



**Report Identification Number: RO-18-030**

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

**Issue Date: May 14, 2019**

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
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<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
CPS-Child Protective Services		
<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-Other	
<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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 20 day(s)

**Jurisdiction:** Ontario  
**Gender:** Male

**Date of Death:** 12/12/2018  
**Initial Date OCFS Notified:** 12/12/2018

## Presenting Information

An SCR report alleged on 12/12/18, between 4:00 - 5:00AM, the mother fed the subject child and went to sleep with him on the couch. The mother found the child unresponsive and called 911 at 6:36AM. The child was pronounced deceased the same day. The child had no visible injuries and the mother had no explanation as to what happened to him. The child was an otherwise healthy child and did not have any known preexisting medical conditions. The cause of death was unknown. The sibling was present in the home and appeared dirty and was covered in flea bites. The home was filthy and there were toys everywhere.

## Executive Summary

This fatality report concerns the death of the 3-week-old male subject child, who died on 12/12/18. An SCR report was made regarding the child's death, which alleged the child had no preexisting medical conditions that would explain his death. The child resided with his mother and his 4-year-old sibling. The sibling was assessed to be safe in the care of his mother; however, a safety plan was created with the maternal grandparents and mother immediately following the death. In the case record, the mother stated that she had not notified the father of the child's existence. Efforts were made to contact the father of the child, but were unsuccessful.

Ontario County Department of Social Services (OCDSS) coordinated investigative efforts with law enforcement immediately upon receipt of the report. Law enforcement found no criminality regarding the child's death and closed their investigation. An autopsy was performed; however, the medical examiner's report had not yet been finalized at the time of case closure. The cause and manner of death remained pending at the time of this writing.

The mother explained that on the night prior to the fatal incident, the child was congested, but acted normally. The mother used a room vaporizer and dripped warm water on the child to manage his congestion. She fed the child and slept next to him on the couch. When she awoke around 6:30AM, she found the child with a pillow on his forehead, observed he was blue in color and was unresponsive. She immediately called 911 and performed CPR. EMS responded and resuscitation efforts continued as the child was transported to the hospital via ambulance, where he was pronounced deceased.

OCDSS gathered information regarding the death from the mother, hospital records, law enforcement, and other first responders. OCDSS also contacted several collaterals such as the father of the sibling, maternal grandparents, and community resources, including Happiness House.

Multiple home visits were completed and the safety of the sibling was assessed throughout the investigation. Grief counseling, burial assistance, mental health services, and community based services were offered to and accepted by the family. Additionally, the mother was offered and accepted a Preventive Services case to further assist her with managing the sibling's behaviors, which had been a challenge for the mother in the past.

OCDSS completed required reports and Safety Assessments timely and accurately throughout the investigation. Interviews with the family and collaterals were thorough and appropriate. The allegations of DOA/Fatality and inadequate guardianship were substantiated against the mother. There was credible evidence that the unsafe sleep conditions created a substantial risk to the infant and may have lead to his death. According to law enforcement who observed the scene, the child suffered from cardiac arrest secondary to suffocation and/or aspiration. Additionally, the sibling was observed to have multiple flea bites about his body.



## PIP Requirement

OCDSS will submit a PIP to the Rochester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

## 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 casework activity was commensurate with case circumstances.

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 decision to close the case was appropriate.

## 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:** 12/12/2018

**Time of Death:** 07:39 AM

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

Unknown

**County where fatality incident occurred:**

Ontario

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

Yes

**Time of Call:**

06:36 AM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used alcohol or drugs?**

No

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 2 Hours

**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	20 Day(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Other Household 1	Other Adult - BF of SS	No Role	Male	25 Year(s)
Other Household 2	Father	No Role	Male	40 Year(s)

### LDSS Response

OCDSS initiated their investigation and coordinated investigative efforts with law enforcement upon receipt of the SCR report, which was received on 12/12/18. OCDSS contacted the source of the report, documented a CPS history check and made a home visit within 24 hours of being notified of the death. Additionally, OCDSS contacted the District Attorney's office, and requested records from the hospital, law enforcement and first responders. The coroner found no signs of bruising or abuse upon initial examination of the body.

On 12/12/18, a home visit was made to the home of the maternal grandparents, where the mother and sibling temporarily resided following the death. At that time, few details regarding the death were known; therefore, OCDSS created a safety plan with the family. The mother and grandparents agreed the mother was not to care for the sibling unsupervised. OCDSS attempted to speak with the sibling on several occasions; however, he had speech limitations and no information was obtained.



During an interview, the mother said she regularly co-slept with the child on the couch, despite being educated about safe sleep guidelines. Additionally, OCDSS provided a Pack 'N Play for the child prior to his birth. The mother worried the sibling would hurt the child, as he kept trying to crawl into the Pack 'N Play with the child. Investigation revealed that the sibling would also sleep on the couch with the child. The mother recalled she fed the child between 4:00-5:00AM. After feeding the child, he remained laying on his side, and the mother moved closer to the edge of the couch, with the child near the back. When she awoke around 6:30AM, the child had a pillow covering his forehead. The mother denied the pillow was covering the child's nose and mouth. The child appeared blue, was not breathing and was unresponsive. The mother screamed for the sibling to get her a phone, she dialed 911 and administered CPR as instructed. EMS responded and took over resuscitation efforts while the child was transported to the hospital.

OCDSS gathered information from first responders including fire department staff and emergency medical staff. The child was observed to be wearing only a diaper, alarmingly warm, and the room temperature was 83 degrees. Additionally, the vaporizer near the child emitted heat. Law enforcement records noted the mother had been taking warm baths with the child to further ease his congestion.

The father of the sibling was interviewed and reported no concerns for the care the mother provided to the children. The mother reported the father was never informed of the child's existence. Attempts were made to speak with the father of the child, but were unsuccessful.

Prior to determining the investigation, OCDSS opened a Preventive Services case to assist the family with obtaining counseling, enroll in the Youth Assistance Program and set a goal for the mother to better manage the behaviors of the sibling.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Unknown

### 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:** Ontario County Department of Social Services does not have an OCFS-approved Child Fatality Review Team at this time.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
049701 - Deceased Child, Male, 20 Days	049702 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
049701 - Deceased Child, Male, 20 Days	049702 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
049703 - Sibling, Male, 4 Year(s)	049702 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities



	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



# Child Fatality Report

	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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> There was no need for removal of the sibling.				

### 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	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" 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"/>



<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Parenting Skills</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<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:**

The sibling was enrolled in a Youth Assistance Program.

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

**Explain:**

The mother was offered an abundance of services, which she accepted.

## 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? 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)	Allegation Outcome	Compliance Issue(s)
11/06/2018	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Lack of Supervision	Unsubstantiated	

**Report Summary:**

An SCR report alleged the 4-year-old sibling was filthy, had not been bathed and was wearing ill-fitting clothes. There was dried blood near his nose and under his fingernails. The blood did not appear to be from an injury, but perhaps a bloody nose. The mother did not supervise the sibling in the mornings; instead, she was sleeping while the sibling got himself ready for school. The sibling was developmentally delayed. The concerns for the mother's ability to supervise and care for the sibling were ongoing.

**Report Determination:** Unfounded**Date of Determination:** 12/07/2018**Basis for Determination:**

The investigation revealed information that the sibling had not left the house with a bloody nose, and it was assumed by the mother that he got the bloody nose on the school bus. The caseworker observed clean clothing for the sibling in the home, and learned the sibling insisted on wearing the same clothes multiple days in a row. OCDSS documented that the sibling bathed regularly, and there were no concerns of the mother's ability to supervise him. There was no credible evidence to support the allegations in the report.

**OCFS Review Results:**

OCDSS completed a thorough investigation and completed the 7-day Safety Assessment timely and accurately. Safe sleep recommendations and guidelines were provided to the mother, as well as a Pack 'N Play prior to the subject child's birth. The source of the report was contacted, as well as the father of the sibling and collateral contacts were made. The mother declined naming the father of the subject child. Written notice of the SCR report was provided timely. The mother was referred to community based services including Children's Health Homes of Upstate New York and Healthy Families. Additionally, she was offered Preventive Services, but declined.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/05/2018	Sibling, Male, 4 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the mother's home was deplorable with garbage strewn about. There was clutter about the home, making movement around the home difficult. There was rotting food on the floor, and the home was not fit for a child. The situation was ongoing for at least three months prior to the date of the report.

**Report Determination:** Unfounded**Date of Determination:** 07/14/2018**Basis for Determination:**

OCDSS unsubstantiated the allegations after assessing the safety of the home. The home did appear messy at times, but there was not credible evidence that the home ever presented with health or safety concerns.

**OCFS Review Results:**

OCDSS initiated the investigation and assessed the safety of the sibling in the required timeframe. The conversation with



the mother, father and collateral contacts were thorough. The Safety Assessments and Risk Assessment Profiles were completed to appropriately reflect case circumstances.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/16/2017	Sibling, Male, 4 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Mother, Female, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 33 Years	Lack of Supervision	Substantiated	

#### Report Summary:

An SCR report alleged over the summer of 2016, the mother grabbed the sibling by his legs and yanked him off a window sill, pulling him to the seat below with excessive force. The mother then hit him repeatedly with excessive force to his arms and legs. It was unknown if the child sustained injuries. The sibling cowered and fell to the ground, stiffening his body when he was verbally corrected. He lacked adequate clothing for the weather and was frequently filthy and unkempt. The mother had cognitive delays and was functioning at a 14-year-old level. As a result, she could not care for the child and was inattentive to his needs.

**Report Determination:** Indicated

**Date of Determination:** 02/16/2017

#### Basis for Determination:

OCDSS substantiated the allegations within the report as the mother left the child unsupervised in the bathtub while the caseworker was at the home. Additionally, the mother was not properly supervising the child, and he was able to obtain a lighter and bring it to school.

#### OCFS Review Results:

OCDSS initiated the investigation and completed a CPS history check within the required timeframes. Appropriate collateral contacts were made, and conversations with the mother were thorough. The record did not show efforts to contact or interview the father regarding the report. OCDSS connected the family with community resources and services.

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

#### Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

#### Summary:

The father of the sibling was added to the report and notified of the investigation; however, the record did not reflect attempts to contact him.

#### Legal Reference:

432.1 (o)

#### Action:

OCDSS will make casework contacts in accordance with the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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# Child Fatality Report

11/29/2016	Sibling, Male, 3 Years	Mother, Female, 32 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 3 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the sibling was upset and crying while his mother was carrying him. The sibling threw himself out of the mother's arms onto a stair, and while the sibling was lying there, the mother forcefully kicked the child in the midsection out of anger. It was unknown if the child sustained injuries. The child often appeared dirty, unkempt and wore dirty diapers.

**Report Determination:** Unfounded**Date of Determination:** 01/13/2017**Basis for Determination:**

OCDS unsubstantiated the allegations within the report after reviewing the allegations with the mother and collateral contacts. Investigation yielded no credible evidence to substantiate the allegations. Referrals were made to community agencies for respite programs.

**OCFS Review Results:**

OCDS interviewed the mother and several collateral contacts, which revealed no concerns for the sibling. Safety Assessments were completed timely and accurately. Although a phone call was attempted, the father was not successfully contacted or interviewed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/20/2016	Sibling, Male, 2 Years	Mother, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Mother, Female, 32 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

An SCR report alleged the sibling sustained numerous unexplained bruises all over his body. The bruises were located on his shoulder, back, hip, face, and legs. The sibling was always dirty and wore the same clothes. The mother failed to change his diapers. As a result, the child has sustained small diaper rashes. The mother did not provide adequate care for the sibling.

**Report Determination:** Unfounded**Date of Determination:** 07/01/2016**Basis for Determination:**

After the investigation, Wayne County Department of Social Services unsubstantiated the allegations of IG and L/B/W. The sibling was observed to be outside playing, and had bruises on bony areas, typical for toddlers. The mother was applying diaper cream to the sibling's rash appropriately. No credible evidence to support the allegations was revealed during the investigation.

**OCFS Review Results:**

Wayne County was assigned the primary investigative role after learning the family resided in their county. The Safety Assessments were completed and approved timely and adequately. The interview with the mother and assessment of the sibling's safety and risk were sufficient. The record did not reflect attempts to speak with the father of the sibling, or the maternal grandmother, who resided in the home.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**



There were missed opportunities for collateral contacts as the maternal grandmother and father of the sibling were not interviewed or attempted to be interviewed. The father saw the child regularly, and the maternal grandmother lived in the subject household; they may have had information relating to the sibling's safety and wellbeing.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

Wayne County Department of Social Services will contact or make efforts to contact relevant collateral sources who may have information relevant to the investigation.

**PIP Requirement:**

Wayne County Department of Social Services currently has a PIP in place to address the identified compliance issue. Wayne County Department of Social Services will review the plan and revise as needed to address ongoing concerns.

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

There was no CPS history more than 3 years prior to the fatality.

### Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

### Preventive Services History

A Family Services Stage was opened in Ontario County on 02/02/17, after being referred for services by a caseworker. The mother struggled to maintain a clean home, and manage the sibling's behavior. She worked with a parenting educator to acquire the skills needed to correct the sibling's behaviors. Additionally, she worked with a family skills specialist. OCDSS had regular and consistent communication with the mother and sibling, but did not engage the father during the Family Services Stage. The case was closed on 08/23/17, as the mother was working with other providers and did not feel OCDSS would continue to benefit her.

### 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