

Report Identification Number: SV-14-019

Prepared by: Spring Valley Regional Office

Issue Date: 6/25/2015

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: 2 year(s)

Jurisdiction: Ulster
Gender: Male

Date of Death: 08/05/2014
Initial Date OCFS Notified: 08/07/2014

Presenting Information

A case was called in to the State Central Register (SCR) on 8/5/14 that stated the following:
"On 8/5/14, the two year old subject child died while in the care of mother's boyfriend. The cause of death is currently under investigation. The subject child has a severe bruising about his body. The eight month old surviving sibling also has bruising about his body. The subject was caring for the subject child while the mother was at work. The subject had been living in the home for approximately one month".

Executive Summary

On 8/5/14, Ulster County Department of Social Services (UCDSS) received an initial and a subsequent report of maltreatment/abuse from the State Central Register (SCR). The allegations on the reports were listed as DOA/Fatality, Inadequate Guardianship, Lacerations, Bruises and Welts and Burns. The report listed the mother (MO), paternal aunt (PA) and her boyfriend /parent substitute (PS) as subjects.

UCDSS conducted an investigation into the allegations. Case conferences were held with the caseworker, supervisors and law enforcement. The safety of the surviving sibling was assessed which resulted in the child being removed from MO's custody. UCDSS conducted all necessary interviews with collaterals and subjects and maintained contact with all pertinent parties throughout the investigation. The PS/perpetrator was interviewed in jail. His criminal case was pending at the time the CPS case determination was made. Home visits were made and all required assessments were appropriate and timely. The Risk Assessment Profile (RAP) was also appropriate and timely. Appropriate services were provided to the MO and to biological father (BF). There was a pending custody issue in court and when the incident occurred the court gave custody of the surviving sibling to the father. There were no criminal charges filed against the mother.

Upon receiving the report UCDSS caseworker conferenced the case with the supervisor and completed criminal, domestic violence, and sex offender checks on the family. The caseworker along with law enforcement did an emergency removal of the surviving sibling. The surviving sibling was initially placed in foster care but was subsequently placed with the BF, who was granted temporary custody of the child. The case worker also assessed the safety of the BF's other children and the PS's children that resided outside of the deceased child's household. The UCDSS investigation consisted of face-to-face interviews with all pertinent parties which included the mother, parent substitute, father of the subject child, aunts and grandparents. WMS/CONNECTIONS reviews, Domestic Violence and Criminal checks were also conducted. Collateral contacts were made with the pediatrician, law enforcement, medical examiner and family friends.

On 9/17/14, a determination was made to substantiate the allegations against MO and PS on behalf of the subject child and the surviving sibling. UCDSS indicated and referred the case for preventive services. UCDSS unsubstantiated the allegations of Inadequate Guardianship, Lacerations, Bruises and Welts and Burns against the PA as there was no evidence that the PA had knowledge of the abuse or participated in the abuse of the children. The PA's sole involvement on the day in question was being asked to babysit the children for the PS and when she discovered the subject child unresponsive, she took appropriate action.

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All allegations were appropriately addressed and investigated. OCFS is in agreement with the determination. The determination was appropriate, and the investigation was thorough.

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

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.

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: 08/05/2014

Time of Death: 04:36 PM

County where fatality incident occurred: ULSTER

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? N/A

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant

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- 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

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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	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	8 Month(s)

LDSS Response

Upon receiving the report UCDSS caseworker conferenced the case with the supervisor and completed criminal, domestic violence, and sex offender checks on the family. The caseworker along with law enforcement did an emergency removal of the surviving sibling. The surviving sibling was initially placed in foster care but was subsequently placed with the biological father (BF), who was granted temporary custody of the child. The case worker also assessed the safety of the BF's other children and the PS's children that resided outside of the deceased child's household. The UCDSS investigation consisted of face-to-face interviews with all pertinent parties which included the MO, PS, BF, aunts and grandparents. WMS/CONNECTIONS reviews, Domestic Violence and Criminal checks were also conducted. Collateral contacts were made with the pediatrician, law enforcement, medical examiner and family friends.

On 9/17/14, a determination was made to substantiate the allegations against MO and PS on behalf of the subject child and the surviving sibling. UCDSS indicated and referred the case for preventive services. According to the information gathered, UCDSS established credible evidence to support that subject mother and parent substitute abused / maltreated the subject child and surviving sibling. The determination was made on the basis that explanation for the bruises were inconsistent with the account and the explanation provided by the PS. The PS explained that the subject child had bitten and latched onto his finger and he kneeled on the subject child's abdominal area to get the child to release his finger. Additionally, the medical examiner determined that the subject child had a ruptured liver and pancreas, fractured ribs and subdural hematoma which ultimately caused the child's death. UCDSS was also able to establish through MO's own admission and to various friends and family members, that the children had numerous unexplained suspicious bruises. Furthermore, one week prior to the subject child's death, the MO admitted that the subject child vomited black fluid which indicated blood in his vomit. The mother failed to seek medical care for the children fearing the she would generate a CPS report.

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UCDSS unsubstantiated the allegations of Inadequate Guardianship, Lacerations, Bruises and Welts and Burns against the paternal aunt (PA) as there was no evidence that the PA had knowledge of the abuse or participated in the abuse of the children. The PA'S sole involvement on the day in question was being asked to babysit the children for the subject/parent substitute. When the aunt arrived the children were asleep and when she checked the subject child she noticed he was unresponsive. The determination was made within the required sixty-day mandate.

Official Manner and Cause of Death

Official Manner: Homicide

Primary Cause of Death: From an injury - external 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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
015604 - Sibling, Male, 8 Month(s)	015602 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
015604 - Sibling, Male, 8 Month(s)	015602 - Mother, Female, 22 Year(s)	Lacerations / Bruises / Welts	Substantiated
015604 - Sibling, Male, 8 Month(s)	015603 - Mother's Partner, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
015604 - Sibling, Male, 8 Month(s)	015603 - Mother's Partner, Male, 26 Year(s)	Lacerations / Bruises / Welts	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015603 - Mother's Partner, Male, 26 Year(s)	Lacerations / Bruises / Welts	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015602 - Mother, Female, 22 Year(s)	Burns / Scalding	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015602 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015602 - Mother, Female, 22 Year(s)	Lacerations / Bruises / Welts	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015602 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015603 - Mother's Partner, Male, 26 Year(s)	DOA / Fatality	Substantiated
016821 - Deceased Child, Male, 2 Year(s)	015603 - Mother's Partner, Male, 26 Year(s)	Inadequate Guardianship	Substantiated

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Year(s)	Year(s)		
016821 - Deceased Child, Male, 2 Year(s)	016381 - Aunt/Uncle, Female, 26 Year(s)	Burns / Scalding	Unsubstantiated
016821 - Deceased Child, Male, 2 Year(s)	016381 - Aunt/Uncle, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
016821 - Deceased Child, Male, 2 Year(s)	016381 - Aunt/Uncle, Female, 26 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
016821 - Deceased Child, Male, 2 Year(s)	016381 - Aunt/Uncle, Female, 26 Year(s)	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Case documentation was not contemporaneous. The progress notes were entered a month after the event dates.

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:				

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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 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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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
Emergency Removal was done via F.C.A. 1021 on surviving sibling.

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Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/21/2014	There was not a fact finding	There was not a disposition
Respondent:	015603 Mother's Partner Male 26 Year(s)	
Comments:	Petitions filed for subject child and sibling	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
08/11/2014	There was not a fact finding	There was not a disposition
Respondent:	015602 Mother Female 22 Year(s)	
Comments:	Petition filed for Subject child and sibling	

Criminal Charge: Murder Degree: 2

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
Pending	parent substitute	Pending	pending
Comments:	Criminal case pending at the time of case closure		

Have any Orders of Protection been issued? Yes

From: Unknown	To: Unknown
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Services Provided to the Family in Response to the Fatality

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: n/a							

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:

Surviving sibling received medical care upon removal from the home.

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

Explain:

MO was provided with referral information for grief counseling. BF was provided with preventive 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? 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

CPS - Investigative History Three Years Prior to the Fatality

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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/06/2014	2792 - Deceased Child, Male, 2 Years	2791 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	No
	2792 - Deceased Child, Male, 2 Years	2791 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	
	2793 - Sibling, Male, 4 Months	2791 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 The mother is listed as a subject on a report dated 5/6/14. The allegations were Inadequate Guardianship and lack of supervision against the deceased child and surviving sibling. The report alleged that the children are at risk due to mother's lack of care for them. Also mother leaves child unsupervised and unattended. Allegations were unfounded and closed on 7/14/15.

Determination: Unfounded **Date of Determination:** 07/02/2014

Basis for Determination:
 The case worker determined that the children's hygiene was not compromised. The caseworker made several unannounced visits and the children appeared clean, neat and appropriate and well cared for. The caseworker obtained collateral contacts via pediatrician who reported no concerns about the children.

OCFS Review Results:
 Case documentation was adequate and case circumstances supported the case determination

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

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

The parent Substitute /perpetrator was named as a subject in two SCR reports. On 7/22/10, it was alleged that the subject caregiver threw a set of keys at his son's mother that missed her and hit the child instead. The report was indicated against the subject caregiver for inadequate guardianship. Services were offered but declined by the family. Family Court action was initiated by both parents and joint custody issued with split visitation. Parents obtained orders of protection against each other.

On 1/8/11, allegations of Inadequate Guardianship were substantiated against parent substitute/caregiver. It was alleged that subject care giver engaged in a verbal dispute with his girlfriend while the child was in close proximity which escalated to a physical altercation. It was further alleged that the child sustained a linear bruise to the chest but it is unknown how this injury was sustained. The incident took place while the child was on visitation with the subject. The allegation of lacerations bruises and welts were unsubstantiated against the subject as it could not be determined that the scratch was sustained during the time of the alleged incident.

Known CPS History Outside of NYS

No known CPS history outside New York State

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

There is no 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