



Report Identification Number: SV-19-039

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

Issue Date: Dec 03, 2019

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: 10 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 05/13/2019
Initial Date OCFS Notified: 07/25/2019

Presenting Information

On 7/25/19, Westchester County Department of Social Services (WCDSS) received a report from the SCR alleging on 5/13/19, the infant became ill and required medical attention. The specific symptoms the child was suffering from were unknown at the time. The mother was informed the child was ill and refused to allow the infant to receive requisite medical care. The night of 5/13/19, the infant succumbed to the illness he was suffering from and passed away. During the same weekend, the surviving sibling was also ill, suffering from symptoms of asthma complications. The mother also failed to ensure the sibling received appropriate medical treatment.

Executive Summary

This fatality report concerns the death of the 11-month-old infant that occurred on 5/13/19. At the time of the death, the infant and her 4-year-old surviving sibling were living with their mother but spending the weekend with their godmother in New Jersey. At the time of the death, New Jersey Child Protective Services investigated the fatality as it happened in their jurisdiction.

Through interviews, it was learned the godmother of the infant and surviving sibling was watching the children for the weekend along with her own two children and two additional children. On the day leading up to the death, the infant was notably sleepier than normal. The godmother called the mother several times throughout the day as she was concerned about the infant's sleeping pattern. The child was observed to be congested and the godmother used an aspirator for his nose. The infant and his sibling slept in the same room as the godmother's two children. The sleeping arrangements were observed, and it was found the 2 twin beds and 1 full bed were pushed together. The full bed was in the middle and the twin beds were pushed next to it on each side. The infant slept in the middle, his sibling slept on the left and the godmother's two children slept on the right side. The godmother checked on the infant several times throughout the night. At 2:20AM, the godmother found the infant with labored breathing and picked him up to find he was limp. She immediately called 911 and attempted resuscitation efforts until EMS arrived and took over and transported the infant to the hospital where he was pronounced dead at 2:38AM.

The names of the biological fathers of the infant and surviving sibling were learned through interviews with the mother. The mother reported significant domestic violence with both partners and reported both were the aggressors and she had orders of protection with both. The mother reported their contact with the children was limited. Though their names and contact information were provided, neither father was added to the case or interviewed.

The Edgewater Police Department in New Jersey investigated the death and found no criminality. The autopsy was completed and listed the cause of death as sudden death of a co-sleeping infant along with complications of extreme prematurity and respiratory syncytial virus infection. The manner of death was natural.

In response to the fatality, WCDSS accurately unfounded the allegations against the mother regarding the infant. Additionally, allegations regarding medical neglect of the surviving sibling were investigated and determined to be unfounded. Medical records reflect the mother was appropriate in obtaining medical treatment for both children. WCDSS completed a thorough investigation and enlisted several different resources to assist in the investigation due to the circumstances surrounding the death.

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:

WCDSS conducted a thorough investigation into the allegations. A safety assessment was completed adequately at the time of the determination.

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:

WCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. WCDSS appropriately determined the allegations given the information obtained during the investigation.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/13/2019

Time of Death: 02:54 AM

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

Unknown



Was 911 or local emergency number called?

Yes

Time of Call:

03:05 AM

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

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 30 Minutes

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 | Deceased Child | Alleged Victim | Male | 10 Month(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 22 Year(s) |
| Deceased Child's Household | Sibling | Alleged Victim | Female | 4 Year(s) |
| Other Household 1 | Grandparent | No Role | Female | 71 Year(s) |

LDSS Response

WCDCS initiated their investigation within 24 hours of receipt of the report. They reviewed SCR history, spoke to the source, LE and DA's office, and met with family members.

Through interviews conducted, it was learned the infant and sibling were with their godmother in New Jersey at the time of death. The godmother had two of her own children as well as an additional two children at her home at the time. The godmother reported the infant was sleeping more than normal and she called the mother several times as she was concerned. Each time, the mother reported it was normal behavior. The infant slept on and off most of the day leading up to his death and was congested. The night prior to the infant's death, the godmother checked in on him frequently. The infant was co-sleeping with his 4-year-old sibling and the godmother's children. Due to the godmother's concerns for the infant, she checked on him multiple times throughout the night. At around 1:00AM the infant was observed to be asleep with his head on his sibling's chest. At that time, the godmother reported his breathing was "raspy" sounding. The godmother checked on the infant about an hour later and found the infant unresponsive. She immediately called 911 and began resuscitation efforts while waiting for EMS to arrive. Upon EMS arrival, the infant was transported to the hospital and pronounced dead at 2:38AM.

Medical information was received regarding the infant. It was learned the infant was born at 28 weeks gestation, weighed 2lbs. and required ventilator support and hospital management for several weeks. The infant contracted respiratory syncytial virus 4 months after birth that led to hospitalization, intubation, and ventilator support.



WCDSS worked diligently to locate the mother and surviving sibling. WCDSS enlisted a private investigator in order to obtain an address for the mother as family and friends were unaware of her whereabouts. The mother was living a transient lifestyle during the investigation and her whereabouts could not be ascertained until the end of the investigation. The mother was located in Connecticut and Connecticut CPS conducted a courtesy visit to interview the mother and assess the safety of the sibling. The mother reported the infant was sick and spent much of his brief life in the hospital. The mother did not have concerns for the godmother's care of the children. The sibling was assessed and appeared safe in the care of her mother. The mother refused to give contact information for the children's biological fathers but provided WCDSS with their names. WCDSS made attempts to obtain contact and locating information for the fathers but were unsuccessful, as a result, face-to-face contacts were not made and notification was not provided.

WCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. WCDSS determined there was no credible evidence to support the allegations that the mother played a role in the infant's death. Medical records reflected the death was due to a medical condition that had been affecting the infant since birth. WCDSS appropriately offered community-based services to the mother for her and the sibling. Additionally, New Jersey CPS provided the godmother with a multitude of services. At the time of this writing, it was unknown if the mother was in the referred services.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical 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? Yes

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|-------------------------------------|-------------------------|--------------------|
| 052087 - Deceased Child, Male, 10 Mons | 052088 - Mother, Female, 22 Year(s) | DOA / Fatality | Unsubstantiated |
| 052087 - Deceased Child, Male, 10 Mons | 052088 - Mother, Female, 22 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 052087 - Deceased Child, Male, 10 Mons | 052088 - Mother, Female, 22 Year(s) | Lack of Medical Care | Unsubstantiated |
| 052089 - Sibling, Female, 4 Year(s) | 052088 - Mother, Female, 22 Year(s) | Inadequate Guardianship | Unsubstantiated |
| 052089 - Sibling, Female, 4 Year(s) | 052088 - Mother, Female, 22 Year(s) | Lack of Medical Care | Unsubstantiated |

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

| | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 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 type="checkbox"/> | <input checked="" 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"/> |

Additional information:

WCDSS made diligent efforts to ascertain the mother's location, and were finally able to do so after enlisting a private investigator. The mother was located in Connecticut and CPS there made a courtesy visit to assess the sibling.

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|-------------------------------------|

Explain:
The mother and sibling's whereabouts were unable to be ascertained until the end of the investigation despite significant efforts from WCDSS. Upon locating the mother and surviving sibling, an adequate safety assessment was completed.

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 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"/> |
| Explain: WCDSS provided the mother with referrals for community based services related to affordable housing and an education plan for the sibling. | | | | |

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"/> |
| Explain as necessary: No removal regarding the sibling was necessary. | | | | |

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

Other, specify: educational planning

Additional information, if necessary:
WCDSS provided the mother a multitude of services including referrals for affordable housing and assistance with the surviving sibling's educational needs. Services were also provided to the godmother with regard to bereavement counseling.

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:
WCDSS was finally able to locate the mother in Connecticut where she was living with friend. Connecticut CPS assessed the sibling at the home and offered community based services. During the investigation, the paternal great grandmother filed for custody of the sibling due to the mother's transient lifestyle. At the time of this writing, the outcome of the court proceeding was pending.

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

Explain:
Services were offered to the mother, but unknown if utilized. The godmother of the deceased child was provided services through New Jersey Child Protective Services and utilized counseling services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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

Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|-------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 05/13/2019 | Deceased Child, Male, 1 Years | Mother, Female, 22 Years | Inadequate Guardianship | Unsubstantiated | No |

Report Summary:

The report was received on 5/13/19 alleging the subject child was born premature with a history of respiratory issues and was recovering from a cold. The child was away from home for the weekend and suffered severe breathing problems. The mother did not send his nebulizer with him while he was away.

Report Determination: Unfounded**Date of Determination:** 07/12/2019**Basis for Determination:**

WCDSS determined there was no credible evidence to support the allegation of inadequate guardianship. WCDSS was unable to make face to face contact with the mother as she refused to meet with the department. WCDSS received information from law enforcement and medical professionals.

OCFS Review Results:

WCDSS made diligent efforts to locate the mother and sibling to no avail. WCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. WCDSS appropriately determined the allegations given the information obtained during the investigation.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|---|-------------------------|--------------------|---------------------|
| 10/25/2018 | Sibling, Female, 3 Years | Other Adult - Bio Fa of Sibling, Male, 25 Years | Inadequate Guardianship | Substantiated | No |

Report Summary:

ACS received a report from the SCR which alleged on 10/19/18, the father punched the mother in the face while exchanging the sibling for a visitation. The sibling was not harmed. There was a history of the father physically abusing the mother in the presence of the sibling.

Report Determination: Indicated**Date of Determination:** 12/24/2018**Basis for Determination:**

There was credible evidence to support the allegation of inadequate guardianship against the father regarding the sibling. The father physically assaulted the mother by hitting her in the face while she was exchanging the sibling for visitation.



The mother sustained bruises as a result. The father was arrested and an OP was issued for him to stay away from the mother and child.

OCFS Review Results:

ACS assessed the safety of the children immediately and fully completed all casework activity in a timely fashion, commensurate with case circumstances. ACS fully investigated new concerns when they arose during the investigation and determined the allegations given the information obtained.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|---|--------------------------------------|--------------------|---------------------|
| 08/30/2017 | Sibling, Female, 2 Years | Mother, Female, 21 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | No |
| | Sibling, Female, 2 Years | Mother, Female, 21 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 2 Years | Mother, Female, 21 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 2 Years | Father, Male, 23 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 2 Years | Father, Male, 23 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 2 Years | Father, Male, 23 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult, Female, 35 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult, Female, 35 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult, Female, 35 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult 2, Male, 51 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult 2, Male, 51 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 2 Years | Other Adult - Other Adult 2, Male, 51 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |

Report Summary:

An SCR report was received which alleged, the mother, subject child's father, and unrelated home members were selling drugs out of the home where the surviving sibling resided. The child was exposed to a negative environment due to the drug dealers and sales. On 8/30/17, there were drugs and paraphernalia in locations that were easily accessible to the child.

Report Determination: Unfounded

Date of Determination: 10/27/2017

Basis for Determination:

ACS unfounded the allegations against the mother for the sibling. The mother had been providing the child with a minimum degree of care and was not arrested during the police raid at the home. The mother tested negative for all substances during the investigation. It was determined the other home members, including the subject child's father, were not persons legally responsible. The allegations pertaining to them were unfounded for that reason.

**OCFS Review Results:**

ACS fully completed all casework activity in a timely fashion, commensurate with case circumstances. ACS appropriately determined the allegations given the information obtained during the investigation and referred the mother to community based services relevant to her needs.

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 history more than three years prior to the fatality.

Known CPS History Outside of NYS

A CPS report was registered in New Jersey following the subject child's death. That report was unfounded against the godmother due to a lack of credible evidence.

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