



**Report Identification Number: NY-15-101**

**Prepared by: New York City Regional Office**

**Issue Date: 5/18/2016**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 12/21/2015  
**Initial Date OCFS Notified:** 12/21/2015

## Presenting Information

According to SCR report, on 12/21/15, the parents awoke to find their one-month-old infant unresponsive. The infant had awakened in the morning at about 1:00 am, coughing. The parents checked the infant, cleared his cough and then put him back to bed. At 4:00 AM the mother checked the infant and found him dead. The infant had been an otherwise healthy child.

## Executive Summary

This fatality report concerns the death of a one-month-old male infant that occurred on 12/21/2015. The infant was transported to Bronx Lebanon Hospital with a 104 degree fever and pronounced dead an hour after arrival.

The child's parents reported that attempts were made to feed the infant in the late hours of 12/20/15, and when the feeding was not successful, the infant was placed to sleep in his bassinet. Around 1:00 AM on 12/21/15, the infant woke coughing. The mother observed the infant coughing up phlegm. After cleaning the phlegm away, the infant's breathing accelerated and then slowed. The mother believed the child was okay and returned him to sleep in his bassinet. Later at 4:00 AM the father checked the infant and found him unresponsive. The father sought assistance from the PGM with whom the family was residing at the time. The PGM placed the infant on her bed and lightly pressed the infant's chest. When the infant started coughing up phlegm again she called to the landlord who lived in a downstairs apartment. The landlord, whom the PGM reported was a Certified Nurse Assistant, cleared the infant's nasal passages and performed CPR while the mother called 911. Law enforcement and EMS responded to the scene. EMS arrived at the home at 4:13 AM and transported the infant to Bronx Lebanon Hospital where the infant was later pronounced dead at 5:21 AM.

The mother and father were named as the subjects of the SCR report that was generated later that morning. The allegations against the parents were DOA/Fatality and Inadequate Guardianship of the infant. When the Bronx Field Office learned of the child's death staff began gathering information on the circumstances surrounding the child's death from the parents, PGM, child's pediatrician, ER attending physician, the ME, and law enforcement. Additional collateral contacts were made with family members and the father's parole officer. The parents reported the illness leading to the child's death quickly progressed and they acted as the situation dictated. The subject child was not reported as being ill prior and the child's sibling also was not reported as being ill. According to the deceased child's pediatrician the infant had been healthy and developing appropriately as of the last appointment 2 weeks prior to the death. The pediatrician had no concerns for the child's health or the care the parents were providing. Law enforcement did not find any evidence of a homicide at the child's home. Finally the ME, based on the autopsy results, determined the cause of death to be natural causes by undetermined disease.

Allegations of DOA/Fatality and Inadequate Guardianship against both parents were unsubstantiated.

ACS attempted to file an Article 10 Petition to have the surviving child returned to the parents with Court Ordered Supervision; however, the petition was not accepted by the court. ACS offered the family several services referrals to mitigate identified safety factors; however, the parents declined participation in all.



A subsequent report was made naming both parents as subjects, and the surviving child as victim with allegations of Inadequate Guardianship. Although the allegations were ultimately determined as unsubstantiated, the case remains open for services with parents accepting the referral.

## 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:

As it relates to the allegations of DOA/Fatality and Inadequate Guardianship, the infant's pediatrician had no concern regarding the care the child received and found the infant to be typically developing and healthy. In addition, based on the autopsy results the ME determined the death to be due to natural causes from an undetermined natural disease; homicide was ruled out.

**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:

The efforts taken by the investigative team were appropriate. Diligent efforts were evident in the case record regarding attempts made to contact all collaterals. Supervisory consultation was substantive and relevant. Identified services were appropriate to the investigation circumstances and documenting of the investigation was contemporaneous.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities



# NYS Office of Children and Family Services - Child Fatality Report

## Incident Information

**Date of Death:** 12/21/2015

**Time of Death:** 05:21 AM

**County where fatality incident occurred:**

BRONX

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

04:08 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

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

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

1

**At time of incident supervisor was:** 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	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	60 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	01 Year(s)

## LDSS Response

On 12/21/15, following the notification of the child's death, the Specialist called Bronx Lebanon Hospital Pediatric ER and spoke with the attending physician. The physician advised that the child arrived at the hospital at 4:21 AM with 104 degree fever and was pronounced dead at 5:21 AM. According to child's parents, the child refused to eat earlier in the evening and was put to bed. At around 1:00 AM the child woke coughing. After the coughing spell stopped the child was put back to sleep. Around 4:00 AM the mother checked the child and found the child unresponsive. The physician did not have any



# NYS Office of Children and Family Services - Child Fatality Report

suspicion regarding the child's death. The attending physician informed the Specialist of the assigned Medical Examiner. In addition the Specialist was able to speak with the police officer who corroborated the attending physician's statements.

Later in the morning the Specialist made a visit to the parents' address and interviews were performed with the parents and PGM, and an assessment was made of the surviving child. The three adults provided consistent statements that the mother fed child around 9:00 PM, and afterwards the child slept until 11:00 PM. The mother tried to feed the child again but child did not take any milk then coughed up phlegm. The mother cleared phlegm at which time the infant's breathing accelerated and then slowed. Thinking the infant was doing better, the mother placed the infant in the bassinet to sleep; the infant was on his back. At 4:00 AM the father checked the infant, found the infant unresponsive, and brought the infant to the PGM for assistance. The PGM placed the infant on her bed and lightly pressed on infant's chest. When the infant coughed, the PGM called her landlord from the downstairs apartment to help. According to the PGM the landlord is a Certified Nurse Assistant. The landlord cleared the infant's nasal passages while the mother called 911.

The Specialist spoke with the infant's pediatrician regarding the infant's medical history and no concerns related to the parents and the care the infant were received; the infant was developing and growing and was a healthy child. The Specialist also spoke with medical personnel at the hospital and the ME about the autopsy results and no one indicated that the infant's illness and subsequent death were related to any action or inaction of the parents.

On 12/29/15 a Child Safety Conference (CSC) was convened regarding the surviving child. ACS was seeking to file an Article Ten Petition of Neglect naming both parents as respondents and for the surviving child to be paroled to parents with Court Order Supervision; however, the filing was not accepted by the Court.

ACS continued the investigation of the report; however, no new information was obtained.

On 3/18/16, ACS unsubstantiated the allegations of the report.

## Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

## Multidisciplinary Investigation/Review

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

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

**Comments:** There is no OCFS approved Child Fatality Review Team in the NYC region.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
027928 - Deceased Child, Male, 1	027930 - Mother, Female, 22	DOA / Fatality	Unsubstantiated



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Mons	Year(s)		
027928 - Deceased Child, Male, 1 Mons	027930 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
027928 - Deceased Child, Male, 1 Mons	027931 - Father, Male, 27 Year(s)	DOA / Fatality	Unsubstantiated
027928 - Deceased Child, Male, 1 Mons	027931 - Father, Male, 27 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Diligent efforts were made to contact and interview the neighbor that the paternal grandmother had called to assist with the child and who performed CPR prior to the arrival of first responders.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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 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"/>

## Legal Activity Related to the Fatality

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



# NYS Office of Children and Family Services - Child Fatality Report

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
12/29/2015	There was not a fact finding	Petition Dismissed
<b>Respondent:</b>	027930 Mother Female 22 Year(s)	
<b>Comments:</b>		

### 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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? No

Explain:



Parents initially declined services.

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

Explain:

Parents initially declined services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? 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 fetal alcohol effects or syndrome
With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Table with 6 columns: Date of SCR Report, Alleged Victim(s), Alleged Perpetrator(s), Allegation(s), Status/Outcome, Compliance Issue(s). Contains two rows of incident data.

Report Summary:

According to the SCR report, the parents were abusing marijuana in the presence of the newborn infant. There was a heavy odor of marijuana coming from the residence on a regular basis.



# NYS Office of Children and Family Services - Child Fatality Report

**Determination:** Unfounded **Date of Determination:** 12/26/2014

**Basis for Determination:**  
ACS unsubstantiated the report based on the BM's denial of drug use. BM submitted to a drug test with results reported as negative for substances. Shelter staff did not observe any inappropriate behavior by the mother towards the infant. regarding the allegation of leaving the infant in the unit for long periods of time, there was an incident when the mother stepped outside the unit door and the door closed behind her locking her out and the infant inside. The mother immediately contacted the shelter manager to gain entrance to the locked unit.

**OCFS Review Results:**  
No issues were identified.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/24/2015	9422 - Sibling, Female, 5 Months	9173 - Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	No
	9422 - Sibling, Female, 5 Months	9174 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
According to the SCR reports the mother and father engaged in physical altercations in the direct presence of the infant. It is unknown if the infant was injured as a result.

**Determination:** Unfounded **Date of Determination:** 04/02/2015

**Basis for Determination:**  
Allegation of Inadequate Guardianship against mother and father were unfounded. The parents denied domestic violence. Both were interviewed separately using ACS' DV protocol. Services for DV were not indicated. Shelter staff interviewed and had no concerns as it related to the appropriateness of the parents in their interaction with their child. A shelter resident and neighbor of the couple reported noise complaints, but were unable to confirm the noise was due to physical violence. There were no DIRs and the child was healthy based on health screening conducted at the shelter and observations made by CPS during the investigation.

**OCFS Review Results:**  
No issues identified

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

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

There were no CPS investigations that occurred more than three years before the fatality that involved the adults as subjects, 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.

### Known CPS History Outside of NYS

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