



**Report Identification Number: BU-16-025**

**Prepared by: Buffalo Regional Office**

**Issue Date: 12/12/2016**

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
FM-Foster Mother	SS-Surviving Sibling	

### 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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



## Case Information

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

**Jurisdiction:** Niagara  
**Gender:** Female

**Date of Death:** 02/12/2015  
**Initial Date OCFS Notified:** 07/26/2016

## Presenting Information

During the summer of 2015, the subject child, then roughly six-months-old, passed away in the care of the father. The subject child showed signs of being shaken and signs of being smothered. The father regularly drinks to intoxication and becomes violent. It was unknown if the mother was aware that the father was intoxicated while caring for the subject child. The mother has a history of drug abuse. The mother abuses cocaine and marijuana while acting as the sole caregiver of the unknown four-year-old child. The role of the parent substitute is unknown. The mother was in the hospital about to give birth to another baby (parent substitute is the father) and had tested positive for marijuana once and cocaine once prior to birth. The mother was reporting that the subject child showed signs of shaken baby syndrome and smothering and that the father had been arrested and charges were pending.

## Executive Summary

This case involves a four-month-old child originally from Niagara County. The father took the baby from Niagara and left the mother in about December of 2014, moving to his ex-girlfriend's mother's home in Allegany County whom he considers "foster" parents of a sort because of his past involvement with their daughter.

On 2/8/15 between 2:30 and 3:00am the father claimed he was feeding the child and child "bumped" her nose on his chin causing a small nosebleed. Very little blood found to substantiate that claim upon medical examination. The father claimed he then moved the baby to a "bassinette" which was more of a jumper seat and not appropriate for sleep. The father claimed he then noticed the child was unresponsive and awakened the "foster" parents. The "foster" mother conducted CPR and paramedics were called.

The child was taken to Jones Memorial Hospital, stabilized and then transferred to Strong Memorial Hospital in Rochester, NY. The child was maintained on life support until life support was discontinued on 2/12/15, at which time the child expired.

A skeletal survey conducted on the child after death showed old healing rib fractures from some time after the child's birth to seven days prior to the incident. No explanation was found for these injuries. The child was a C-section birth with no complications noted in the record, but mother was rumored to be a heavy drinker. There were suspicions regarding father's use of alcohol as well during investigation as a vodka bottle was found in the father's room following the child's death. Neither of the "foster" parents with whom the father resided for two months observed the father to be abusing anything, but the mother claimed father used marijuana and other drugs.

Safe sleep was discussed with the father as little as three days prior to the event (2/5/15) by Allegany County Department of Social Services (ACDSS) when a courtesy home visit was conducted by ACDSS at the request of Niagara County Department of Social Services (as mother was open on a CPS case in Niagara County at the time of the child's death).

In July 2016, the subject child's mother gave birth to another child with a positive toxicology for marijuana in



Niagara County. The mother disclosed at that time that the subject child’s father had shaken and smothered the subject child and that the father regularly drank to the point of intoxication while caring for the child, initiating a second investigation. Based on the findings of this investigation, the mother and biological father of the newborn infant did not have adequate resources to care for the children, were violent with one another, and abused drugs resulting in the surviving four-year-old and newborn’s placement in foster care. The mother, biological father of the subject child, and family members residing in the household at the time of the subject child’s death were interviewed again by NCDSS and ACDSS. One unrelated home member disclosed possible sexual abuse of the subject child by the father, triggering another subsequent investigation into that allegation by NCDSS.

Autopsy results are Cause and Manner of Death: Undetermined.

**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

**Was the decision to close the case appropriate?** N/A

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

**Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

**Explain:**

The July 2016 investigation revealed that the SM and BF of the newborn infant did not have adequate resources to care for the children, were violent with one another, and abused drugs resulting in the surviving four-year-old and newborn’s placement in foster care. Foster care services continue. The SM and SF were substantiated for the SC's fatality in 2015 based on circumstances and old injuries.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**



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## Incident Information

**Date of Death:** 02/12/2015

**Time of Death:** Unknown

**Date of fatal incident, if different than date of death:** 02/08/2015

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

**County where fatality incident occurred:**

ALLEGANY

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

03:00 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:** Unknown if they were impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

## Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Other Child	No Role	Male	5 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	50 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	44 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	34 Year(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	26 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	0 Day(s)
Other Household 1	Sibling	Alleged Victim	Male	4 Year(s)

## LDSS Response



The Niagara County Department of Social Services (NCDSS) initiated the fatality investigation immediately and made appropriate initial contacts with the mother at the hospital to assess the child of the newborn surviving half-sibling. NCDSS made appropriate arrangements with the mother to plan for the both of the surviving half-sibling's safety. NCDSS arranged with the Allegany County Department of Social Services (ACDSS) for interview of the unrelated home members with whom the father was residing at the time of the fatal event leading to the child's demise. They also arranged with the Erie County Department of Social Services (ECDSS) for interview of the subject child's aunt with whom the father and subject child stayed briefly in between leaving the mother and arriving at the unrelated home members' home in Allegany County.

Throughout the investigation, Niagara County Department of Social Service's involvement with the family was consistent and diligent efforts were made to connect the mother and father of the newborn surviving half-sibling with appropriate resources. Safety and risk assessments were completed appropriately and the Department made appropriate contacts with law enforcement, medical providers, family members, and the older surviving thirteen and four-year-old half-siblings' fathers to complete the investigation. Criminal charges were not filed and law enforcement, while contacted for information regarding their previous findings, refused to re-interview or re-investigate the circumstances of the subject child's death. Neglect proceedings were initiated against the mother and father of the newborn surviving half-sibling based inadequate shelter and care circumstances, domestic violence between the couple, and a history of substance and alcohol use on the parts of both including positive toxicology of the newborn surviving half-sibling at the time of the child's birth on July 26, 2016. Both surviving half siblings in the care of the mother at the time of this investigation were subsequently placed in foster care. NCDSS appropriately followed up with the mother and father of the newborn surviving half-siblings mental health and substance use providers and also provided supervised visitation for the mother and father of the newborn child consistently to ensure that bonding with the family was sustained. Visitation was also appropriately arranged with the mother and the surviving four-year-old half-sibling.

The CPS report of July 26, 2016 was determined on October 28, 2016. The allegations of DOA/Fatality, , Choking/Twisting/Shaking, Fractures, Malnutrition Failure to Thrive, and Internal Injuries were substantiated against the mother and the father of the subject child. Allegations of Parent's Drug and Alcohol Misuse, Inadequate Guardianship, and Inadequate Food/Clothing/Shelter were also substantiated against the mother and father of the newborn surviving half-sibling based on the circumstances of the couple at the time of the birth of the newborn on July 26, 2016.

The autopsy performed on by the Monroe County Medical Examiner's Office determined the Cause and the Manner of Death to be Undetermined.

### 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

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No

**Comments:** The subject child's death was reviewed by the Southern Tier CFRT following a previous investigation conducted by Allegany County Department of Social Services. Niagara County attempted to engage law enforcement unsuccessfully as the matter was investigated prior to this investigation at the time of the



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subject child's death.

## Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

**Comments:** The subject child was residing in Allegany County at the time of her death in February 2015. The Southern Tier CFRT reviewed the subject child's fatality in 2016 after the conclusion of Allegany County Department of Social Services' investigation. The Niagara CFRT did not conduct a review.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Choking / Twisting / Shaking	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Internal Injuries	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Lacerations / Bruises / Welts	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Fractures	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Malnutrition / Failure to Thrive	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Lack of Medical Care	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Choking / Twisting / Shaking	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Fractures	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Internal Injuries	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
032361 - Deceased Child, Female, 2 Mons	032366 - Mother, Female, 34 Year(s)	DOA / Fatality	Substantiated
032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Lack of Medical Care	Substantiated



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032361 - Deceased Child, Female, 2 Mons	032362 - Father, Male, 26 Year(s)	Malnutrition / Failure to Thrive	Substantiated
032370 - Sibling, Male, 4 Year(s)	032366 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
032370 - Sibling, Male, 4 Year(s)	032368 - Mother's Partner, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
032370 - Sibling, Male, 4 Year(s)	032366 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
032370 - Sibling, Male, 4 Year(s)	032366 - Mother, Female, 34 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
032370 - Sibling, Male, 4 Year(s)	032368 - Mother's Partner, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
032370 - Sibling, Male, 4 Year(s)	032368 - Mother's Partner, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
032371 - Sibling, Male, 0 Day(s)	032368 - Mother's Partner, Male, 26 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
032371 - Sibling, Male, 0 Day(s)	032366 - Mother, Female, 34 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
032371 - Sibling, Male, 0 Day(s)	032366 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
032371 - Sibling, Male, 0 Day(s)	032366 - Mother, Female, 34 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
032371 - Sibling, Male, 0 Day(s)	032368 - Mother's Partner, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
032371 - Sibling, Male, 0 Day(s)	032368 - Mother's Partner, Male, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

### CPS Fatality Casework/Investigative Activities

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



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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:**

A death scene investigation was performed following the subject child's death in February 2015 during a previous fatality investigation.

**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"/>

**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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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petition in Family Court at any time during or after the investigation?				
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 or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Explain as necessary:

Based on the findings of this investigation, the mother and biological father of the newborn infant did not have adequate resources to care for the children, were violent with one another, and abused drugs resulting in the surviving four-year-old and newborn's placement in foster care.

## 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 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"/>				
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Foster care	<input checked="" type="checkbox"/>	<input 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"/>



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Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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 checked="" type="checkbox"/>	<input 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:**  
 Services were not required at the time of the fatality investigation that took place in February, 2015. Mother and mother's partner's circumstances related to drug/alcohol misuse, domestic violence, and inadequate food/shelter resulted in foster care placement needs for the newborn infant and surviving four-year-old sibling in July, 2016 upon commencement of a subsequent investigation.

**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:**  
 The family was offered appropriate mental health and substance abuse services. Foster care services were provided to the surviving siblings.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 Services provided during this investigation were in relation to the birth of the subject child's half-sibling. No additional services were required or provided to the family at the time of the previous investigation's conclusion regarding the subject child's death.

## 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?** 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



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## 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)
10/07/2016	12072 - Deceased Child, Female, 3 Months	12071 - Father, Male, 27 Years	Sexual Abuse	Unfounded	No
	12072 - Deceased Child, Female, 3 Months	12071 - Father, Male, 27 Years	Inadequate Guardianship	Unfounded	

### Report Summary:

This report alleged sexual abuse against the father of the subject child regarding the subject child prior to the child's demise. It alleged that the father would put his tongue in the infant's mouth and allow the infant to suck his tongue for sexual gratification. The subject child's mother had no role in this report.

**Determination:** Unfounded

**Date of Determination:** 11/04/2016

### Basis for Determination:

No evidence could be found to support the allegation. The SC's father denied the allegation. The surviving siblings belonging to the SC's mother were continuing in foster care at the time of this report and had no contact with the SC's father. The SC's father and mother were both interviewed. The mother had no information regarding the allegations and the father, while admitting to doing "joking things" like licking the baby's face, denied any actions for sexual gratification.

### OCFS Review Results:

ACDSS spoke with the female unrelated home member with whom the SC's father had resided prior to the death of SC. NCDSS interviewed the father surrounding these allegations. ACDSS attempted to engage law enforcement, but as the child was deceased the state police refused involvement in this investigation. Both the SC's father and mother were interviewed regarding the allegations, but provided no admissions that this behavior had been for sexual gratification.

**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)
09/23/2016	12062 - Sibling, Male, 4 Years	12061 - Foster Parent, Male, 58 Years	Inadequate Guardianship	Unfounded	No

### Report Summary:



# NYS Office of Children and Family Services - Child Fatality Report

This report alleged that the surviving half-sibling, in foster care at this time related to the reports of July 2016 regarding the subject child's death and birth of the newborn infant, was hit by the foster father on the calf/ankle area with a belt.

**Determination:** Unfounded

**Date of Determination:** 11/15/2016

**Basis for Determination:**

The allegations of IG against the foster father were unsubstantiated with no evidence of the surviving half-sibling being physically disciplined. No evidence was found that the surviving half-sibling was struck by either a belt or the foster father's hand.

**OCFS Review Results:**

Erie County Department of Social Services, at the request of NCDSS, appropriately interviewed all members named in the report. They made visits to the residence to assess the safety and environment of both the four-year-old and newborn surviving siblings. Appropriate collateral contacts were made with the children's medical providers and the parents were contacted and interviewed during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/01/2016	12048 - Sibling, Male, 3 Years	12047 - Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Indicated	No
	12048 - Sibling, Male, 3 Years	12047 - Mother's Partner, Male, 25 Years	Inadequate Food / Clothing / Shelter	Indicated	
	12048 - Sibling, Male, 3 Years	12047 - Mother's Partner, Male, 25 Years	Inadequate Guardianship	Indicated	
	12048 - Sibling, Male, 3 Years	12046 - Mother, Female, 34 Years	Inadequate Food / Clothing / Shelter	Indicated	
	12048 - Sibling, Male, 3 Years	12046 - Mother, Female, 34 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

The report alleged that the subject child's mother was abusing marijuana and alcohol to the point of impairment while visiting with the surviving half-sibling during visitation, as the sibling was continuing to reside with alternate relative caregivers. It alleged that she had a history of substance abuse and combative behavior and also that her new partner, the father of the infant born in July 2016, had locked the mother and surviving half-sibling in their residence, refusing to allow them to leave. It also alleged the home was deplorable, posing a healthy and safety hazard to the surviving half-sibling.

**Determination:** Indicated

**Date of Determination:** 05/09/2016

**Basis for Determination:**

The surviving half-sibling was present when the mother was and her paramour fought. The mother and surviving half-sibling were also closed in a room by the paramour, prohibiting egress. The father of the infant denied locking them in the house, but the home lacked an interior door handle which would provide egress as needed. The home was found to be deplorable during investigation and inappropriate for the child. Mother also admitted to alcohol and marijuana use while pregnant at that time. The child continued to reside in the alternate relative caregiver home.

**OCFS Review Results:**

NCDSS made visits to the home of the surviving half-sibling to assess his safety and speak with the alternate caregiver with whom he had been residing for the past year. NCDSS appropriately contacted collaterals such as the child's pediatrician and mother's substance use providers for information and ensure that the child was up to date with immunization. NCDSS spoke with both mother and mother's paramour, both who admitted to drug use in the presence of



# NYS Office of Children and Family Services - Child Fatality Report

the surviving half-sibling. The mother was further pregnant with another child at the time of her admission to marijuana use. NCDSS appropriately made sure that the surviving half-sibling remained in the care of the alternate caregiver.

**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)
08/18/2015	12044 - Sibling, Male, 4 Years	12043 - Father, Male, 26 Years	Inadequate Guardianship	Unfounded	No
	12044 - Sibling, Male, 4 Years	12041 - Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	12044 - Sibling, Male, 4 Years	12041 - Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	12044 - Sibling, Male, 4 Years	12043 - Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

This report alleged that the mother and father of the subject child were getting high on marijuana and drinking alcohol to the point of intoxication while caring for the surviving half-sibling. It also alleged that the SC's father was violent with the surviving half-sibling.

**Determination:** Unfounded

**Date of Determination:** 10/21/2015

**Basis for Determination:**

The surviving half-sibling was found to be in the care of a family friend as had been previously arranged during the February, 2015 CPS involvement surrounding the SC's death and injuries. No evidence was found that either the mother or the SC's father had been intoxicated or under the influence of drugs while caring for the child.

**OCFS Review Results:**

NCDSS appropriately made home visits to the residence and assessed the safety of the child, who was residing with an alternate caregiver, during these visits. They also visited with the mother and father at their separate residences who denied having any regular contact with one another. NCDSS contacted the child's pediatrician and conveyed to the caregiver during this investigation that he was due for immunization, which the caregiver advised would be addressed.

**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)
02/12/2015	11953 - Deceased Child, Female, 3 Months	11951 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated	No
	11953 - Deceased Child, Female, 3 Months	11951 - Mother, Female, 32 Years	Fractures	Indicated	
	11953 - Deceased Child, Female, 3 Months	11952 - Father, Male, 25 Years	Fractures	Indicated	
	11953 - Deceased Child, Female, 3 Months	11951 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	11954 - Sibling, Male, 3 Years	11951 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	11954 - Sibling, Male, 3 Years	11951 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated	



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**Report Summary:**

This report alleged that the SC was discovered unresponsive and, after being taken to the hospital, placed on a ventilator. Old healing rib fractures were found on the child on this date. The report further alleged the mother of the SC to be a binge drinker, often drinking to impairment while caring for the SC and surviving half-sibling and that the mother would disappear for a day or two at a time, not caring for the children during those periods.

**Determination:** Indicated

**Date of Determination:** 04/10/2016

**Basis for Determination:**

Old healing rib fractures were found to be more than 7 days old and not related to CPR efforts or childbirth by the hospital. These injuries were identified to be non-accidental trauma by hospital physicians. Further, the mother admitted to binge drinking and mental health issues making her unable to meet the needs of the surviving half-sibling and resulting in Allegany County DSS's decision to substantiate the mother for F, IG, and PD/AM. The father was substantiated for F as both parents had access to the child and both lacked a plausible explanation for the injuries.

**OCFS Review Results:**

NCDSS appropriately made visits to the home to assess the safety of the children residing in the home of the surviving half-sibling. They coordinated the investigation appropriately with medical providers to gather supporting documentation for the basis of their determination. All home members residing in the home of the father and subject child were interviewed regarding the father's care of the child and NCDSS coordinated their investigation appropriately with ACDSS in conjunction with concurrent investigations taking place related to the fatal event. NCDSS assisted the mother in creating an alternate plan for the surviving half-sibling to assure his safety.

**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)
02/12/2015	11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	DOA / Fatality	Indicated	No
	11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Choking / Twisting / Shaking	Indicated	
	11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated	
	11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Lack of Medical Care	Indicated	
	11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Choking / Twisting / Shaking	Indicated	
	11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Lack of Medical Care	Indicated	
	11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Lacerations / Bruises / Welts	Indicated	
	11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Internal Injuries	Indicated	
	11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated	
	11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Fractures	Indicated	
	11992 - Deceased Child,	11991 - Father, Male,	Inadequate	Indicated	



# NYS Office of Children and Family Services - Child Fatality Report

Female, 3 Months	25 Years	Guardianship	
11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Indicated
11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Fractures	Indicated
11992 - Deceased Child, Female, 3 Months	11955 - Mother, Female, 32 Years	Malnutrition / Failure to Thrive	Indicated
11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	DOA / Fatality	Indicated
11992 - Deceased Child, Female, 3 Months	11991 - Father, Male, 25 Years	Malnutrition / Failure to Thrive	Indicated

**Report Summary:**

This report alleged that the subject child's father had put pillows near the SC, resulting in the child being discovered unresponsive and, after being taken to the hospital, placed on a ventilator. The child was taken off the ventilator on this date and died. Old healing rib fractures were also found on the child on this date.

**Determination:** Indicated

**Date of Determination:** 03/30/2015

**Basis for Determination:**

Old healing rib fractures were found to be more than 7 days old and not related to CPR efforts or childbirth by the hospital. These injuries were identified to be non-accidental trauma by hospital physicians. Both parents had access to the child during the time period the injuries occurred and both lacked a plausible explanation for the injuries, resulting in Allegany County DSS's decision to substantiate the mother and father for DOA/Fatality, FX, C/T/S, II, IG, LMC, M/FTTH, and PD/AM. The SC's mother was also substantiated similarly based on NCDSS information/history and her prior contact with the SC.

**OCFS Review Results:**

ACDSS appropriately made visits to the home to assess the safety of the children residing in the home and to assess the scene of the incident. They coordinated investigation appropriately with state law enforcement and contacted medical providers accordingly to gather supporting documentation for the basis of their determination. All home members residing in the home of the father and subject child were interviewed regarding the father's care of the child and ACDSS coordinated their investigation appropriately with NCDSS to assess the safety of the surviving half-sibling as the mother and surviving half-sibling resided in their county.

**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)
02/08/2015	11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Choking / Twisting / Shaking	Indicated	No
	11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Inadequate Guardianship	Indicated	
	11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Lacerations / Bruises / Welts	Indicated	
	11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Lack of Medical Care	Indicated	
	11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Malnutrition / Failure to Thrive	Indicated	

11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Choking / Twisting / Shaking	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Fractures	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Malnutrition / Failure to Thrive	Indicated
11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Fractures	Indicated
11935 - Deceased Child, Female, 3 Months	11934 - Father, Male, 25 Years	Internal Injuries	Indicated
11935 - Deceased Child, Female, 3 Months	11936 - Mother, Female, 32 Years	Lack of Medical Care	Indicated

**Report Summary:**

This report alleged that the subject child's father had engaged in co-sleeping with the child, resulting in the child being discovered unresponsive and, after being taken to the hospital, placed on a ventilator and diagnosed with a severe brain injury.

**Determination:** Indicated

**Date of Determination:** 03/24/2015

**Basis for Determination:**

The father admitted to falling asleep with the SC after having been educated days prior about the dangers of unsafe sleep. The SC was suspected of being malnourished based on photographs of the child taken at the time of the father's move to Allegany County and consultation with the subject child's pediatrician. During the investigation, old healing rib fractures were found on the child as well as an empty vodka bottle in the father's room resulting in Allegany County DSS's decision to substantiate the father for FX, C/T/S, II, IG, L/B/W, LMC, M/FTTH, and PD/AM. The SC's mother was also substantiated similarly based on NCDSS information/history and her prior contact with the SC.

**OCFS Review Results:**

ACDSS appropriately made visits to the home to assess the safety of the children residing in the home and to assess the scene of the incident. They coordinated the investigation appropriately with state law enforcement and contacted medical providers accordingly to gather supporting documentation for the basis of their determination. All home members residing in the home of the father and subject child were interviewed regarding the father's care of the child and ACDSS coordinated their investigation appropriately with NCDSS to assess the safety of the surviving half-sibling as the mother and surviving half-sibling resided in their county.

**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)
02/08/2015	11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Choking / Twisting / Shaking	Indicated	No
	11940 - Deceased Child,	11942 - Mother,	Fractures	Indicated	

Female, 3 Months	Female, 32 Years		
11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Lacerations / Bruises / Welts	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Inadequate Guardianship	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Malnutrition / Failure to Thrive	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Choking / Twisting / Shaking	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Fractures	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Lacerations / Bruises / Welts	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Indicated
11940 - Deceased Child, Female, 3 Months	11937 - Father, Male, 25 Years	Internal Injuries	Indicated
11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Malnutrition / Failure to Thrive	Indicated
11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Indicated
11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Inadequate Guardianship	Indicated
11940 - Deceased Child, Female, 3 Months	11942 - Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Indicated

**Report Summary:**

This report alleged that the subject child's father had engaged in co-sleeping with the child, resulting in the child being discovered unresponsive and, after being taken to the hospital, placed on a ventilator and diagnosed with a severe brain injury.

**Determination:** Indicated

**Date of Determination:** 03/24/2015

**Basis for Determination:**

The father admitted to falling asleep with the SC after having been educated days prior about the dangers of unsafe sleep. The SC was suspected of being malnourished based on photographs of the child taken at the time of the father's move to Allegany County and consultation with the subject child's pediatrician. During the investigation, old healing rib fractures were found on the child as well as an empty vodka bottle in the father's room resulting in Allegany County DSS's decision to substantiate the father for FX, C/T/S, II, IG, L/B/W, LMC, M/FTTH, and PD/AM. The SC's mother was also substantiated similarly based on NCDSS information/history and her prior contact with the SC.

**OCFS Review Results:**

ACDSS appropriately made visits to the home to assess the safety of the children residing in the home and to assess the scene of the incident. They coordinated the investigation appropriately with state law enforcement and contacted medical providers accordingly to gather supporting documentation for the basis of their determination. All home members residing in the home of the father and subject child were interviewed regarding the father's care of the child and ACDSS coordinated their investigation appropriately with NCDSS to assess the safety of the surviving half-sibling as the mother and surviving half-sibling resided in their county.



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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)
01/26/2015	11929 - Other Child - Cousin, Female, 3 Years	11924 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	No
	11930 - Other Child - cousin, Female, 6 Years	11924 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	11925 - Sibling, Male, 2 Years	11926 - Aunt/Uncle, Male, 24 Years	Lack of Supervision	Unfounded	
	11928 - Other Child - Cousin, Female, 4 Years	11926 - Aunt/Uncle, Male, 24 Years	Lack of Supervision	Unfounded	
	11929 - Other Child - Cousin, Female, 3 Years	11926 - Aunt/Uncle, Male, 24 Years	Lack of Supervision	Unfounded	
	11930 - Other Child - cousin, Female, 6 Years	11926 - Aunt/Uncle, Male, 24 Years	Lack of Supervision	Unfounded	
	11925 - Sibling, Male, 2 Years	11927 - Aunt/Uncle, Male, 25 Years	Lack of Supervision	Unfounded	
	11929 - Other Child - Cousin, Female, 3 Years	11927 - Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Unfounded	
	11925 - Sibling, Male, 2 Years	11927 - Aunt/Uncle, Male, 25 Years	Burns / Scalding	Unfounded	
	11925 - Sibling, Male, 2 Years	11926 - Aunt/Uncle, Male, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	11930 - Other Child - cousin, Female, 6 Years	11926 - Aunt/Uncle, Male, 24 Years	Lacerations / Bruises / Welts	Unfounded	
	11930 - Other Child - cousin, Female, 6 Years	11927 - Aunt/Uncle, Male, 25 Years	Lacerations / Bruises / Welts	Unfounded	
	11928 - Other Child - Cousin, Female, 4 Years	11924 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	
	11925 - Sibling, Male, 2 Years	11926 - Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unfounded	
	11928 - Other Child - Cousin, Female, 4 Years	11926 - Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unfounded	
	11929 - Other Child - Cousin, Female, 3 Years	11926 - Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unfounded	
	11930 - Other Child - cousin, Female, 6 Years	11926 - Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unfounded	
	11925 - Sibling, Male, 2 Years	11927 - Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Unfounded	
	11928 - Other Child - Cousin, Female, 4 Years	11927 - Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Unfounded	
	11928 - Other Child - Cousin, Female, 4 Years	11927 - Aunt/Uncle, Male, 25 Years	Lack of Supervision	Unfounded	



# NYS Office of Children and Family Services - Child Fatality Report

11929 - Other Child - Cousin, Female, 3 Years	11927 - Aunt/Uncle, Male, 25 Years	Lack of Supervision	Unfounded
11930 - Other Child - cousin, Female, 6 Years	11927 - Aunt/Uncle, Male, 25 Years	Inadequate Guardianship	Unfounded
11930 - Other Child - cousin, Female, 6 Years	11927 - Aunt/Uncle, Male, 25 Years	Lack of Supervision	Unfounded
11925 - Sibling, Male, 2 Years	11926 - Aunt/Uncle, Male, 24 Years	Burns / Scalding	Unfounded
11925 - Sibling, Male, 2 Years	11927 - Aunt/Uncle, Male, 25 Years	Lacerations / Bruises / Welts	Unfounded
11925 - Sibling, Male, 2 Years	11924 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

It was alleged that the subject child's mother, while living with relatives, was leaving the surviving half-sibling (SHS) in the care of the relatives who were abusing prescription pain medications to the point of impairment. It also alleged that the male relative in the home was violent and had smashed a glass and that pieces of the glass had hit the SHS. It also alleged that the female relative in the home had sexually abused the SHS by touching his penis and inserting her finger in his rectum. The report alleged the subject child's mother was aware that the relatives were inappropriate caregivers, but continued to allow them to supervise the SHS.

**Determination:** Unfounded**Date of Determination:** 03/13/2015**Basis for Determination:**

Visits to the residence found no supervision issues. The children had no marks or bruises at the time of investigation and no inappropriate discipline of the child was noted. The home was always observed to meet minimal standards of care and no safety issues were identified during investigation.

**OCFS Review Results:**

NCDSS appropriately made home visits to the residence and assessed the safety of all children residing in the household. NCDSS contacted medical providers and school personnel appropriately to corroborate their determination.

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

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

A report in May of 2011 was received in Allegany County regarding the female unrelated home member (FUHM) residing in the household alleging CD/A and IG regarding a teen-age family member residing with her at that time and IG and PD/AM regarding her two-year-old child. The report alleged that the FUHM was under the influence of narcotic pain killers rendering her unable to provide appropriate care to the two-year-old and that she was allowing the teen-age family member to use the pain killers as well. The report was unfounded after investigation and the teen-age family member was moved to another family member's home.

Five reports were received between 4/2012 and 4/2013 involving the subject child's mother as a subject of a report. The reports alleged IG, PD/AM, LS, LMC, SA, IF/C/S and L/B/W. Of these reports, one was a FAR case and involved the father of the surviving half-sibling as well as the mother involving allegations of IG and PD/AM. One named the subject child's with allegations of IG, SA, L/B/W and PD/AM. The SA allegations regarded mother's involvement with the subject child's father as he was incorrectly identified as 16 years old at the time the report was made. The reports often alleged



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parent's drug and alcohol misuse and selling marijuana from the home and inappropriate discipline. Of the four traditional CPS cases investigated, all were unfounded.

### Known CPS History Outside of NYS

none

### 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.

### Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<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

Based on the findings of this investigation, the mother and biological father of the newborn infant did not have adequate resources to care for the children, were violent with one another, and abused drugs resulting in the surviving four-year-old and newborn's placement in foster care upon the birth of the child in July, 2016. Services continue to be provided to the mother, infant surviving sibling, infant's father, and four-year-old surviving sibling through this foster care case.



**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