



Report Identification Number: BU-15-018

Prepared by: Buffalo Regional Office

Issue Date: 3/25/2016

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



Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 05/17/2015
Initial Date OCFS Notified: 05/17/2015

Presenting Information

On May 17, 2015 EMS responded to the residence at 8:46 AM. SC age two months, was found unresponsive and not breathing. SC was in SM's bed on her back. SC appeared "stiff". It was believed that SM rolled over onto SC. SC slept with SM and was believed that SC did not have any alternate sleeping provisions. SC had no known preexisting conditions and the death was considered suspicious. There home was unsanitary. There was dirt, dirty clothes and debris about the residence. Surviving sibling's (SS) resided in the home and had an unknown role. SF did not live in the home and had a no role.

Executive Summary

This report concerns the death of a two-month-old whose family was known to ECDSS. The SM had a twp previous SCR reports with allegations of IG, IFCS and LOS, but always declined services.

An SCR report with allegations of DOA/ Fatality and IG was received by ECDSS against SM with respect to SC. The SC was co-sleeping with the SM in her bed. The SC was found unresponsive and SM called 911. The SM admitted to co-sleeping with all her children and did not have a crib for SC. The home was cluttered, but safe for the family to reside. The SM was refusing ECDSS access to the surviving siblings (SS). ECDSS filed a petition in Erie County Family Court and was granted an Order of Applications for Access to the Children and Home. ECDSS interviewed the SS's at the local Child Advocacy Center (CAC). The SS stated SC always slept with SM and denied having any concerns for their safety.

The SC's cause of death was positional asphyxia and the manner of death was accident. On July 13, 2015 ECDSS unsubstantiated the allegations of DOA/fatality and IG against SM with respect to SC. Although the SM admitted to co-sleeping with the SC there are no aggravating factors present and no evidence that harm was intended. The SM declined the need for services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** 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** Yes, sufficient information was gathered to determine all



investigation?

- Was the determination made by the district to unfound or indicate appropriate?

allegations.

Yes

Explain:

ECDSS spoke with SM and SS's, family members and appropriate collateral contacts. ECDSS completed several home visits and family denied the need for services.

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:

ECDSS spoke with SM and SS's, family members and appropriate collateral contacts. ECDSS completed several home visits and family denied the need for services.

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: 05/17/2015

Time of Death: 09:14 AM

Time of fatal incident, if different than time of death: 08:46 AM

County where fatality incident occurred:

ERIE

Was 911 or local emergency number called?

Yes

Time of Call:

08:46 AM

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

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

1

At time of incident supervisor was: Not impaired.



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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		2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)

LDSS Response

On May 17, 2015 ECDSS received an SCR report with allegations of DOA/Fatality and IG against SM with respect to SC. The report alleged SC age two months, was found unresponsive and not breathing. SC was in SM's bed on her back. SC appeared "stiff". It is believed that SM rolled over onto SC. SC sleeps with SM and it is believed that SC did not have any alternate sleeping provisions. SC had no known preexisting conditions and the death is considered suspicious. Their home is unsanitary. There is dirt, dirty clothes and debris about the residence.

ECDSS spoke with the source, police and completed a home visit. The home appeared cluttered, but was safe for the family to reside. ECDSS spoke with SM and attempted to schedule a home visit and get the SS seen medically. The SM's attorney phoned ECDSS and stated that without a court order ECDSS is not to see or speak to the children. ECDSS filed a petition in Erie County Family Court and was granted an Order of Applications for Access to Children and Home. The SS were seen for a physical at the CAC and CW interviewed SS's. The SS denied any concerns for their safety and stated SC slept in bed with SM. The CW also interviewed MGM who denied having concerns for the SS's.

ECDSS completed a home visit with SF. The SF denied ever co-sleeping with SC and stated that he believes SM co-slept with the SC. The SF stated that SC had a bassinet at the home. The SF denied having any concerns for the SS's safety. ECDSS completed an unannounced HV and all adults appeared sober and coherent. The SS appeared safe and the SM declined the need for services. The CW gave SM information regarding grief counseling.

ECDSS spoke with homicide detectives who stated they were unable to share statements with ECDSS, but did receive police reports involving SM and SF. ECDSS spoke with appropriate collateral, first responders stated the home was extremely cluttered and dirty, but no other concerns noted. The SS's school, which had no concerns for their safety and the SS's, were receiving counseling in school.

On July 13, 2015 ECDSS unsubstantiated the allegations of DOA/fatality and IG against SM with respect to SC. Although the SM admitted to co-sleeping with the SC there are no aggravating factors present and no evidence that harm was intended. The SM declined the need for services.

Official Manner and Cause of Death



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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)?No

Comments: ECDSS does not have an OCFS approved MDT.

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

Comments: ECDSS does not have an OCFS approved CFRT.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026021 - Deceased Child, , 2 Mons	026041 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
026021 - Deceased Child, , 2 Mons	026041 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<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:



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ECDSS spoke with law enforcement, family, SS's schools and all other appropriate collateral contacts.

Fatality Safety Assessment Activities

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

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



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	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: ECDSS identify appropriate safety factors and SM had support of family and neighbors, no other interventions were needed.				

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"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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resources							
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 ECDSS offered the SM preventive services to help with housing and support for her children. The SM refused services. ECDSS referred the SM to grief 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? Yes

Explain:
 SM denied needing services. ECDSS referred SM to counseling and SS's were receiving counseling in school.

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

Explain:
 SM denied needing services. ECDSS referred SM to counseling and SS's were receiving counseling in school.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- 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



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Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/25/2012	7943 - Sibling, Male, 2 Years	7947 - Other Adult - friend of family, Female, 21 Years	Lack of Supervision	Indicated	No
	7944 - Sibling, Male, 3 Years	7947 - Other Adult - friend of family, Female, 21 Years	Inadequate Guardianship	Indicated	
	7944 - Sibling, Male, 3 Years	7941 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	7943 - Sibling, Male, 2 Years	7947 - Other Adult - friend of family, Female, 21 Years	Inadequate Guardianship	Indicated	
	7943 - Sibling, Male, 2 Years	7941 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	7943 - Sibling, Male, 2 Years	7941 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	
	7944 - Sibling, Male, 3 Years	7941 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	
	7944 - Sibling, Male, 3 Years	7947 - Other Adult - friend of family, Female, 21 Years	Lack of Supervision	Indicated	

Report Summary:

Duplicate report with stage ID 28697333 was consolidated into 28696797

On October 25, 2012 SM went to work leaving the three year old and two year old SS home alone and unsupervised. This was not the first time SM had left the children home alone.

Determination: Indicated

Date of Determination: 11/27/2012

Basis for Determination:

Children were left with a babysitter, who babysat on a regular basis and was a person legally responsible for the children. The BMHA worker and police officer did find the children home alone. The babysitter left the state prior to CPS interviewing her.

Allegations of IG and LOS against SM was unsubstantiated. The SM and MGM stated they were at work and left the children with a family friend of many years to babysit. The friend had been watching the children on a regular basis for a couple of weeks. SM no longer left the children with family friend and children began day care. The family denied the need for services.

OCFS Review Results:

ECDSS spoke with BF who went and picked up the children and did not have concerns for the children's safety. ECDSS spoke with SM and MGM who denied leaving children home alone, but with a long time family friend. The SM agreed not to have family friend watch children any longer and enrolled them into day care. The family declined the need for services. ECDSS spoke to collaterals and completed necessary paper work.

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

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

In 2010 SM was named in an unfounded SCR report with respect to SS with allegations of PDAM and IG. AS a child the SM was a no role in 3 indicated SCR reports involving IG, due to DV and EDN.

The SF was named in an unfounded SCR report in 2010 with allegations of IG, due to DV. The SF was named no role in 7



unfounded SCR reports and one indicated SCR report in 2011. SF's daughter was placed with her MGM in 2011 and MGM obtained article 6 custody of granddaughter in 2013. SF was not part of the case and has very little contact with his daughter and SS had no contact with SC.

Known CPS History Outside of NYS

The family has no known history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

Required Action(s)

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

Yes No

Foster Care Placement History

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

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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