



**Report Identification Number: RO-15-034**

**Prepared by: Rochester Regional Office**

**Issue Date: 5/19/2016**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** Chemung  
**Gender:** Female

**Date of Death:** 11/13/2015  
**Initial Date OCFS Notified:** 11/13/2015

## Presenting Information

On 11/13/15, Chemung County Department of Social Services (CCDSS) received an initial report from the State Central Register (SCR) regarding the family of the subject child (SC). The report alleged that the maternal grandmother (MGM) placed the SC face down on a bed covered with multiple blankets and left her unattended there for about five hours. The MGM checked on the child and found her unresponsive around 1:30 PM and then called 911. Emergency Medical Services (EMS) responded to the home and transported the SC to the hospital, where she was pronounced dead around 2:00 PM. The MGM's actions had a fatal impact on the SC. The BM, BF and surviving siblings were all listed with no role.

## Executive Summary

This fatality report concerns the death of a 2 1/2-month-old female that occurred on 11/13/15. CCDSS received an initial SCR report in regards to the SC on the same date with allegations of Dead on Arrival/Fatality (DOA) and Inadequate Guardianship (IG). The MGM was listed as the subject and the BM, BF, and surviving siblings were all listed with no role.

CCDSS initiated the investigation timely and conducted a joint investigation with Law Enforcement (LE). CCDSS completed adequate safety/risk assessments and implemented appropriate safety plans when needed. CCDSS conducted a very comprehensive investigation and assessment of service needs. In addition, CCDSS referred the family to appropriate community services to address the identified needs in an effort to minimize risk factors.

CCDSS determined that the MGM failed to provide a minimal degree of care as she placed the SC to sleep in an unsafe sleeping environment on an adult bed, face down, with pillows and several blankets. As a result, the physical sleeping space and the position the SC was placed in were unsafe. CCDSS also determined that the MGM's failure to provide a minimum degree of care caused the death of the SC. As a result, the report was indicated against the MGM.

There are no corrective actions needed.

## 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:



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- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

**Explain:**

n/a

**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:**

As noted above.

## 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:** 11/13/2015

**Time of Death:**

**Time of fatal incident, if different than time of death:** 01:31 PM

**County where fatality incident occurred:** CHEMUNG

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

**Time of Call:** 01:31 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

**Is the caretaker listed in the Household Composition?** No

**At time of incident supervisor was:**

- Drug Impaired
- Absent



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- Alcohol Impaired
- Distracted
- Impaired by disability
- Asleep
- Impaired by illness
- Other:

**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	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Male	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	11 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	55 Year(s)

## LDSS Response

On 11/13/15 CCDSS conducted a collateral contact with law enforcement. As per LE, the SC was in the care of the MGM at the time of the death. CCDSS responded to the MGM's home, the hospital, and to the local detective bureau to gather information and interview the family members.

It was determined that the BM was admitted to the hospital on 11/12/15. All three children were left in the care of the MGM and her husband. The parent's reported that they instructed the MGM to place the SC to sleep in the bassinet on her back. At 6pm the children ate dinner. At 7 PM the 7-year-old surviving sibling (y.o. SS) went to sleep about 7:30 PM and the 11y.o. SS went to bed at 8 PM. The MGM fed the SC at 7:30 PM. The BF arrived at the home at 8:30 pm. He observed the SC alert and alive. He stayed for 10-15 minutes and then went to the hospital. The MGM reported that during bedtime, she placed the SC inside the bassinet. The SC was unable to settle down, so she removed the SC from the bassinet and placed the SC in the bed on her stomach between the MGM and her husband. On 11/13/15 the MGM fed the SC at 3:30 AM and the SC went back to sleep in the same position. The MGM's husband woke up at 6 AM and left for work. The 11y.o. SS left the home at 7:20 AM and the 7 y.o. SS left at 7:40 AM for school. At 7:45 AM the MGM fed and changed the SC's diaper. At 9:45 AM, the MGM fed the SC again and put her down for a nap. The MGM, placed the SC on a full size bed, face down with several pillows and a heavy comforter. While the SC slept, the MGM cleaned the home and checked on the SC by opening the door to the bedroom that she slept in. She stated that she never walked in the bedroom or up to the bed as she did not want to wake the SC. At 1:30 P.M. the MGM found the SC unresponsive. She stated that she picked the SC up and she felt cold. At 1:31 PM the MGM called 911 for assistance and was instructed to initiate CPR.

On 11/13/15, CCDSS conducted a collateral contact with EMS. EMS arrived at the home at 1:34 PM. EMS reported that upon arriving to the scene, the MGM was performing CPR on the SC. The SC's color was pale and she was cool to the touch. EMS initiated chest compressions. During the compressions, EMS had to remove vomit from the SC's airway. The SC was treated for cardiac arrest and lack of a pulse. The SC was transported to a local hospital and was pronounced dead at 2:23 PM. EMS did not observe any signs of trauma to the SC.



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Between 11/16/15 and 12/8/15, CCDSS conducted several investigative activities to assure the safety and well-being of all family members. On 12/8/15, CCDSS conducted a collateral contact with the Chemung County Coroner's Office. As per the Coroner's office the final autopsy report was pending. Between 12/10/15 and 1/11/16, CCDSS conducted home visits and collateral contacts with law enforcement, mental health and medical providers for all family members.

On 1/12/16 and 1/13/16, CCDSS conducted a collateral contact with the Monroe County Medical Examiner's Office. As per the ME, all toxicology screens and cultures were negative. In addition, the body of the SC was unremarkable, without any evidence of trauma. The ME stated that although the SC's death appears to be accidental and not inflicted; the determination for the death could be undetermined but would most likely be positional asphyxiation based on photographs of the scene which indicate that the SC was placed in an unsafe sleeping environment. In addition, the MGM admitted to placing the SC face down.

On 01/13/16, CCDSS conducted a collateral contact with an RN from the Chemung County Health Dept. As per the RN, placing the SC face down with pillows and blankets could increase the risk of SIDS/positional asphyxiation. On 01/14/16, LE reported that the criminal investigation would remain open pending the results of the final autopsy report.

CCDSS indicated and closed the report on 3/30/16. To date, the final autopsy report has not been issued.

## Official Manner and Cause of Death

**Official Manner:** Pending

**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)?**Yes

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028101 - Deceased Child, , 2 Mons	028108 - Grandparent, Female, 55 Year(s)	Inadequate Guardianship	Substantiated
028101 - Deceased Child, , 2 Mons	028108 - Grandparent, Female, 55 Year(s)	DOA / Fatality	Substantiated

## CPS Fatality Casework/Investigative Activities

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to</b>
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				<b>Determine</b>
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"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fatality Safety Assessment Activities

	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Unable to Determine</b>
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<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 type="checkbox"/>	<input checked="" 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



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	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 or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving 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: 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input 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 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"/>

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:  
All family members referred to trauma/loss services.

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

Explain:  
All family members referred to trauma/loss services.

**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:



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- 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)
06/24/2014	9118 - Sibling, Female, 6 Years	9115 - Mother, Female, 32 Years	Inadequate Guardianship	Unfounded	No
	9118 - Sibling, Female, 6 Years	9119 - Father, Male, 31 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 06/24/14, CCDSS received a court ordered investigation (1034) as per CCDSS family court. The investigation was ordered due to a pending custody proceeding between the BM and the BF of the 7-year-old surviving sibling.

**Determination:** Unfounded

**Date of Determination:** 07/22/2014

**Basis for Determination:**

On 07/22/14, CCDSS unfounded the investigation noting that there was not credible evidence of maltreatment to the 7-year-old surviving sibling by either parent. CCDSS did recommend co-parenting, anger-management for the BF, and mental health counseling for the BM and 7-year-old surviving sibling.

**OCFS Review Results:**

CCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and gathered sufficient information to make determinations for the 1034 report. The decision to unfound the report was appropriate.

**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)
11/22/2013	9113 - Sibling, Male, 9 Years	9112 - Mother's Partner, Male, 30 Years	Inadequate Guardianship	Indicated	No
	9113 - Sibling, Male, 9 Years	9111 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated	
	9113 - Sibling, Male, 9 Years	9112 - Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated	
	9114 - Sibling, Female, 5 Years	9112 - Mother's Partner, Male, 30 Years	Inadequate Guardianship	Indicated	
	9114 - Sibling, Female, 5 Years	9112 - Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Indicated	



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9113 - Sibling, Male, 9 Years	9111 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated
9114 - Sibling, Female, 5 Years	9111 - Mother, Female, 31 Years	Inadequate Guardianship	Indicated
9114 - Sibling, Female, 5 Years	9111 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Indicated

**Report Summary:**

On 11/22/13, CCDSS received a report from the SCR involving the family. The allegations listed were IG and PDAM. The subjects were the BM and BF of the SC. The two surviving siblings were listed as maltreated children. The report alleged that the father of the SC became intoxicated and engaged in a verbal dispute with the BM and a physical altercation with the MGF in the presence of both children. The report further alleged that BM became upset and threatened to harm herself, as a result she was admitted to the hospital for a psychiatric evaluation. The father of the SC was arrested for assaulting the MGF.

**Determination:** Indicated

**Date of Determination:** 02/26/2014

**Basis for Determination:**

CCDSS determined that there was credible evidence to substantiate both allegations against the father of the SC. The father of the SC admitted to becoming intoxicated and engaging in a physical altercation with the MGF in the presence of the children. CCDSS gathered evidence to support the fact that as a result, the father of the SC was arrested. The BM was not present during the incident.

**OCFS Review Results:**

CCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and gathered sufficient information to make determinations for all allegations. The decision to indicate the report was appropriate. CCDSS complied with all CPS regulations.

**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)
08/11/2014	9124 - Sibling, Female, 6 Years	9120 - Father, Male, 31 Years	Sexual Abuse	Unfounded	No
	9124 - Sibling, Female, 6 Years	9120 - Father, Male, 31 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

On 08/11/2014 CCDSS received a report from the SCR listing the BF of the 7-year-old surviving sibling as the subject. The 7-year-old surviving sibling was listed as the maltreated child. The allegations were IG and SAB. According to the report, the BF was aware that the 7 y.o. SS had been sexually abused by a 10 y.o. cousin and allowed it to happen on several occasion. On once occasion, he encouraged the children to kiss and recorded it.

**Determination:** Unfounded

**Date of Determination:** 08/29/2014

**Basis for Determination:**

CCDSS did not find any credible evidence to substantiate the allegations. CCDSS determined that the sex abuse allegations had been previously reported and investigated by LE in May of 2014. As a result, there was a pending charge of Sexual abuse 3rd against the cousin. CCDSS further determined that the parents were involved in a custody dispute and that the mother filed a petition requesting further investigation as she did not believe that the father was taking the sex abuse allegation serious. Both children were referred to medical and mental health professionals for further treatment.

**OCFS Review Results:**



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CCDSS conducted adequate assessments of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, implemented appropriate safety plans when needed, and gathered sufficient information to make determinations for all allegations . The decision to unfound the report was appropriate.CCDSS complied with all CPS regulations.

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

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

On 09/12/2011, CCDSS received a report from the SCR regarding the family. The BM was listed as the subject and the two surviving siblings were listed as maltreated. The allegations listed was Inadeqaute Guardianship. CCDSS unfounded and closed the report on 11/21/2011

## Known CPS History Outside of NYS

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