



Report Identification Number: BU-15-017

Prepared by: Buffalo Regional Office

Issue Date: 4/1/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

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	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
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



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Erie
Gender: Male

Date of Death: 05/09/2015
Initial Date OCFS Notified: 05/11/2015

Presenting Information

An SCR report was received on 5/13/15 with allegations of IG and Fatality/DOA against subject mother (SM) regarding subject child (SC) being found unresponsive in an unsafe sleep environment.

Subject mother was sleeping with subject child in her bed at approximately 2PM on Saturday afternoon (5/9/15). Subject mother went to the bathroom and returned approximately 20 minutes later and found subject child unresponsive in the bed. Medical personnel were called to the home and were unable to revive the subject child and rigor mortis had already set in. Subject child was an otherwise healthy child and no explanations have been provided for subject child's death. The role of the other children are unknown.

Executive Summary

The CW initiated the investigation making contact with SM, first responders, Police, and appropriate collaterals including preventive services personnel, pediatric, medical providers, school personnel, family members, and reviewing the case history.

Pediatrician, medical providers, service worker, and school personnel reported no concerns other than SC's sibling's behavior/mental health issues for which the family was participating in preventive services.

The first responders reported upon their arrival the SC was non-responsive and with rigor mortis set in. They reported that SM met them at the house entry with the SC in her arms and that SM appeared sober. EMS reported SC was non-responsive to revival efforts and found no vitals. SC was DOA at the hospital. Police reported that SM had reported SC had been in a rock and sleep on his back. but noted it was observed as filled with "junk" and reported SC could not have fit in it to sleep. Police also noted that pain medications were found on an end table and another unknown pill was found loose inside the rock and sleep.

SM denied any alcohol or drug use the day of the fatality and first responders reported SM as appearing sober. SM reported falling asleep with SC in her arms while sitting in her bed and waking at 1:15PM. SM reported SC was fine at that time and she fell back to sleep until 2PM when she awoke and put SC in the rock and sleep on his back while she went to the bathroom and smoked a cigarette in the kitchen. SM reported when she returned to the bedroom she found SC non-responsive and 911 was called. SM acknowledged she had regularly co-slept with SC in her bed. SM's bed was documented as an unsafe sleep environment for SC. SM's bed was reported as a king sized adult bed with blankets, multiple pillows, and a very soft mattress that was covered in plastic under the sheets. SM reported this was the very first time she had put SC in the rock and sleep. SC's siblings, ages 11 and 5, reported SM regularly co-sleeping with SC and as co-sleeping with SC the day of the fatality.

An autopsy was performed by the Erie County Medical Examiner. The Medical Examiner's final report listed the cause and manner of death as undetermined. The report noted the lividity of SC was not consistent with the what the SM reported as the position of death. The lividity showed pooling of blood to the front of SC's body indicating SC died face down.



On 7/8/15 the allegations of IG and Fatality/DOA were INDICATED against SM. The basis of findings are SM acknowledged co-sleeping with SC in her arms in her adult bed and that she regularly co-slept with SC. SM's bed was an unsafe sleep environment with a soft mattress, blankets, and multiple pillows. SM had been advised against co-sleeping multiple times by her preventive services CW and was aware of safe sleep precautions. The Medical Examiner determined SC died face down as supported by the lividity pattern of blood pooling on the front areas of SC's body. This information conflicted with SM's reporting of SC being found on his back. No further CPS intervention needed. Case remains open with services in place. Surviving children appear safe.

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:

The level of case work contacts with the family and collaterals was appropriate for a fatality report investigation.

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:

Documentation of supervisory consultation was limited to beginning and ending of the case investigation.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information



NYS Office of Children and Family Services - Child Fatality Report

Date of Death: 05/09/2015

Time of Death: Unknown

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

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

15:15 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:

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? 20 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)

LDSS Response

The CW initiated the investigation 5/13/15 making contact with subject mother (SM), first responders, Police, and appropriate collaterals including preventive services personnel, pediatric, medical providers, school personnel, family members, and reviewing the case history.

Pediatrician, medical providers, and school personnel reported no concerns other than subject child's (SC's) sibling's behavior/mental health issues for which the family was participating in preventive services.



The first responders reported upon their arrival the SC was non-responsive and with rigor mortis with arms in frozen up position near his face and jaw closed tight. They reported that the SM met them at the house entry door with the SC in her arms and that SM appeared sober. EMS performed CPR and chest compressions with no response and no heart rate was detected on the defibrillator machine. SC was transported by ambulance and was DOA at hospital. Police reported that SM reported SC was sleeping in a rock and sleep, but it was observed as filled with “junk” and reported SC could not have fit in it to sleep. Police also noted that pain medications were found on an end table and another unknown pill found loose inside the rock and sleeper.

SM denied any alcohol or drug use the day of the fatality and reported the pain medication was prescribed due to a surgery. SM reported she fed SC a bottle around 11AM, burped him, and then sat on her bed with SC in her arms falling asleep and waking at 1:15PM. SM reported SC was fine at that time and she fell back to sleep until 2PM when she awoke and put SC in the rock and sleep while she went to the bathroom and smoked a cigarette in the kitchen. SM reported when she returned to the bedroom SC’s legs were cold, he was not breathing, and she put SC on her bed and began CPR. SM reported screaming and telling the other children to call 911.

There was conflicting information regarding where SC was sleeping when found unresponsive. SM reported that SC was put in the rock and sleep on his back. SM also reported that the SC had always slept with her in her bed. The day of the fatality, SM’s adult king sized bed was documented as an unsafe sleep environment having blankets, multiple pillows, and a very soft mattress that was covered in plastic under the sheets. SM also reported this was the very first time she had put SC in the rock and sleep. Some of the siblings to SC reported SM regularly co-sleeping with SC in her adult bed and as co-sleeping with SC the day of the fatality.

An autopsy was performed by the Erie County Medical Examiner. The Medical Examiner initially stated the fatality appeared to be an unsafe sleep incident; however the final autopsy report listed the cause and manner of death as undetermined. The report noted the lividity of SC was not consistent with the reported position by SM. The lividity was reported to show that SC died face down as supported by the pooling blood to the front areas of SC’s body. There were no reported toxicological or metabolic abnormalities found.

On 7/8/15 the allegations of IG and Fatality/DOA were INDICATED against SM. The basis of findings are SM acknowledged co-sleeping with SC in her arms in her adult bed and that she regularly co-slept with SC. SM’s bed was an unsafe sleep environment with a soft mattress, blankets, and multiple pillows. First responders reported that rigor mortis had set in on SC prior to their arrival. SM had been advised against co-sleeping multiple times by her preventive services CW and was aware of safe sleep precautions. The Medical Examiner determined SC died face down as supported by the lividity pattern of blood pooling on front areas of SC's body. This information conflicted with SM’s reporting SC being found unresponsive on his back. No further CPS intervention needed. Case remains open with services in place. Surviving children appear safe.

Official Manner and Cause of Death

Official Manner: Undetermined
Primary Cause of Death: Undetermined if injury or medical cause
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review



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

Comments: Erie County has an MDT that was utilized in reviewing this fatality investigation.

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026101 - Deceased Child, Male, 2 Mons	026102 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
026101 - Deceased Child, Male, 2 Mons	026102 - Mother, Female, 28 Year(s)	DOA / Fatality	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were some case notes entered untimely, but the majority are timely and with adequate detail.

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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removed as a result of this fatality report/investigation?				
Explain as necessary: N/A				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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:
 Grief counseling was offered by the CW to the subject mother and surviving children and accepted. Funeral financial assistance was provided by a community resource and ECDSS. The family had recently been approved for HUD housing assistance and was already participating in social service benefits.



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? Yes

Explain:

Grief counseling services were offered and accepted.

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

Explain:

Grief counseling services were offered and accepted by subject mother. Funeral financial assistance was also provided by a community source and by DSS.

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?** 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?** No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With 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)	Status/Outcome	Compliance Issue(s)
03/27/2013	8103 - Sibling, Male, 3 Years	8102 - Grandparent, Female, 56 Years	Inadequate Guardianship	Unfounded	No
	8103 - Sibling, Male,	8106 - Mother, Female, 26	Inadequate	Unfounded	

3 Years	Years	Guardianship	
8103 - Sibling, Male, 3 Years	8106 - Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unfounded
8103 - Sibling, Male, 3 Years	8102 - Grandparent, Female, 56 Years	Lacerations / Bruises / Welts	Unfounded

Report Summary:

Recently, the grandmother became angry towards subject child's half-sibling age three (SC not born yet). The grandmother forcefully hit the child with the belt buckle to his face. As a result, the child sustained a black eye. The subject mother is aware of the black eye and failed to intervene. Further details are unknown. The biological father and other half siblings age 8, 6, and 6 have unknown roles.

Determination: Unfounded

Date of Determination: 04/15/2013

Basis for Determination:

The report of 3/27/13 against subject mother and grandmother with allegations of IG and Lacerations/Bruises/Welts is unfounded. Subject mother and grandmother reported the child fell into the counter and the door knocked him in the head. CW observed small mark on child's eye. Child is non-verbal to content. Child reported that he got whooped with a belt, but mark was not consistent with a belt and the other children reported they had not seen their sibling get whooped. Case is currently open with services. The children all appear safe at this time. No further CPS intervention is required.

OCFS Review Results:

There are no apparent concerns after OCFS review.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/05/2013	8109 - Sibling, Male, 6 Years	8110 - Stepfather, Male, 27 Years	Inadequate Guardianship	Unfounded	No
	8113 - Sibling, Male, 4 Years	8110 - Stepfather, Male, 27 Years	Inadequate Guardianship	Unfounded	
	8114 - Sibling, Male, 6 Years	8110 - Stepfather, Male, 27 Years	Inadequate Guardianship	Unfounded	
	8108 - Sibling, Female, 8 Years	8110 - Stepfather, Male, 27 Years	Inadequate Guardianship	Unfounded	

Report Summary:

Father of Subject child's half-siblings (SC not born yet) beats SC's half-siblings with a belt, stick, or fork before they go to bed. They get beaten all over. It is unknown if the children have injuries. Step-father beats the children even if there is no reason to punish them. Child is afraid to go home today for fear of being beaten. The role for the Stepmother and Subject Mother is unknown.

Determination: Unfounded

Date of Determination: 03/01/2013

Basis for Determination:

All of the children denied that their father beats them with belts, sticks, or folks before they go to bed. Child was afraid to go home as he had acted out at school. Child was fearful of being punished when he got home from school. Child therefore jumped off the school bus and was taken to the police station and parents were contacted. The children had no marks or bruises on them. Father accepted services and is enrolling the child into counseling through Gateway, Child is already active with "Closing the Gap" program through school. All children appear safe at this time. Case opened for services. Subject mother had no role.



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OCFS Review Results:
No apparent concerns found upon OCFS review.

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)
06/13/2014	8119 - Sibling, Male, 7 Years	8115 - Mother, Female, 27 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
Yesterday, the 7 year old half-sibling to subject child (SC not born yet) got into trouble at school. The subject mother came to school to pick up the child. The subject mother walked into school with a belt in her hand. The subject mother was heard telling the child as they walked out that she was going to "fuck him up in the car". Subject mother also stated she was going to "beat his head in". The child got into the back seat of the car. The subject mother also got into the back seat with the child. A few minutes later the child got out of the back seat holding his head and screaming "my head". The child fell to the ground. Subject mother got the child into the car and drove away.

Determination: Unfounded **Date of Determination:** 04/27/2015

Basis for Determination:
Subject mother admitted walking into school with a belt and verbally chastising/threatening and voicing her frustration with the school that is supposed to be a school to deal with behavior issues, but called her out of work to pick up child due to behavior issues. SM denied getting into the back seat with the child or beating the child. SM denies using a belt, object, or hand on child. Child denied SM using a belt on him and stated he gets sent to his room. Home has been seen multiple times and meets minimum standards with adequate food, supplies, and beds for all children residing in the home. Case remains open with services in place. CPS intervention no longer needed at this time.

OCFS Review Results:
No apparent concerns upon OCFS review.

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

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

9/16/10 IG, L/B/W, Parent D/A, against SM. SM is physically abusive towards her children. SM uses/sells Marijuana. No marks/bruises. Children deny abuse/ seeing SM use drugs. UNF 9/24/10.

8/15/10 IG and Lack of Supervision against SM. SUS as Dup 8/16/10

8/12/10 IG and Inadequate F/C/S against SM. SUS as Dup 8/16/10

8/2/10 IG and Lack of Sup against SM. SUS as Dup 8/3/10

7/26/10 IG and parent D/A against SM. SM uses marijuana and allows drug dealers to sell drugs in home in presence of the children. No credible evidence to support. Home found appropriate. Children appear safe. UNF 8/20/10.

6/18/19 IG and Lack of Med care against SM. Child has severe eczema. SM is aware, fails to provide medical care. SM had lotion and meds. Children to date with Dr. UNF 7/2/09

4/20/07 IG and Parent D/A against SM. SM allows men to sell and possess crack from her home. While high she hits the children causing marks/bruises. No credible evidence to support. No marks or bruises on children. UNF 4/30/07

11/8/05 Inadequate F/C/S and Parent D/A against SM. SM's children are selling marijuana and abusing drugs while acting



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as sole caretakers. There is no heat/ hot water in the home. No credible evidence to support marijuana sale/use in home. SM had made alternative living arrangements for children to reside with maternal grandmother prior to report. SM was heating water on stove due to broken HW tank. Children appear clean, well dressed, and healthy. UNF 11/25

Known CPS History Outside of NYS

There is no known CPS history for this family outside New York State.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 03/21/2014

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was the response appropriate to the circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided



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	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Case was opened due to SC's half-sibling's behavior/mental health needs. (SC was not born yet) SM was accepting of services to work towards child's needs.

A previous services case was opened on 02/05/13 based on the same needs. This case was closed on 5/13/13 based on services being voluntary and family no longer wanting to participate.

Required Action(s)

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

Yes No

Preventive Services History

SC was born into the home with Preventive services in place, but died at three months old. The services case was opened on 03/21/2014 stemming from behavior/ mental health needs of SC's half-sibling. The family was reportedly cooperative with the services plan and goals.



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Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Additional Local District Comments

N/A

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