



Report Identification Number: SV-15-021

Prepared by: Spring Valley Regional Office

Issue Date: 10/29/2015

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.



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



NYS Office of Children and Family Services - Child Fatality Report

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

Jurisdiction: Suffolk
Gender: Female

Date of Death: 05/29/2015
Initial Date OCFS Notified: 05/29/2015

Presenting Information

The fatality narrative stated that "on the evening of 5/28/15, the mother placed the baby (1.5 month old) in the bed with her and the father. The father was already sleeping when mother placed the baby between them in the bed. Upon waking in the morning, mother and father found the baby unresponsive. It is believed either mother or father rolled over the baby during the night. The paternal aunt started CPR and the police continued CPR when they arrived. However, upon arrival at the hospital early this morning, the subject child was pronounced dead. The other children (ages 5, 4, 3 and 1) all have unknown roles.

It was noted the father had gotten teeth pulled and had taken Tylenol PM. The Suffolk County PD is investigating. The subject child's body is at the medical examiner's office for an autopsy. The cause of death has not been determined.

Executive Summary

On 5/29/15, the Suffolk County Department of Social Services (SCDSS) received a report of maltreatment from the State Central Register (SCR), which listed allegations of DOA/Fatality and Inadequate Guardianship against the mother and father on behalf of the one and a half month old subject child. The report stated that on the evening of 5/28/15, the mother placed the one and a half month old subject child in bed with her and the father. The father was asleep and it was believed that either the mother or father rolled over on the subject child during the night. Upon waking in the morning, the mother and father found the baby unresponsive. The paternal aunt started CPR and the police continued CPR when they arrived. Upon arrival at the hospital, the subject child was pronounced dead. The role of the paternal aunt and the surviving siblings (5 year old male, 4 year old male, 3 year old female and 1 year old female) was listed unknown.

SCDSS received a subsequent report on 6/3/15 and was merged with the initial report. The report stated that the mother and the father failed to tend to the general hygiene of the five- year-old and four-year-old siblings. The report stated that the children were unclean, had unexplained rashes and emitted a foul odor. The five-year-old sibling also had a fungal infection on his scalp. It further stated that on 6/2/15, the mother and father prematurely left a medical appointment for the five-year old and four-year old sibling without receiving the prescriptions.

Visits were made to the home and interviews were conducted with all family members. Contacts were made with the sources of the reports. Criminal and CPS checks were conducted and collateral contacts were made. Medical releases were signed by the mother. Supervisory and case conferences were held throughout the life of the case. Progress notes were adequate and entered in a timely fashion.

Contact was made with the medical examiner throughout the life of the case. As of the date of this report, the autopsy results were pending. However, the case was being treated as an unexplained death. The medical examiner stated that he saw no evidence that anyone laid on top of the baby.

The subsequent investigation revealed that all surviving children were behind on their regular preventive and required healthcare. An Article 10 Neglect Petition was filed in Suffolk County Family court as a result of the mother and



father’s inability to meet the children’s medical needs. On 6/17/15, a temporary order of supervision was issued and the mother and father were mandated to ensure that all the children’s medical needs were met. The parents complied with the temporary order of supervision and the children’s medical needs were met.

The allegations of DOA/Fatality were unsubstantiated regarding the mother and father. According to the SCDSS, there was no credible evidence to support that “the physical, mental and emotional condition of the subject child was placed at risk of impairment by the mother and father’s actions.” The allegations of Inadequate Guardianship and Lack of Medical Care were substantiated against the mother and father regarding the siblings. The parents failed to ensure that the siblings received regular preventative healthcare as well as required medical care and the children were behind on their immunizations. All the children appeared to have skin conditions and dental issues and they all appeared to be developmentally delayed and have poor hygiene. As part of the court ordered supervision, the family received home visits from a Public Health Nurse twice a month as well as preventive services. Supervision services were also provided by SCDSS.

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 activity (including casework contacts, collateral contacts, service referrals, supervisory conferences and home visits) were all commensurate with case circumstances.

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:
The case remained open for court ordered supervision services provided by SCDSS as well as preventive services.

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: 05/29/2015

Time of Death: Unknown

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

County where fatality incident occurred:

SUFFOLK

Was 911 or local emergency number called?

Yes

Time of Call:

06:58 AM

Did EMS to respond to the scene?

Yes

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

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? 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	Aunt/Uncle	No Role	Female	30 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)

LDSS Response



On 5/29/15 SCDSS Emergency Services received a CPS report regarding the death of the subject child. A caseworker immediately made a visit to the case address. Collateral contact was made with the Medical Examiner, District Attorney and law enforcement. The medical examiner informed the caseworker that no injuries were observed on the child, there was no evidence of overlay and he was treating the case as an unexplained death. On 6/3/15, a subsequent report was received and consolidated into the initial report. The report alleged that the five-year-old and four-year-old surviving siblings were unclean, had unexplained rashes and emitted a foul odor. The report also alleged that the five-year-old sibling had a fungal infection of the scalp and on 6/2/15, the mother and father left a medical appointment prematurely without obtaining the necessary prescriptions. CPS history and criminal history checks were conducted. No CPS or criminal history was found.

The caseworker made several visits to the home and interviewed the mother and father regarding the allegations. Bereavement referrals were also provided. The caseworker discussed concerns with the parents as they arose during the investigation. The caseworker was unable to interview the two-year old and one-year-old siblings due to their limited verbal skills. The caseworker noted that the siblings were in need of pre-school and early intervention evaluations. The caseworker made necessary referrals and obtained medical releases for all the children.

Throughout the investigation the caseworker made collateral contacts with the maternal aunt, medical providers, law enforcement, EMS and the medical examiner. The doctor stated that the subject child was seen at the clinic at one-week-old and that he requested that she be seen for a two week visit but the parents did not show. However, the parents did bring the subject child in for a well check at three-weeks-old and the baby was thriving. The doctor stated that he had concerns that the siblings' immunizations were not up to date and in his opinion they were medically neglected. SCDSS also held several conferences to review the information and discuss concerns and additional requirements of the investigation.

On 6/15/15, SCDSS followed-up with the children's doctor and was informed that the mother and father had not yet complied with the required immunizations for the siblings. As a result, on 6/17/15, SCDSS filed a neglect petition against the parents for lack of medical care and inadequate guardianship. A temporary order of supervision was granted and the parents were ordered to obtain the necessary medical care for the children. In addition, a public health nurse would visit the home twice per month. Regular contact was maintained with the parents and updates were obtained almost daily regarding their progress in obtaining the required medical care. SCDSS also referred the family for preventive services.

Safety and risk assessments were appropriate and completed in a timely fashion. Progress notes were entered timely and contemporaneously. Supervisory and case conferences were held throughout the life of the case.

The allegations of Lack of Medical Care and Inadequate Guardianship were appropriately substantiated against the parents on 7/23/15 due to their delay to obtain the required mandated and preventive medical care for their children. The allegation of DOA/Fatality was unsubstantiated regarding the mother and father on behalf of the subject child. There was no evidence to support that the mother and father's actions or inactions contributed or caused the death of the subject child. The medical examiner stated that although autopsy results were pending as of the date of this report, he was treating the case as an unexplained death and did not find any evidence of overlay.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner



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Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? No

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
018721 - Deceased Child, Female, 1 Mons	018723 - Father, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated
018721 - Deceased Child, Female, 1 Mons	018722 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
018721 - Deceased Child, Female, 1 Mons	018723 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
018721 - Deceased Child, Female, 1 Mons	018722 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
018726 - Sibling, Male, 5 Year(s)	018722 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated
018726 - Sibling, Male, 5 Year(s)	018723 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
018726 - Sibling, Male, 5 Year(s)	018723 - Father, Male, 27 Year(s)	Lack of Medical Care	Substantiated
018726 - Sibling, Male, 5 Year(s)	018722 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
018727 - Sibling, Male, 4 Year(s)	018723 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
018727 - Sibling, Male, 4 Year(s)	018722 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated
018727 - Sibling, Male, 4 Year(s)	018722 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
018727 - Sibling, Male, 4 Year(s)	018723 - Father, Male, 27 Year(s)	Lack of Medical Care	Substantiated
018728 - Sibling, Female, 3 Year(s)	018723 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
018728 - Sibling, Female, 3 Year(s)	018722 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
018728 - Sibling, Female, 3 Year(s)	018722 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated
018728 - Sibling, Female, 3 Year(s)	018723 - Father, Male, 27 Year(s)	Lack of Medical Care	Substantiated
018729 - Sibling, Female, 1 Year(s)	018723 - Father, Male, 27 Year(s)	Lack of Medical Care	Substantiated
018729 - Sibling, Female, 1 Year(s)	018722 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
018729 - Sibling, Female, 1 Year(s)	018722 - Mother, Female, 22 Year(s)	Lack of Medical Care	Substantiated



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	Year(s)		
018729 - Sibling, Female, 1 Year(s)	018723 - Father, Male, 27 Year(s)	Inadequate Guardianship	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"/>
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"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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district?				
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the 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 petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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

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

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:

As a result of the investigation, the family received court ordered home visits from the Public Health Nurse twice a month and services from Family Service League's Home Base Safe Program and ongoing supervision services from Child Protective Services. The services resulted in the medical needs of the siblings being met.

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

Explain:

As a result of the investigation, the family received court ordered home visits from the Public Health Nurse twice a month and services from Family Service League's Home Base Safe Program and ongoing supervision services from Child Protective Services. The siblings needs were met through services.

History Prior to the Fatality



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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? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/26/2014	3965 - Sibling, Male, 4 Years	3963 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	No
	3965 - Sibling, Male, 4 Years	3963 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	
	3967 - Sibling, Male, 5 Years	3963 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	3967 - Sibling, Male, 5 Years	3963 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	
	3965 - Sibling, Male, 4 Years	3964 - Father, Male, 27 Years	Inadequate Guardianship	Unfounded	
	3965 - Sibling, Male, 4 Years	3964 - Father, Male, 27 Years	Lack of Supervision	Unfounded	
	3967 - Sibling, Male, 5 Years	3964 - Father, Male, 27 Years	Inadequate Guardianship	Unfounded	
	3967 - Sibling, Male, 5 Years	3964 - Father, Male, 27 Years	Lack of Supervision	Unfounded	

Report Summary:

Allegations of Inadequate Guardianship and Lack of Supervision against the mother and father on behalf of the 5 year old



and 4 year old male siblings. The report alleged that the children were left unsupervised in the Department of Social Services (DSS) parking lot. The report alleged that the children found hypodermic needles and one child pricked himself with it. The mother and father denied the allegations. The parents stated that they were outside with the children and that the conditions of the DSS parking lot was deplorable. The case was unfounded and closed with no services on 2/17/15.

Determination: Unfounded

Date of Determination: 02/17/2015

Basis for Determination:

The mother and father denied the allegations and stated that they were outside with the subject children while as they smoked a cigarette. According to the Suffolk County caseworker, the condition of the parking lot was deplorable. In addition, the father alleged to have seen the needle and taken it away from the subject child immediately. The father also reported taking the child to be seen by the nurse and being informed that the child had not been pricked with the needle. The mother and father also reported complaining to DSS about the condition of the parking lot. No credible evidence was found the substantiate the allegations. The case was unfounded and closed on 2/17/15.

OCFS Review Results:

The Suffolk County caseworker made all appropriate case contacts. Progress notes were timely and appropriate. Safety assessments were appropriate and submitted on time. Collateral contacts were made and the decision to unfound the case was supported and appropriate.

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 received on 9/9/11 against the mother and father. The subject child was the then one-year-old male sibling. The report alleged that the mother and father left the one-year-old male sibling alone in the apartment while they went outside to smoke. The investigation did not support the allegation of lack of supervision and the case was unfounded and closed with no services on 10/6/11.

Known CPS History Outside of NYS

There is no known 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