

Report Identification Number: BU-14-026

Prepared by: Buffalo Regional Office

Issue Date: 3/31/2015

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-plumonyary 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 Suprevision
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: 3 year(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 08/29/2014
Initial Date OCFS Notified: 08/29/2014

Presenting Information

On August 29, 2014 SC and sibling four-years-old were unsupervised for an unknown length of time. The children were found unresponsive, floating face down in the family swimming pool. SC is deceased and sibling remains unconscious. SF is the sole caretaker of the children and was at home at time of incident.

Executive Summary

On August 29, 2014 ECDSS received an SCR report stating SC age three-years-old and SS age four years old were unsupervised for an unknown length of time. The children were found unresponsive floating face down in the family swimming pool. SC age three-years-old is deceased and SC four-years-old remains unconscious. SF is sole care taker of the children and was at home at time of incident. On August 30, 2014 ECDSS received a duplicate report with allegations of DOA/Fatality and LOS against SF and PGM. On September 3, 2014 ECDSS received a subsequent report regarding four-year-old sibling who was pronounced dead with allegations of DOA/fatality and LOS.

ECDSS spoke to appropriate collaterals and attempted to speak to all family members. The family did retain an attorney and SF refused to cooperate with investigations after initial contact with CW. The PGM spoke with ECDSS who stated she and the children were swimming in the afternoon and came inside between 5:30-6:00 PM. PGM stated she latched the pool gate and closed the kitchen door, when coming inside. PGM stated four-old SC went into SF's room and she and other children went upstairs. PGM stated her daughter arrived at the home about half an hour later, and they realized the children were missing. PGM thought the SC were with SF, who was sleeping. The family began to look for SC and found them outside floating in the swimming pool. The SM stated that SF had custody of SC and she had visitation on Sundays. The SM denied anybody using drugs or alcohol. The SF and PGM along with other family members denied anybody using drugs or alcohol in the home. CW spoke with the police who stated that the deaths were being ruled accidental and no charges are pending. The three-year-old SC COD was drowning and manner of death was accidental. The four-year-old SC COD was complications of near drowning and manner of death was accidental.

On October 27, 2014 ECDSS substantiated the allegations of DOA/fatality and LOS against SF and PGM with respect to both SC. The basis for the determinations was while in the care of SF and PGM the SC were left unsupervised for approximately 30 minutes at which time they gained access to the swimming pool in the backyard. It is unclear if SF and PGM ever established a plan for who was to be supervising the SC.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Safety assessment due at the time of determination?**

Yes

Determination:

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- **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.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 08/29/2014 **Time of Death:** 08:37 PM

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 07:36 PM

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 type="checkbox"/> Sleeping	<input type="checkbox"/> Working	<input type="checkbox"/> Driving / Vehicle occupant
<input checked="" 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? No - but needed

At time of incident supervisor was: Unknown if they were impaired.

Total number of deaths at incident event:
Children ages 0-18: 2

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
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Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	85 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	63 Year(s)
Other Household 1	Mother	No Role	Female	24 Year(s)

LDSS Response

On August 29, 2014 ECDSS spoke to source and appropriate collaterals. ECDSS was informed that both SC ages three-old-female and four-year-old male were found at the bottom of the family swimming pool. Three-year old SC was pronounced dead at the hospital, and four-year-old was currently on life support.

On August 30, 2014 the CW observed the surviving sibling (SS) at Children's Hospital (CHOB) and was informed prognosis was not good. The CW spoke to the SF who stated he thought PGM was watching the children and he took a nap. The SF was in shock and could not remember details of the day. He denied any alcohol or drug use. The SF stated there was a fence, but was not clear if the fence was around the pool or entire yard. The SF was distraught and unable to describe yard. The CW spoke to PGF who denied having any concerns for the children's safety. He denied anybody in the home having drug or alcohol problems. The PGF stated that PGM was admitted to the hospital, due to her emotional state. The CW spoke to the Paternal Aunt who found the children. The Aunt stated when she arrived at the home it was silent and PGM was upstairs with her daughter and SF was sleeping. The aunt stated she realized nobody was watching SC and began to look for them. The Aunt stated she woke SF up and he assisted looking, she went outside and saw the screen door closed and found the children in the pool not moving. The CW spoke with SM who stated SF had custody of children and she had visitation on weekends. The SM had no concerns regarding the SC's safety. All family members were extremely upset in shock, and had difficulty talking with CW.

On September 3, 2014 ECDSS received subsequent report from the SCR with allegations of DOA/Fatality and LOS against SF and PGM with respect to four-year-old SC. ECDSS spoke to all appropriate collaterals. The CW attempted to speak to PGM who was hospitalized, but she refused to speak to CW. The PGF contacted ECDSS and stated the family had retained an attorney and will not be speaking to CW.

On September 12, 2014 ECDSS completed a home visit with SM. The SM stated that "SF was a waste and lives off PGM". She denied knowing who was supposed to have been watching the children that day. She visited the children on Sundays. She denied any drug or alcohol use by herself or SF.

On September 18, 2014 CW spoke with ER staff. The three-year-old had no pulse and was declared dead; the four-year-old had a faint pulse. The doctor denied observing any symptoms of neglect. The CW also spoke to the ME who completed the autopsy on both children. She stated preliminary findings were consistent with near drowning and no signs of abuse or neglect.

On September 26, 2014 the CW spoke with the police who stated that the deaths were being ruled accidental and no charges are pending.

On October 7, 2014 the CW completed a home visit with PGM. The SF refused to meet CW. The home appeared safe. The PGM stated she and the children were swimming in the pool from 2:00 PM-5:30-6:00 PM. She stated that SF stayed in his room the majority of the day. PGM stated that she closed and latched the gate at the top of the pool and brought children inside and closed the door. PGM stated the four-year-old went to SF's room and she brought her other grandchild upstairs

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to take a nap. The PGM stated her daughter came to the home between 6:00-6:30 PM and they began looking for the SC. The PGM stated they took down the pool. The PGM denied any drug or alcohol use in the home.

On October 27, 2014 ECDSS substantiated the allegations of DOA/fatality and LOS against SF and PGM with respect to both SC. The basis for the determinations was while in the care of SF and PGM the SC were left unsupervised for approximately 30 minutes at which time they gained access to the swimming pool in the backyard. It is unclear if SF and PGM ever established a plan for who was to be supervising the SC.

Official Manner and Cause of Death

Official Manner: Accident

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: Erie County does not have an approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
013441 - Deceased Child, Female, 3 Yrs	013442 - Father, Male, 32 Year(s)	DOA / Fatality	Substantiated
013441 - Deceased Child, Female, 3 Yrs	013442 - Father, Male, 32 Year(s)	Lack of Supervision	Substantiated
013441 - Deceased Child, Female, 3 Yrs	013443 - Grandparent, Female, 63 Year(s)	DOA / Fatality	Substantiated
013441 - Deceased Child, Female, 3 Yrs	013443 - Grandparent, Female, 63 Year(s)	Lack of Supervision	Substantiated
013444 - Deceased Child, Male, 4 Year(s)	013442 - Father, Male, 32 Year(s)	DOA / Fatality	Substantiated
013444 - Deceased Child, Male, 4 Year(s)	013442 - Father, Male, 32 Year(s)	Lack of Supervision	Substantiated
013444 - Deceased Child, Male, 4 Year(s)	013443 - Grandparent, Female, 63 Year(s)	DOA / Fatality	Substantiated
013444 - Deceased Child, Male, 4 Year(s)	013443 - Grandparent, Female, 63 Year(s)	Lack of Supervision	Substantiated

CPS Fatality Casework/Investigative Activities

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	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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 checked="" 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:

The CW attempted several times to interview the SF, but he refused to speak with CW after initial contact. Family did not allow CW at the home until weeks after accident and pool had been taken down. There was no surviving children to interview.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 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 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 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:

There was no surviving children in the home. CW referred the family to 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:

No surviving children.

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

Explain:

Family denied the need for services. No surviving children.

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

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Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/27/2013	1036-Deceased Child,Female, 2 Years	1031-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	No
	1036-Deceased Child,Female, 2 Years	1031-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1037-Deceased Child,Male, 3 Years	1031-Mother,Female, 22 Years	Inadequate Guardianship	Unfounded	
	1037-Deceased Child,Male, 3 Years	1031-Mother,Female, 22 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1036-Deceased Child,Female, 2 Years	1032-Grandparent,Female, 52 Years	Inadequate Guardianship	Unfounded	
	1036-Deceased Child,Female, 2 Years	1032-Grandparent,Female, 52 Years	Parents Drug / Alcohol Misuse	Unfounded	
	1037-Deceased Child,Male, 3 Years	1032-Grandparent,Female, 52 Years	Inadequate Guardianship	Unfounded	
	1037-Deceased Child,Male, 3 Years	1032-Grandparent,Female, 52 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The SM is abusing cocaine. As a result her behavior is irrational. She is also verbally abusive towards two-year-old and one-year-old. The SM leaves the children with grandmother, who abuses alcohol to the point of intoxication. MGM is not capable of caring for children. MGM was recently arrested for DWI.

Determination: Unfounded

Date of Determination: 04/02/2013

Basis for Determination:

The allegations of IG and PDAM with respect to then two-year-old male and one-year-old female were unfounded. There is no credible evidence that MO is using cocaine and is verbally abusive towards CHN. MGM was arrested for a DWI several months ago and MO just moved in with her four days prior to report and had not left the CHN with MGM. All in the home deny MGM was using alcohol at this time. CHN were clean and were up to date with medical. Other CHD who was living with MGM and her parents had been attending school on a regular basis and had no concerns to report. Family denied the need for services.

OCFS Review Results:

ECDSS spoke to all family members in both households. The CW spoke to appropriate collateral contacts, police, schools, and pediatricians. The children and homes were seen and appeared safe and appropriate to reside in..

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/03/2013	1040-Deceased Child, Female, 1 Years	1039-Mother, Female, 22 Years	Burns / Scalding	Unfounded	No
	1040-Deceased Child, Female, 1 Years	1039-Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:
 One- year-old female and three-year-old male reside with SM and have visitation with SF Monday through Wednesday and Friday through Sunday. Today June 3rd one-year-old arrived at SF's house with 2nd degree sunburn to her face from being outside. SM failed to apply sun screen on her. The SM didn't seek medical attention for her either. She brought Neosporin so father can apply it on her face. The child's nose is scabbed and peeling. The SM is aware that she needs to keep the child out of the sun since on the previous hot day she was outside and her arms were sunburned.

Determination: Unfounded **Date of Determination:** 06/13/2013

Basis for Determination:
 ECDSS substantiated the report for B/S and IG against SM with respect to child. The SM admitted to child being in the sun all day. The child sustained 2nd degree burn that required medical attention. The MO did not seek medical attention. FA got medical attention when h was given the children. MO was advised that child should always be wearing suntan lotion. Family declined the need for services.

The SM appealed the indications and the finding where amended and legally sealed.

OCFS Review Results:
 The CW spoke to SM, SF and observed the children. The CW spoke to different medical providers and the child's law guardian. The family denied the need for services.

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

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

The family had no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

The family had know 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

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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