approved Child Fatality Review Team meeting has not yet been held on this case.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
024841 - Deceased Child, Male, 3 Mons	024843 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated
024841 - Deceased Child, Male, 3 Mons	024843 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024841 - Deceased Child, Male, 3 Mons	024842 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
024841 - Deceased Child, Male, 3 Mons	024842 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024841 - Deceased Child, Male, 3 Mons	024843 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
024841 - Deceased Child, Male, 3 Mons	024842 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
024844 - Sibling, Female, 4 Year(s)	024843 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
024844 - Sibling, Female, 4 Year(s)	024842 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
024844 - Sibling, Female, 4 Year(s)	024842 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024844 - Sibling, Female, 4 Year(s)	024843 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024845 - Sibling, Female, 1 Year(s)	024843 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
024845 - Sibling, Female, 1 Year(s)	024842 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
024845 - Sibling, Female, 1 Year(s)	024842 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input 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"/>



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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 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"/>

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 type="checkbox"/>	<input checked="" 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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Explain:
There was no completed 7-day safety assessment documented in the current system of record.

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



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gathered to assess risk to all surviving siblings/other children in the 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 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"/>
Explain as necessary: The surviving siblings were not removed from the home as a result of this fatality.				

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:
 At the time of the investigation closure, the family was receiving intensive preventive services. The mother was receiving services through an outpatient program for substance use however father declined aid. A request was made to the Office of Victims Services for assistance with the funeral expenses however it is unclear if assistance was provided to the family.

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:
 Intensive Preventive Services were offered to and accepted by the family.

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

Explain:
 Intensive Preventive Services were offered and accepted by the family. An application was also sent to the Office of Victims Services requesting assistance with the funeral expenses for the subject child. Service referrals were made through the Center for Child Abuse and Neglect (CCAN) as well, and contact was maintained with an outside service provider the mother had obtained throughout the investigation.

History Prior to the Fatality

Child Information

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



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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)
08/25/2015	7324 - Sibling, Female, 1 Years	7321 - Mother, Female, 24 Years	Lack of Supervision	Far-Closed	No
	7324 - Sibling, Female, 1 Years	7321 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7323 - Sibling, Female, 4 Years	7321 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7323 - Sibling, Female, 4 Years	7321 - Mother, Female, 24 Years	Lack of Supervision	Far-Closed	
	7323 - Sibling, Female, 4 Years	7321 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7324 - Sibling, Female, 1 Years	7321 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7324 - Sibling, Female, 1 Years	7322 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	7324 - Sibling, Female, 1 Years	7322 - Father, Male, 24 Years	Lack of Supervision	Far-Closed	
	7324 - Sibling, Female, 1 Years	7322 - Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7323 - Sibling, Female, 4 Years	7322 - Father, Male, 24 Years	Lack of Supervision	Far-Closed	
	7323 - Sibling, Female, 4 Years	7322 - Father, Male, 24 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	7323 - Sibling, Female, 4 Years	7322 - Father, Male, 24 Years	Inadequate Food / Clothing / Shelter	Far-Closed	

Report Summary:

This report alleged that the mother and father smoked marijuana on a daily basis and become extremely impaired while caring for the siblings. It also alleged the parents left drug paraphernalia accessible to the children and did not supervise



the children. The children were alleged to have played with toys that were not age appropriate. The home was said to have a putrid odor with dirty dishes and expired food and ferrets in dirty cages where the children played. During the investigation, the case was flagged and the family accepted FAR services. The investigation uncovered the home was clean and well kept with no obvious safety factors and no drugs were noted.

OCFS Review Results:

OCFS is in agreement with the case being transferred to the FAR track. NCDSS complied with the approved FAR protocols, provided services and the case was closed appropriately.

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

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

A case was called in on 12/15/2004 with allegations of Educational Neglect against the paternal grandparents on behalf of the father. The allegation was substantiated and the case was closed on 3/25/2005.

Known CPS History Outside of NYS

There is no known history outside of New York State.

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 preventive service history on file prior to 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

Action: It is recommended that Nassau DSS look closely at strengthening determination conclusions.

Are there any recommended prevention activities resulting from the review? Yes No