



Report Identification Number: NY-16-007

Prepared by: New York City Regional Office

Issue Date: 7/26/2016

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
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: 1 month(s)

Jurisdiction: Bronx
Gender: Male

Date of Death: 01/25/2016
Initial Date OCFS Notified: 01/25/2016

Presenting Information

On 1/25/16, at 7:00 A.M., the BM found her eight-week-old male infant cold and unresponsive. She found him laying face up with blood coming from his nose. The BM and the SC were co-sleeping. The BF was sleeping on the couch, it is unknown whether he was aware that the BM was sleeping with the SC in a twin bed. Police and ambulance arrived at the home and transported the SC to the hospital, where he was pronounced dead at 7:24 A.M.

Executive Summary

This fatality report concerns the death of a seven-week-old male infant (SC) that occurred on 1/25/16.

The BM reported that at midnight, she fed the SC and placed him on his back in the twin size bed. She stated he was sleeping peacefully when she lay down next to him at approximately 1:30 AM. At approximately 6:30 A.M. the two-year-old SS began to cry for her pacifier and the BM alerted the BF because he had fallen asleep on the sofa. The BM then awoke and went to the bathroom. When she returned, she observed blood on the SC's nose. The BM alerted the father and he attempted CPR while she contacted 911 for medical assistance. EMS was summoned at 6:54 A.M. and responded to the home at 6:57 A.M.

According to case documentation, on 1/25/16, the Specialist contacted the BM to schedule an appointment to visit the family and the BM informed the Specialist of the death of the infant. The Specialist immediately made contact with the appropriate collaterals such as the ME, LE, DR, and family members.

On 1/26/16, the ME reported the SC appeared healthy and there were no signs of abuse or neglect. LE found no criminality.

The parents' account of the events that led to the SC's demise was consistent. The BM and BF were interviewed on 1/25 and 1/26 via phone and a home visit, consecutively. The BM reported that she had not received safe sleep instructions. However, the medical staff at the hospital reported the BM had been cautioned several times, not to place the SC on top of her; however, she became indignant and continued. The Specialist documented that ACS gave the BM a safe sleep DVD, which the BM admitted she did not watch. The parents slept in separate bedrooms because both cribs could not fit into the larger bedroom. The BM explained it was customary for her to occupy the smaller bedroom with the SC. At times, she used the twin bed or the crib because she bottle fed and nursed. The BF usually slept in the larger bedroom with the SS who sleeps in her crib.

The parents reported the seven-year-old SS resides with the MGGM on school days and comes home weekends. The MGM also assists by transporting the SS to and from school and accompanying the BM to medical appointments. On 1/25/16, this SS was interview in her bedroom, she appeared happy and is doing well in school. Also on 1/25/16, the biological father of the seven-year-old SS reported he is involved and when needed he would take her to school. After the incident, the PGM provided care to the two-year-old SS for a short time. All family members interviewed had no concerns regarding the care given by the parents.



During a later interview, the BM reported the two-year-old SS had trouble sleeping; however, it later subsided. The parents declined services; however, they plan to seek early intervention through the community should the symptoms reappear. The Specialist documented that the parents had strong support from both of their families. The Specialist interviewed many family members and they had no concerns regarding the care given to the children, by the parents.

The Specialist received information from the children's Dr on 1/29. The Dr reported the children were healthy and developing appropriately and there were no concerns for the care the parents were providing.

On 3/24/16, ACS contacted the ME by telephone for a verbal preliminary finding and the ME stated the SC's death may have been due to positional asphyxia as a result of co-sleeping. However, the ME's final autopsy report listed the cause and manner of death as undetermined.

On 3/25/16, ACS substantiated the allegations of DOA/ Fatality and IG of the SC by the BM citing the ME's preliminary finding. ACS concluded that the BM exercised poor judgment when she opted to co-sleep with the SC despite receiving information regarding safe sleep.

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:

ACS made all of the appropriate collaterals pertaining to the investigation that supported the determination.

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 completed a thorough investigation within the required timeframe. All collaterals were interviewed and necessary referrals were made.

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: 01/25/2016

Time of Death: 07:24 AM

Time of fatal incident, if different than time of death: 06:30 AM

County where fatality incident occurred:

BRONX

Was 911 or local emergency number called?

Yes

Time of Call:

06:54 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

1

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	1 Month(s)
Deceased Child's Household	Father	No Role	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

LDSS Response

On 1/25/16, following the receipt of the report alleging the death of the SC, ACS initiated their investigation by contacting the District Attorney's Office (DA), LE, EMS and Montefiore Hospital (MH) where the child died. The date and time of death of the SC were confirmed.

On the same date, the ME reported the SC appeared healthy and there were no signs of abuse or neglect. The ME added the SC's death may have been the result of co-sleeping. The DA stated that since there were no obvious injuries it was probably a roll-over. LE found no criminality.

On 1/25/16, the Specialist interviewed the BM, via telephone, and she reported that on 1/24/16, at midnight, she fed the SC and placed him on his back in the twin size bed. She stated he was sleeping peacefully when she lay down next to him at approximately 1:30 AM. At approximately 6:30 A.M., the two-year-old SS began to cry for her pacifier and the BM alerted the BF because he had fallen asleep on the sofa. The BM then observed blood excreting from the SC's nose. The BM alerted the father and he attempted CPR while she contacted 911 for emergency medical assistance.

The BM reported that she had received very little safe sleep instructions from the hospital. The medical staff at the hospital reported the BM had been cautioned, constantly, not to place the SC on her top of her, but she became indignant. The Specialist documented that ACS gave the BM a safe sleep DVD, which the BM admitted she had not watched.

On 1/26/16, the Specialist contacted the EMS Liaison and learned that the 911 call was received at 6:54 A.M. to which EMS and NYPD responded. EMS transported the SC and NYPD transported the parents to the hospital. On the same date the Specialist visited the home and interviewed the BF and on 1/27/16, re-interviewed the BM. The parents' account of the events that led to the SC's demise was consistent. The parents slept in separate bedrooms because both cribs could not fit into the larger bedroom. The BM explained it was customary for her to occupy the smaller bedroom with the SC. At times, she used the twin bed or the crib because she bottle fed and nursed. The BF usually slept in the larger bedroom with the SS who slept in her crib. The parents reported no drug or alcohol abuse or mental health issues.

The parents reported the seven-year-old SS resides with the MGM on school days and comes home some weekends. The MGM also assists by transporting the older SS to and from school and accompanying the BM to medical appointments. On 1/25/16, this SS was interviewed in her bedroom and appeared happy and doing well in school. The Specialist visited the two-year-old SS at her paternal grandparent's home; she was safe and comfortable. During the investigation it was learned that the father of the seven-year-old SS, from a prior relationship, is not involved with the child; however, the PGM assists in caring for the seven-year-old SS.

The Specialist received information from the children's Dr. at Montefiore Hospital where the children had been patients for the recent years. The pediatrician reported the children were healthy and developing appropriately. The Dr had no concerns regarding the care the parents were providing and she also confirmed that the BM had been nursing and bottle feeding.

According to ACS, the ME's preliminary finding in the death of the SC was positional asphyxia as a result of co-sleeping. However, OCFS obtained the final autopsy report that listed the cause and manner of death undetermined.

On 3/25/16, ACS substantiated the allegations of DOA/ Fatality and IG of the SC by the BM citing the ME's preliminary finding. ACS concluded that the BM exercised poor judgment when she opted to co-sleep with the SC despite receiving information regarding safe sleep. ACS indicated the report and kept the case open. The closure reason should have been "case closed no services" because the parents repeatedly refused services offered by ACS.



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Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: There is no approved OCFS Child Fatality Review in the New York City region. The ACS investigation adhered to previously approved protocols for joint investigation.

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

Comments: There is no approved OCFS Child Fatality Review in the New York City region.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028602 - Deceased Child, Male, 1 Mons	028721 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
028602 - Deceased Child, Male, 1 Mons	028721 - Mother, Female, 27 Year(s)	DOA / Fatality	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 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"/>



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Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Records pertaining to the child's death were reviewed via the CONNECTIONS database.

Fatality Safety Assessment Activities
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	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
 ACS did not complete another safety assessment within the 30 day timeframe.

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



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petition in Family Court at any time during or after the investigation?				
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: No children needed to be removed.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



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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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 The parents declined all services and involvement with ACS; however, they accepted information regarding community services. The parents have a lot of support from their families. ACS provided burial funds 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? No

Explain:
 The parents declined all of the services offered by ACS and stated they wanted no further involvement with ACS.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 The parents declined services; however, they accepted information regarding community services. It is unknown whether they utilized community services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- 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?** No

Infants Under One Year Old

During pregnancy, mother:

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



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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)
12/03/2015	9643 - Deceased Child, Male, 3 Days	9642 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No
	9645 - Sibling, Female, 1 Years	9642 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	
	9719 - Sibling, Female, 7 Years	9642 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SCR registered a report dated 12/3/15 that alleged the BM has anger issues and is out of control. She curses and yells and loses control in the presence of the children. The report alleged that recently there was an altercation between the parents in the presence of the newborn. The report alleged that the four-year-old child is afraid of the BM. There were concerns that the altercations have become physical and are escalating. The report alleged also that the BM does not want to get help for this issue.

Determination: Unfounded**Date of Determination:** 02/01/2016**Basis for Determination:**

On 2/01/16, ACS unfounded the allegations of IG of the three children by the BM. ACS documented that the parents provided a minimum degree of care to the children and there was no neglect to the children in the home. ACS found no evidence of domestic violence or mental illness in the home.

OCFS Review Results:

ACS completed a thorough investigation. According to ACS documentation, there were no DV issues in the home and no safety or risk concerns for the children.

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

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

There was no known CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Required Action(s)

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

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child’s siblings, and/or the other children residing in the deceased child’s household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

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