



Report Identification Number: RO-16-022

Prepared by: New York State Office of Children & Family Services

Issue Date: Apr 19, 2017

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: 1 month(s)

Jurisdiction: Seneca
Gender: Male

Date of Death: 11/24/2016
Initial Date OCFS Notified: 11/24/2016

Presenting Information

On 11/24/16 The SCR received a report alleging that at 5:24 AM, SF and SM reported that their one-month-old infant, was not breathing and had blood on his face. EMS arrived at about 5:25 AM and found SC blue and non-responsive. EMS immediately began procedures to revive him. They were unsuccessful and continued efforts to revive him all the way to the hospital and also while at the hospital. The SC never regained consciousness and was declared dead. SF and SM last saw SC alive around midnight and that the SC slept in between them in their bed all night. They awoke that morning and found the SC not breathing. The cause of death is unknown at this time. SC appeared to be an otherwise healthy child who had no reported medical issues and there is no plausible explanation for his death. Therefore, a report was registered with the parents listed as the assigned subjects. The roles of the SS age 7, 5 and 2 are unknown.

Executive Summary

Upon receipt of the SCR report on 11/24/16, a joint investigation was conducted by SFPD (Seneca Falls Police Department) and Seneca County Department of Social Services (SCDSS). SCDSS initiated and immediate investigation that included the contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed, and it was learned the SF was on probation for an incident of domestic violence during which he assaulted his mother's boyfriend in 2014.

The investigation included exploration of potential substance abuse by the parents. SF admitted to smoking marijuana, but denied being under the influence while caring for the children. The parents had been educated about safe sleep, however, interviews with both parents revealed the 5-year-old sibling had been getting up in the night and had taken the infant from his crib. On the night the infant died, they had taken him into their bed to protect him.

The SM and SF were known to SCDSS as parents in five previous reports alleging issues of unstable housing, substance abuse and domestic violence. In each case, the family was assessed for service needs. In two of the investigations, it was determined services were not required; in the third the parents declined.

During the course of the fatality investigation, a safety plan for the siblings was developed with the family and implemented. The parents agreed to have the SS evaluated by his medical provider to address the problem of him getting up unsupervised during the night. The SS was referred to a school program that would better meet his needs. SCDSS offered services to the SM and SF, and they subsequently declined.

An autopsy was performed by the ME on 11/24/16. The preliminary results were received and the manner and cause of death are still pending. No criminal charges were filed and no arrests were made. SM and SF fully cooperated with the investigation. On 2/6/2017, the allegations of DOA/Fatality and IG against SM and SF were unfounded. SM and SF admitted to co-sleeping with SC but believed they were protecting SC from SS. SC as reported by the parents was found on his back in the bed, in between the parents and still swaddled in his blanket. On 11/28/16 SCDSS spoke to the ME Office and while the manner and cause of death were still pending there was no evidence of injury or trauma to the child. There was no credible evidence that the parents provided less than a minimal degree of care.



Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

The decision to close the case by the local district was appropriate.

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:

The cause and manner of death are still pending but there were no safety concerns at this time regarding the SS. No arrest was made.

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: 11/24/2016

Time of Death: 05:57 AM

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

County where fatality incident occurred: SENECA

Was 911 or local emergency number called? Yes

Time of Call: 05:24 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

2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

LDSS Response

On 11/24/2016, Seneca County DSS (SCDSS) received an SCR report alleging DOA/Fatality and IG against SM and SF involving one-month-old SC. Through interviews and a reenactment of the scene it was reported that on 11/24/2016 SM and SF woke up and SC was unresponsive. SM and SF both reported that SC was in bed between the SM and SF. SC was swaddled and placed on back in bed between SM and SF. While SF and SM had knowledge of safe sleep practices, SC was placed between SM and SF because in the past, SS age 5 had taken SC out of the bassinet while SM and SF were sleeping. Last time SM and SF reported seeing the SC alive was in the middle of the night. It was reported by SCPD that the room was extremely hot. SF stated the furnace had not been working correctly and in order to get the heat to turn on SF had to set the thermostat very high. SF had reported this to the landlord. When SM and SF found SC unresponsive SC was still swaddled and SC was on his back, but one arm was out. SC was still in between both parents where they had place him that night before bed. The 911 call was made at 5:24 AM by SM and EMS arrived at about 5:25 AM. First responders found SC unresponsive and began efforts to revive the SC. Efforts were continued on the way to the hospital. SC was pronounced dead at 5:57 AM by the emergency room doctor. SC was otherwise reported to be a healthy child. During investigation SCDSS contacted the source and interviewed all first responders. The SF, SM and SS were all interviewed and the home environment was observed and deemed safe. All appropriate collateral contacts were made and all SCR history was reviewed. SCDSS completed criminal background checks on SM and SF. SM and SF were questioned regarding drug and alcohol use. SM denies any drug or alcohol use. SCDSS offered domestic violence (DV) services based on information gathered during the course of SCDSS investigation. SF admitted to DV as the aggressor towards SM. SM



reported that SF has not physically harmed SM in over a year. SS were interviewed and reported they had seen SF hit SM in the past but were not afraid of SF. SCDSS interviewed SM alone and gave SM referral to DV services.

SCDSS conducted a thorough 24-hour child fatality assessment and safety assessment regarding the SS. There are three SS age 7, 5 and 2. During the assessment SM and SF came up with a plan regarding supervision of the SS especially during the night. SM and SF admitted the boys often got up in the middle of the night and they were not immediately aware. SM stated she would sleep in the living room with the SS so that SM can hear if they get up in the middle of the night. SM and SF also agreed to consult pediatrician regarding SS age 5 to talk about a possible change in medication for SS to help SS sleep through the night. SCDSS obtained appropriate releases and ascertained family members were willing to assist SM and SF as needed. The landlord fixed the furnace prior to closing this investigation. SCDSS made numerous home visits during the investigation and offered mental health and trauma services to all parties. SF and SM agreed to allow SS to be interviewed again at the Child Advocacy Center on 11/30/2016 to assess the need for possible trauma services for SS. SF and SM initially agreed to counseling. However, SM and SF changed their minds and subsequently declined counseling. SM and SF said they would seek counseling in the future if they felt they needed it.

An autopsy was performed by the Monroe County ME. The preliminary results were received and the manner and cause of death were still pending at the time of the writing of this report.

On 2/6/2017, the allegations of DOA/Fatality and IG against SM and SF were unfounded as there was no credible evidence to support the allegations. Preliminary results reported no injuries were found on SC. There was no evidence to say SC death was a result of co-sleeping.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: Seneca County does not have a Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
035461 - Deceased Child, Male, 1 Mons	035462 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated
035461 - Deceased Child, Male, 1 Mons	035463 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
035461 - Deceased Child, Male, 1 Mons	035463 - Father, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated



035461 - Deceased Child, Male, 1 Mons	035462 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
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CPS Fatality Casework/Investigative Activities

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

	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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parent/caretaker actions adequate?				
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Mental health services	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

SCDSS offered domestic violence services based on information gathered during the course of their investigation. SF admitted to domestic violence as the aggressor towards SM. However, SM reported SF has not physically harmed her in over a year. SCDSS interviewed SM alone and gave her information regarding DV Services.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
SCDSS offered services numerous times through out the investigation. At first SM and SF wanted counseling services but later refused. SM and SF stated they wanted to stop talking about it and if they felt they needed counseling in the future they would seek it on their own.

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

Explain:
SCDSS offered services but SM and SF refused services at this time.

History Prior to the Fatality

Child Information

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



Was the child acutely ill during the two weeks before death?

No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/10/2015	14299 - Sibling, Male, 6 Years	14297 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	14300 - Sibling, Male, 5 Years	14297 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	14301 - Sibling, Male, 4 Months	14297 - Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	14299 - Sibling, Male, 6 Years	14298 - Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	14300 - Sibling, Male, 5 Years	14298 - Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	14301 - Sibling, Male, 4 Months	14298 - Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

SF and SM have a history of chronic homelessness. At this time, the parents are homeless and do not have an alternate plan for the care of SS (age 6) and SS (age4), and SS (age 1).

Determination: Unfounded

Date of Determination: 07/21/2015

Basis for Determination:

There was no credible evidence to support the allegation of inadequate Food, Clothing and Shelter for the SS. Although the family was without housing, SF and SM made appropriate plan by seeking assistance from family members and Social Services. SF and SM quickly found stable housing. No other services needed at this time. Case was unfounded and closed.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the on information gathered.

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)
02/10/2014	14296 - Sibling, Male, 1 Days	14292 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	No
	14296 - Sibling, Male, 1 Days	14292 - Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

SM gave birth to SS on 2/9/2014. SM tested positive for marijuana at delivery. There was no further information available. The roles of SF and remaining SS are unknown.

Determination: Unfounded**Date of Determination:** 04/15/2014**Basis for Determination:**

SM tested positive for marijuana at the SS birth. However, the SS did not test positive for drugs. SM denies smoking anything but cigarettes and that she tested positive due to being around a friends who were smoking marijuana. Interviews were conducted with all family members, as well as collateral contacts. Several home visits were made and there was no evidence of drug use in the home. The SM did not allow drug use in the home in front of the SS. The SS basic needs were being met and the report was unfounded and closed as there was no credible evidence to support the allegations of IG and PD/AM.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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)
08/25/2013	14287 - Other Child - PGM's child, Male, 6 Years	14283 - Father, Male, 24 Years	Inadequate Guardianship	Indicated	No
	14289 - Other Child - PGM's child, Female, 4 Years	14283 - Father, Male, 24 Years	Inadequate Guardianship	Indicated	
	14290 - Sibling, Male, 4 Years	14283 - Father, Male, 24 Years	Inadequate Guardianship	Indicated	
	14291 - Sibling, Male, 5 Years	14283 - Father, Male, 24 Years	Inadequate Guardianship	Indicated	

Report Summary:

SF and SM were living with PGM at the time of this report. Also listed in the home were the SS, PGM's two younger children, PGM's boyfriend and SF's brother (PGM's older adult son). It was confirmed that SF got mad at PGM when she accused him of smoking crack and that he threw a coffee mug, which broke the screen door window. SF stated he did not mean to throw the mug, but it slipped out of his hand when he was tossing his coffee out of the window. This happened in front of the children. SF is involved with addiction counseling and mental health counseling. The family has declined working with other services.

Determination: Indicated**Date of Determination:** 10/11/2013**Basis for Determination:**

There was some credible evidence to substantiate the allegation of IG against SF. It was confirmed that SF got mad when PGM accused him of smoking crack and that he threw his coffee mug, which broke the screen door window. The SS and other children were present when this incident occurred and reported that they were afraid.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.



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

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

10/29/2012-12/6/2012 SM and SF UNF for IG and LS
05/05/2010-06/10/2010 SF IND for PD/AM

Known CPS History Outside of NYS

There is no known CPS history outside of NYS

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.

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