

Report Identification Number: SV-14-003

Prepared by: Spring Valley Regional Office

Issue Date: 6/29/2015

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.

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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	MN-Medical Neglect	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

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Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Orange
Gender: Male

Date of Death: 01/30/2014
Initial Date OCFS Notified: 03/03/2014

Presenting Information

This report was called to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 1/30/2014. The report alleged that the mother put the one-month-old male subject child to bed at approximately 1:30 AM after feeding him. At approximately 5:00 AM, the maternal aunt found the subject child unresponsive in his bassinet. The aunt contacted police and the child was found to be dead. The cause of death was unknown at the time. Further details were also unknown and all adults were named as subjects. The child's body was brought to the Medical Examiner's Office, and the District Attorney had been notified. The local Police Department was conducting an investigation as well.

Executive Summary

A report was called into the SCR on 1/30/2014 with allegations of DOA/Fatality and Inadequate Guardianship on behalf of the one-month-old male subject child against the mother, aunt and two unrelated household members. This report alleged that the subject child was found unresponsive in his bassinet at 5:00AM. Police and EMS responded to the scene but could not revive the subject child. According to the report, the cause of death and further details were unknown at the time the report was called in. As a result, all adults in the home at the time of the death were listed as subjects.

Orange County Department of Social Services (OCDSS) conducted an investigation into the allegations and coordinated their investigation with law enforcement. Appropriate collateral contacts were made and pertinent information was obtained. The case was well documented, detailed and all assessments were appropriate and timely.

On 3/27/14, OCDSS made the determination to unsubstantiate all allegations against the mother, the aunt and both unrelated household members on behalf of the subject child as there was no credible evidence to support the allegations. The two unrelated household members were not caregivers for the subject child. The basis for the determination was that the mother and aunt acted appropriately and contacted 911 immediately after finding the subject child unresponsive. They attempted Cardiopulmonary Resuscitation (CPR) until police and paramedics arrived. The subject child was brought to the hospital where he was pronounced dead at 6:30AM.

The investigation revealed that the mother and aunt had been instructed regarding appropriate precautions including Safe Sleep practices, SIDS and Shaken Baby Syndrome prior to the death. The mother was also educated on safe sleeping practices via the hospital when the subject child was born and via the subject child's pediatrician. The subject child was found face down on the pillow in the bassinet and blood was observed on the subject child's face as well as the pillow. The actual position the child was placed to sleep is not documented. While it was determined that the mother did not follow strictly the recommendations she was given regarding safe sleeping practices, the autopsy did not establish a causal connection between having a pillow in the bassinet and the death of the child. Thus, the allegations in the SCR report could not be substantiated.

OCDSS unfounded the SCR report and the determination was made as required within the sixty day timeframe.

The criminal investigation remained open at the time of case closure. The M.E. determined the cause of death as

SIDS and the manner as undetermined.

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? No

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.

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: 01/30/2014

Time of Death: 06:30 AM

County where fatality incident occurred: ORANGE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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

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Other

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

How long before incident was the child last seen by caretaker? 3 Hours

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

1

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	Aunt/Uncle	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	17 Year(s)
Deceased Child's Household	Other Child	No Role	Male	3 Year(s)
Deceased Child's Household	Other Child	No Role	Female	1 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	46 Year(s)

LDSS Response

A report was made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) on 1/14/2014, which alleged Inadequate Guardianship, and Parent's Drug/Alcohol Misuse against the maternal aunt on behalf of her seven-year-old and three-year-old male children. This report alleged the aunt abused marijuana to the point of impairment and could not adequately care for her children.

A second report was called into the SCR on 1/22/2014 with allegations of Inadequate Guardianship against the aunt on behalf of her twelve-year-old, eleven-year-old and nine-year old nieces. The mother and subject child were listed on this report but had unknown roles. This report alleged the nieces were residing with the aunt and the aunt had planned on moving out of state without making an adequate plan for the care of the children. It was determined that the nieces did not reside in the home. This case was merged with the initial report.

A third report was called into the SCR on 1/30/2014 with allegations of DOA/Fatality and Inadequate Guardianship on behalf of the one-month old male subject child against the mother, the aunt, and two unrelated household members. This report alleged the subject child was found unresponsive in his bassinet at 5:00 AM. Police and EMS responded to the scene but could not revive the subject child. According to the report, the cause of death and further details were unknown at the time the report was called in and therefore all adults in the home at the time of the death were listed as subjects.

Orange County Department of Social Services (OCDSS) conducted an investigation into the allegations, and coordinated

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their investigation with law enforcement. Appropriate collateral contacts were made, and pertinent information was obtained. The case was well documented, detailed and all assessments were appropriate and timely.

The investigation revealed that the subject child was found face down on the pillow in his bassinet and blood was observed on the subject child's face and the pillow in which he laid. The mother and the aunt acted promptly and contacted 911 immediately after finding the subject child unresponsive. They attempted Cardiopulmonary Resuscitation (CPR) on the subject child until police and paramedics arrived at the home. The subject child was brought to the hospital where he was pronounced dead at 6:30 AM.

During the course of the investigation OCDSS learned that the mother and the aunt had received instruction on appropriate precautions including Safe Sleep practices, SIDS and Shaken Baby Syndrome prior to the death. The mother was also educated on safe sleeping practices via the hospital when the subject child was born and with the subject child's pediatrician prior to the death. While the mother did not follow strictly the recommendations she received regarding safe sleeping, a causal connection between the sleeping conditions and the death of the subject child could not be established.

On 3/27/2014, OCDSS unsubstantiated all allegations regarding the mother, the aunt and both unrelated household members as there was no credible evidence to support the allegations. The two unrelated household members were not caregivers for the subject child. The determination of the CPS report was made within the required sixty-day mandate.

The criminal investigation remained open at the time of case closure. The Medical Examiner determined the cause of death as Sudden unexpected infant death and the manner of death undetermined.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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
006531 - Deceased Child, Male, 1 Mons	006604 - Unrelated Home Member, Female, 27 Yrs	Inadequate Guardianship	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006604 - Unrelated Home Member, Female, 27 Yrs	DOA / Fatality	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006533 - Aunt/Uncle, Female, 27 Yrs	Inadequate Guardianship	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006533 - Aunt/Uncle, Female, 27 Yrs	DOA / Fatality	Unsubstantiated

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Mons			
006531 - Deceased Child, Male, 1 Mons	006532 - Mother, Female, 17 Yrs	Inadequate Guardianship	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006532 - Mother, Female, 17 Yrs	DOA / Fatality	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006603 - Unrelated Home Member, Male, 46 Yrs	Inadequate Guardianship	Unsubstantiated
006531 - Deceased Child, Male, 1 Mons	006603 - Unrelated Home Member, Male, 46 Yrs	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

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siblings/ other children in the household within 24 hours?				
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"/>

Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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 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 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 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 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:
 Bereavement Counseling and Mental Health services were offered to the mother, however; she declined these services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No
 Was there an open CPS case with this child at the time of death? 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? N/A
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

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During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections
<input type="checkbox"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)
06/21/2012	795-Other Child,Female, 1 Years	791-Other Adult,Female, 26 Years	Burns / Scalding	Unfounded	No
	795-Other Child,Female, 1 Years	791-Other Adult,Female, 26 Years	Excessive Corporal Punishment	Unfounded	
	795-Other Child,Female, 1 Years	791-Other Adult,Female, 26 Years	Inadequate Guardianship	Unfounded	
	795-Other Child,Female, 1 Years	791-Other Adult,Female, 26 Years	Lacerations / Bruises / Welts	Unfounded	
	795-Other Child,Female, 1 Years	791-Other Adult,Female, 26 Years	Lack of Supervision	Unfounded	
	795-Other Child,Female, 1 Years	794-Stepfather,Male, 30 Years	Burns / Scalding	Unfounded	
	795-Other Child,Female, 1 Years	794-Stepfather,Male, 30 Years	Excessive Corporal Punishment	Unfounded	
	795-Other Child,Female, 1 Years	794-Stepfather,Male, 30 Years	Inadequate Guardianship	Unfounded	
	795-Other Child,Female, 1 Years	794-Stepfather,Male, 30 Years	Lacerations / Bruises / Welts	Unfounded	
	795-Other Child,Female, 1 Years	794-Stepfather,Male, 30 Years	Lack of Supervision	Unfounded	

Report Summary:

There is one prior report dated 6/21/12 with unfounded allegations of Inadequate Guardianship, Lack of Supervision, Lacerations/Bruises and Welts, Excessive Corporal Punishment and Burns/Scalding against the maternal cousin and her boyfriend on behalf of the cousin's then two and a half year old daughter. The report was closed on 9/30/2012. A service case was opened on 10/29/2010 for this family. Substance abuse treatment and financial support were provided to the family through a Restorative Management Program.

Determination: Indicated	Date of Determination: 11/23/2012
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Basis for Determination:
Sufficient evidence was found to substantiate the allegations.

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OCFS Review Results:

N/A

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)
12/26/2012	798-Other Child,Female, 17 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	798-Other Child,Female, 17 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	
	798-Other Child,Female, 17 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	800-Other Child,Female, 12 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	800-Other Child,Female, 12 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	
	800-Other Child,Female, 12 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	802-Other Child,Female, 11 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	802-Other Child,Female, 11 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	
	802-Other Child,Female, 11 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	804-Other Child,Female, 2 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	804-Other Child,Female, 2 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	
	804-Other Child,Female, 2 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	805-Other Child,Female, 9 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded	

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805-Other Child,Female, 9 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded
805-Other Child,Female, 9 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded
807-Other Child,Male, 5 Years	796-Grandparent,Female, 35 Years	Inadequate Food / Clothing / Shelter	Unfounded
807-Other Child,Male, 5 Years	796-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded
807-Other Child,Male, 5 Years	796-Grandparent,Female, 35 Years	Parents Drug / Alcohol Misuse	Unfounded
798-Other Child,Female, 17 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
798-Other Child,Female, 17 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
798-Other Child,Female, 17 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded
800-Other Child,Female, 12 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
800-Other Child,Female, 12 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
800-Other Child,Female, 12 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded
802-Other Child,Female, 11 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
802-Other Child,Female, 11 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
802-Other Child,Female, 11 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded
804-Other Child,Female, 2 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
804-Other Child,Female, 2 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
804-Other Child,Female, 2 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded
805-Other Child,Female, 9 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
805-Other Child,Female, 9 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
805-Other Child,Female, 9 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded

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807-Other Child,Male, 5 Years	797-Other Adult,Male, 41 Years	Inadequate Food / Clothing / Shelter	Unfounded
807-Other Child,Male, 5 Years	797-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded
807-Other Child,Male, 5 Years	797-Other Adult,Male, 41 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

On 12/26/12 a report was called in to the SCR with allegations of Inadequate Guardianship, Inadequate Food/Clothing/Shelter and Parent's Drug.Alcohol Misue against the maternal grandmother and her boyfriend. Allegations of Lacerations, Bruises and Welts were also alleged against the maternal grandmother on behalf of the then 16 year old mother, her four siblings ages 15, 10, 9 and 7 as well as the boyfriend's two children ages 3 years and 3 months. The report alleged that the grandmother and her boyfriend utilized crack to the point of impairment and were unable to adequately care for the children.

Determination: Unfounded

Date of Determination: 02/20/2013

Basis for Determination:

There was no credible evidence found to substantiate the allegations.

OCFS Review Results:

N/A

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/14/2013	809-Other Child,Female, 17 Years	808-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	No
	809-Other Child,Female, 17 Years	814-Other Adult,Male, 41 Years	Inadequate Guardianship	Unfounded	

Report Summary:

A subsequent report was called in on 2/14/2013.

Determination: Undetermined

OCFS Review Results:

N/A

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/17/2013	818-Other Child,Female, 16 Years	817-Grandparent,Female, 35 Years	Inadequate Guardianship	Unfounded	No
	818-Other Child,Female, 16 Years	817-Grandparent,Female, 35 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

A second subsequent report was called in on 2/17/13 with allegations of Lacerations, Bruises and Welts and Inadequate Guardianship on behalf of the then 16 year old mother against the maternal grandmother. This report alleged that the maternal grandmother assaulted the mother for unknown reasons resulting in the mother sustaining small lacerations to her neck. The allegations were unsubstantiated and the case was closed on 4/13/2013.

Determination: Unfounded

Date of Determination: 04/13/2013

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Basis for Determination:

There was no credible evidence found to substantiate the allegations.

OCFS Review Results:

N/A

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

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

There is a lengthy history on file listing the mother as a subject child dating from 10/13/1998 until 4/3/2013 that include substantiated allegations of Parent's Drug/Alcohol Misuse, Inadequate Guardianship, Lack of Supervision, Inadequate Food/Clothing/Shelter, and Educational Neglect. Of the eleven cases listing the mother, seven were indicated.

Known CPS History Outside of NYS

There is no known CPS 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 a Preventive Service history for the family with a case initiation date of 9/1/99. The mother was three years old when the services began and ran until she was twelve years old when the case was closed on 9/23/08. The maternal grandmother struggled with substance abuse, the upkeep of the family residence, the supervision of the children and financial concerns. The grandmother was also diagnosed with bi-polar disorder and was found to have mild mental retardation. On 7/16/05, the family was ordered by Orange County Court to provide services to address the concerns. The family began receiving additional services from Occupations, Inc. Healthy Families, the Orange County Youth Advocate Program, while they continued to be monitored by the preventive worker assigned to the case.

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