



## Report Identification Number: SV-18-004

Prepared by: New York State Office of Children & Family Services

Issue Date: Jun 06, 2018

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    |
| FM-Foster Mother                                  | SS-Surviving Sibling                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             | OA-Other Adult                              |                                       |
| 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                  |
| CPS-Child Protective Services                     |   |                                       |
| Allegations                                       |   |                                       |
| FX-Fractures                                      | II-Internal Injuries                        | L/B/W-Lacerations/Bruises/Welts       |
| S/D/S-Swelling/Dislocation/Sprains                | C/T/S-Choking/Twisting/Shaking              | B/S-Burns/Scalding                    |
| P/Nx-Poisoning/ Noxious Substance                 | XCP-Excessive Corporal Punishment           | PD/AM-Parent's Drug Alcohol Misuse    |
| CD/A-Child's Drug/Alcohol Use                     | LMC-Lack of Medical Care                    | EdN-Educational Neglect               |
| EN-Emotional Neglect                              | SA-Sexual Abuse                             | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter         | IG-Inadequate Guardianship                  | LS-Lack of Supervision                |
| Ab-Abandonment                                    | OTH/COI-Other                               |                                       |
| 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 | TANF-Temporary Assistance to Needy Families | FC-Foster Care                        |
| MH-Mental Health                                  | ER-Emergency Room                           | COS-Court Ordered Services            |
| OP-Order of Protection                            | RAP-Risk Assessment Profile                 | FASP-Family Assessment Plan           |
| FAR-Family Assessment Response                    | Hx-History                                  | Tx-Treatment                          |
| CAC-Child Advocacy Center                         | PIP-Program Improvement Plan                | yo- year(s) old                       |
| CPR-Cardiopulmonary Resuscitation                 |   |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 1 year(s)

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 01/15/2018  
**Initial Date OCFS Notified:** 01/15/2018

## Presenting Information

On 1/15/18 at the family's home, while in the same bed, the mother attempted to feed her 1-year-old daughter who had refused to eat. The child stopped breathing after mother tried to feed her. The child had difficulty breathing the day before. The child was pronounced dead on 1/15/18. The reason for the child's death was unknown. The aunt, uncles, and two other children (ages 11 and 8) in the home had unknown roles.

## Executive Summary

This fatality report concerns the death of a 1-year-old female child who died on 1/15/18. A report was made to the SCR on the same date regarding concerns of the child's death and inadequate guardianship by the mother. There was an 8-year-old surviving sibling and an 11-year-old cousin living in the home at the time of the child's death. The 11-year-old's parents and a maternal uncle also lived in the home.

Suffolk County Department of Social Services (SCDSS) coordinated efforts with LE upon receipt of the fatality report. An autopsy was performed and only preliminary results were available at the time of this writing. The ME reported no obvious signs of abuse or maltreatment. The final autopsy report was pending lab results which would not be available for several months.

On 1/14/18, the child was not eating, had labored breathing, and vomited. The mother took her to the hospital and was discharged without any treatment. The doctor informed the mother the symptoms were viral, did not provide any medical treatment, and instructed her to follow up with the pediatrician the following day. The pediatrician's office was not open on Monday so the child was closely monitored at home. On 1/15/18, the mother went to work and left the child in the care of his aunt who lived in the home. The mother returned home from work at approximately 5:30PM and found the child lying in her bed resting. The mother watched the child move around and observed her breathing to be different than usual. The mother witnessed the child stop breathing and called 911. EMS arrived and transported the child to the hospital where she was pronounced dead. The child had no pre-existing medical issues.

SCDSS gathered information about the child's death from the mother, the adults living in the home (an aunt and 2 maternal uncles), the 11-year-old cousin, 8-year-old surviving sibling, LE, ME, EMS, and hospital staff.

Several home visits were made and collaterals were interviewed. Bereavement counseling and burial assistance was offered to all family members. SCDSS completed all required reports and safety assessments accurately and on time. SCDSS followed up with the family several times throughout the case to reassess for any needs they may have had. The case was appropriately unfounded and closed on 3/6/18.

## 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?** 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:**

Casework activity was commensurate with case circumstances.

### Required Actions Related to the Fatality

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

|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Review of CPS History  |
| <b>Summary:</b>         | History was not reviewed until 1/24/18, which was 9 days after receipt of the report.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(i)  |
| <b>Action:</b>          | Within 1 business day of the oral report date, LDSS must review SCR records pertaining to all prior reports involving members of the family. Within 5business days of report, LDSS will review and document all CPS records that apply to the prior reports where the current report involves a subject of the report, a child named in the report or a child’s sibling named in the report. |

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 01/15/2018

**Time of Death:** 07:49 PM

**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:**

06:40 PM



**Did EMS 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: Laying down

**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

**Adults:** 0

### Household Composition at time of Fatality

| Household                  | Relationship         | Role                | Gender | Age        |
|----------------------------|----------------------|---------------------|--------|------------|
| Deceased Child's Household | Aunt/Uncle           | No Role             | Female | 34 Year(s) |
| Deceased Child's Household | Aunt/Uncle           | No Role             | Male   | 42 Year(s) |
| Deceased Child's Household | Aunt/Uncle           | No Role             | Male   | 31 Year(s) |
| Deceased Child's Household | Deceased Child       | Alleged Victim      | Female | 1 Year(s)  |
| Deceased Child's Household | Mother               | Alleged Perpetrator | Female | 32 Year(s) |
| Deceased Child's Household | Other Child - Cousin | No Role             | Male   | 11 Year(s) |
| Deceased Child's Household | Sibling              | No Role             | Female | 8 Year(s)  |
| Other Household 1          | Father               | No Role             | Male   | 36 Year(s) |

### LDSS Response

On 1/15/18, SCDSS received the fatality report from the SCR. SCDSS initiated their investigation within 24 hours and coordinated efforts with LE. SCDSS contacted the source of the report and notified the ME and DA of SC's death. There was an 8yo SS and an 11yo cousin who were also living in the home. SCDSS completed a CPS history check 9 days after receipt of the report.

SM was interviewed on 1/16/18 and reported that on 1/14/18, SC would not eat, had difficulty breathing, and vomited. SM took the child to the hospital and the doctor did not find any obvious concerns with the child. SM said the doctor told her it was viral and he did not give the child a breathing treatment or any medication. The doctor recommended a medication for the child for nausea but SM declined as she did not like the possible side effects. The doctor recommended SM follow up with the pediatrician the following day, Monday (1/15/18). CW verified this with the doctor at the hospital. On 1/15/18, SM went to work and left SC in the care of the MA who lived in the home. SM said her pediatrician's office was closed on 1/15/18. SM returned home from work around 5:30PM and SC was in SM's bed. SM laid next to SC and watched her move around and reported the child was breathing strangely. The record did not note anyone had observed the SC breathing strangely at any other time in the past. SM continued to watch SC and saw her stop breathing. SM picked up SC and ran downstairs with her as she was planning to drive the child to the hospital. MA said to call 911, which they did, and then began CPR. EMS arrived and continued chest compressions and life saving measures. SM rode in the ambulance with EMS and SC. The MA and MU followed behind while another MU stayed home with the SS and cousin. SC was later



pronounced dead at 7:49PM. SM denied the child had any previous health concerns.

CW spoke with LE who believed this to be a natural death and had no concerns of criminality in the case.

SCDSS interviewed the SS, the cousin, the MA and two MU's who were present that day and all gave the same account as the mother. CW spoke with SC's father who did not have custody of the child, never took the child for overnights, and only visited the child at the SM's home. The father did not have any concerns for the child in his mother's care. The father said SM notified him of what happened and he and the SM were relying on each other for support through the difficult time.

SCDSS made diligent efforts to contact the father of the SS but were unsuccessful. The father of the SS lived in a different country and had minimal and infrequent contact with the SS.

SCDSS offered burial assistance to the family which they declined. SCDSS provided all family members with information on bereavement counseling and available family supports.

SCDSS obtained records from the SC's pediatrician, hospital records, LE, ME, EMS, and the schools of the SS and the cousin.

The case was appropriately unfounded and closed on 3/6/18. SM took proper action and sought medical treatment immediately for SC, both on 1/14/18 and 1/15/18. There was no evidence suggesting SM caused or contributed to SC's death.

### 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)?**Yes

**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 |
|--|-------------------------------------|-------------------------|--------------------|
| 046224 - Deceased Child, Female, 1 Year(s) | 046222 - Mother, Female, 32 Year(s) | DOA / Fatality          | Unsubstantiated    |
| 046224 - Deceased Child, Female, 1 Year(s) | 046222 - Mother, Female, 32 Year(s) | Inadequate Guardianship | Unsubstantiated    |

### CPS Fatality Casework/Investigative Activities

|  |     |    |     |                     |
|--|-----|----|-----|---------------------|
|  | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|



|   |                                     |                          |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Fatality Safety Assessment Activities

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

### Fatality Risk Assessment / Risk Assessment Profile

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Child Fatality Report

|   |                                     |                                     |                          |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/>            | <input checked="" 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <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 After Death     | Offered, but Refused                | Offered, Unknown if Used            | 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 type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services     | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Legal services             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family planning            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Homemaking Services        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Parenting Skills           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Domestic Violence Services | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Early Intervention         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |



# Child Fatality Report

|                                      |                          |                          |                          |                          |                          |                                     |                          |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Alcohol/Substance abuse              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## 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?                         | Yes |

## 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) |
|--------------------|--------------------------------------|------------------------------|--------------------------------------|----------------|---------------------|
| 01/18/2017         | Other Child - Cousin, Male, 10 Years | Aunt/Uncle, Female, 33 Years | Inadequate Food / Clothing / Shelter | Unfounded      | No                  |
|                    | Sibling, Female, 7 Years             | Aunt/Uncle, Female, 33 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Deceased Child, Male, 5 Months       | Aunt/Uncle, Female, 33 Years | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Sibling, Female, 7 Years             | Mother, Female, 31 Years     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Other Child - Cousin, Male, 10 Years | Aunt/Uncle, Male, 41 Years   | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Deceased Child, Male, 5 Months       | Aunt/Uncle, Male, 41 Years   | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Other Child - Cousin, Male, 10 Years | Mother, Female, 31 Years     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Deceased Child, Male, 5 Months       | Mother, Female, 31 Years     | Inadequate Food / Clothing / Shelter | Unfounded      |                     |
|                    | Sibling, Female, 7 Years             | Aunt/Uncle, Male, 41 Years   | Inadequate Food / Clothing / Shelter | Unfounded      |                     |

### Report Summary:

The SCR report alleged the family's home was unfit to live in and the family had to evacuate. There was no heat, electricity or running water in the home. The adults were using an extension cord, which ran across the wet ground to



supply power for space heaters. The cords were extremely hot and posed a fire hazard. The toilet was not usable. It was unknown how long the family had been living in those conditions.

**Determination:** Unfounded

**Date of Determination:** 03/21/2017

**Basis for Determination:**

SCDSS found the home met minimal standards. The family moved out when the landlord would not make repairs. CW verified the family had moved into a home that was above minimal standards.

**OCFS Review Results:**

SCDSS made contact with several collaterals such as LE, the city attorney, and the property owner. CW met with the family and interviewed everyone. CW did not find the children to be negatively impacted by the living conditions and appropriately unfounded the case.

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

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

11/13/12-2/13/13 UNF allegations of IF/C/S & IG against SM and MGM for the SS.

3/8/13-5/13/13 UNF allegations of IG & L/B/W against BM for the SS.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### 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