

Report Identification Number: SV-14-032

Prepared by: Spring Valley Regional Office

Issue Date: 6/30/2015

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: 1 month(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 10/30/2014
Initial Date OCFS Notified: 11/01/2014

Presenting Information

On 10/30/2014, father (FA) was the sole caregiver to subject child (SC) and sibling. FA attempted to feed SC at 9:20am and SC appeared partially awake. FA shook SC in an attempt to wake SC up. SC continued to appear partially awake and FA continued to shake SC. FA then placed SC back in crib at 9:30am after unsuccessful attempts of feeding SC. FA checked on SC around 10:25am and found SC unconscious and not breathing. SC was lying face up in her crib while lying on top of a blanket. FA contacted 911 at 10:26am and EMS was dispatched to the home. EMS arrived to the home at 10:36am and attempted CPR. SC was transported to Southside Hospital where SC was pronounced dead at 11:04am. SC had no preexisting medical issues. SC has no visible injuries but the child has a subdural hematoma. FA is the only person being considered responsible for SC's death at this time as he was the sole caretaker for SC at the time of the incident. Mother, aunt, cousins and sibling have unknown roles.

Executive Summary

On 10/31/2014, an SCR report was received by the Suffolk County Department of Social Services (SCDSS) allegations of Internal Injuries, DOA/Fatality and Inadequate Guardianship against the FA. Allegations of Inadequate Guardianship were added against the MO as she violated the current V-docket order by allowing the father to move back into the home and care for the SC. The SC was survived by a three-year-old sibling and two cousins, ages six and sixteen.

On 11/01/2014 SCDSS conducted a visit to the subject child's home. A thorough and accurate safety assessment was conducted by the SCW within the required 24-hour time frame. The SCDSS investigation consisted of face to face interviews with the MO, father (FA), surviving sibling, aunt and two cousins. Collateral contacts were attempted and/or made with the following: the source of the report, Soundex reviews (criminal background checks), the Suffolk County Police Department's Homicide Division, the New York State Unified Court System website, the Suffolk County Medical Examiner's Office, the Suffolk County Jail, the Funeral Home, the local Ambulance Company, the Suffolk County District Attorney's Office, Family Court, the SC's Hospital of birth, VIBS Family Violence and Rape Crisis Center, the SC's pediatrician, the sibling's pediatrician and the local Hospital where SC expired.

At the time of this report, the final autopsy had not been provided to SCDSS. The preliminary findings were consistent with the SC being shaken. The Medical Examiner's Office described the injury as a closed head injury as there was no evidence of blunt head trauma. The Certificate of Death indicated Homicide as the manner of death. FA was the sole caretaker to the SC at the time of the fatality. He has since been arrested and incarcerated, charged with Murder of a Person under 11 years, Manslaughter of a Person under 11 years and Reckless Assault Child - brain injury. The investigation revealed that MO had filed a V-Docket Order as well as an Order of Protection against the FA in 2013. By allowing FA to move back into the home, MO was in violation of the order.

SCDSS held and thoroughly documented a 24-hour fatality conference, a 7-day safety conference, a 30-day fatality review conference and a determination conference. The safety assessments and risk assessment were accurate and appropriately reflected case circumstances. The case documentation throughout the life of the case was detailed and contemporaneous. CW assessed the needs of the family accurately and facilitated services for them, including ensuring that documentation and appropriate translation services were offered as the family was Spanish-speaking.

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SCDSS completed a thorough investigation of the allegations and, based on the facts obtained, properly determined each allegation. On 12/24/2014, SCDSS determined that there was credible evidence to substantiate the allegations of Inadequate Guardianship, Internal Injuries and DOA/Fatality against the FA and Inadequate Guardianship against the MO. The report was indicated and the case was opened for services. OCFS concurs with the determination of the allegations and the need for services.

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? No
 - 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: 10/30/2014

Time of Death: 11:04 AM

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: 10:26 AM

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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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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: Unknown if they were impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Female	34 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Other Child	No Role	Male	6 Year(s)
Deceased Child's Household	Other Child	No Role	Male	16 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)

LDSS Response

Upon receipt of the SCR report on 11/01/2014, SCDSS responded to the report of the fatality and conducted a visit to the subject child's home. The Senior Caseworker (SCW) met with the SC's mother (MO), sibling, aunt and two cousins. The SCW spoke with each of the children privately and separately and documented these conversations in detail. A thorough and appropriate safety assessment was conducted and documented. The SCW obtained medical releases and paternity statements for the surviving sibling and cousins as well as provided the MO with bereavement counseling referrals. The SCW discussed the allegations and engaged the MO in a re-creation of the events that took place before the fatality. The mother report was unremarkable. The MO was at work when the fatality occurred.

The SCDSS investigation consisted of face to face interviews with the MO, father (FA), surviving sibling, aunt and two cousins. Collateral contacts were attempted and/or made with the following: the reporting party/source of the report, Soundex reviews (criminal background checks), the Suffolk County Police Department's Homicide Division, the New York State Unified Court System website, the Suffolk County Medical Examiner's Office, the Suffolk County Jail, the Funeral Home, the local Ambulance Company, the Suffolk County District Attorney's Office, Family Court, the SC's Hospital of birth, VIBS Family Violence and Rape Crisis Center, the SC's pediatrician, the sibling's pediatrician and the local Hospital where SC expired.

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The caseworker (CW) assigned to this investigation explored the family's history and discussed the events of the day that led up to the death of the SC. The MO was only able to relay what happened before she went to work and what transpired after receiving several phone calls from the FA while at work. The MO reported that the FA was taken to the local police precinct on 10/31/2014 after they returned home from making funeral arrangements. Later that evening a pair of detectives returned to the home and informed her that the FA had been arrested and was responsible for SC's death. CW visited FA in jail and the FA did not want to discuss the allegations, stating that he wanted to tell his story in court. FA refused to sign a release of information for alcohol treatment that he reported receiving in the past. CW also discussed bereavement counseling and FA claimed that he did not need counseling. CW left a list of counseling referrals for FA.

The CW confirmed with the Homicide Detective assigned to the case that FA was incarcerated facing charges of Murder of a Person under 11 years, Manslaughter of a Person under 11 years and Reckless Assault Child - brain injury. The police reported having a video confession of FA stating that he had shaken SC on the morning of 10/30/2014 after he noticed that she was unresponsive. The Homicide Division planned to keep the investigation open at least until the final autopsy results were received.

Before the investigation was closed, the CW met with the MO and explained the process of the case being transferred to a service team. The MO reported engaging in counseling for both herself and SC's sibling. CW discussed the status of Family Court and explained that although the previous order of protection against the father had expired, the V-Docket Order had remained in effect. The MO had allowed FA to move back into the home during this period of time, thus violating the order. MO was also aware that FA had not completed mandated treatment for alcohol use/abuse. It was during this time that FA was the sole caregiver for SC and the fatality occurred. Due to these reasons, the allegation of Inadequate Guardianship was substantiated against the MO as well. The allegations of Inadequate Guardianship, Internal Injuries and DOA/Fatality were substantiated against the FA.

The autopsy report has not been released to SCDSS or to OCFS.

Official Manner and Cause of Death

Official Manner: Pending

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)? Yes

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

Comments: There is no CFRT in Suffolk County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
016901 - Deceased Child, Female, 1	016903 - Father, Male, 51 Year(s)	Internal Injuries	Substantiated

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Mons			
016901 - Deceased Child, Female, 1 Mons	016903 - Father, Male, 51 Year(s)	Inadequate Guardianship	Substantiated
016901 - Deceased Child, Female, 1 Mons	016903 - Father, Male, 51 Year(s)	DOA / Fatality	Substantiated
016901 - Deceased Child, Female, 1 Mons	016902 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
016907 - Sibling, Male, 3 Year(s)	016902 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input 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"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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siblings/ other children in the household within 24 hours?				
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"/>

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:

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12/03/2014	There was not a fact finding	There was not a disposition
Respondent:	016902 Mother Female 35 Year(s)	
Comments:		

Criminal Charge: Reckless assault of a child Degree: 4			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/26/2014	Father	Pending	Pending
Comments:	FA was arrested on 10/31/2014 and charged with Child Endangerment. On 11/26/2014 he was additionally charged with Reckless Assault of a Child: Brain Injury.		

Criminal Charge: Murder Degree: 1			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/26/2014	Father	Pending	Pending
Comments:	FA was arrested on 10/31/2014 and charged with Child Endangerment. On 11/26/2014 he was additionally charged with Murder Person < 11.		

Criminal Charge: Manslaughter Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
11/26/2014	Father	Pending	Pending
Comments:	FA was arrested on 10/31/2014 and charged with Child Endangerment. On 11/26/2014 he was additionally charged with Manslaughter Person < 11.		

Have any Orders of Protection been issued? Yes	
From: 11/17/2014	To: 11/17/2015

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 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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Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

All service needs were appropriately assessed and put in place.

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:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |

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Was not noted in the case record to have any of the issues listed

Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/23/2012	2881 - Sibling, Male, 10 Months	2883 - Father, Male, 49 Years	Lack of Supervision	Unfounded	No
	2881 - Sibling, Male, 10 Months	2883 - Father, Male, 49 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

FA has a drinking problem. On 12/23/2011, FA left subject child's sibling (10 months) home alone while he went to the store to purchase alcohol. It is unknown how long sibling was unsupervised. On 04-21-2012, FA was under the influence of alcohol and went to pick sibling up from daycare. FA was too impaired to care for sibling so the child was not released into his custody. Both these incidents occurred in New York State while FA was visiting sibling. Role of mother is unknown.

Determination: Unfounded

Date of Determination: 06/15/2012

Basis for Determination:

Father denied the allegations. Daycare provider reported that there were doubts about father sobriety but never called the police when he came to pick up the child. Father stated that he did not drive and used taxis or family for transportation. When father visited with child, it was at the paternal grandmother's home under her supervision. Parents were engaged in a custody dispute and reported working out their differences. Child appeared safe, healthy, well nourished and well cared for.

OCFS Review Results:

OCFS agrees with the determination of the allegations.

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

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

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

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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