



## Report Identification Number: RO-21-012

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

Issue Date: Oct 18, 2021

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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 7 month(s)

**Jurisdiction:** Seneca  
**Gender:** Male

**Date of Death:** 04/24/2021  
**Initial Date OCFS Notified:** 04/25/2021

## Presenting Information

An SCR report alleged that around 10:00 PM on 4/24/21, the mother fed the infant baby food, played with him on the couch, and put him to bed on his back in a bassinet which was located in the common area of the apartment. Around 11:00 PM, the mother noticed the infant was laying face down in the bassinet. The mother turned the infant's head to the side and flipped him over. The infant did not wake up, he was cold to the touch, and he did not appear to be breathing. The mother immediately called 911 and began CPR. Law enforcement arrived and took over CPR and the infant was rushed to the hospital, where he was pronounced deceased at around 11:30 PM. The father was at work at the time of the incident. The mother was the last one to observe the infant alive. The infant died while in the care of the mother and there was no explanation for his death.

## Executive Summary

On 4/25/21, the Seneca County Department of Social Services (SCDSS) received an SCR report regarding the death of the 7-month-old male infant that occurred the previous night. At the time of the infant's death, he resided with his mother, father and 3-year-old sibling.

Through a joint investigation with law enforcement, it was learned that on the evening of 4/24/21 the father was at work and the mother was at home with the infant and sibling. Around 10:00 PM, the mother placed the infant to sleep on his stomach in a bassinet that was located near the couch she was sitting on in the living room. When the mother checked on the infant, he was face down and he was unresponsive. The mother called 911 at 11:07 PM and she attempted to perform CPR until first responders arrived and took over. The infant was transported the hospital via ambulance, where resuscitative efforts continued. The infant was pronounced deceased at the hospital at 11:51 PM.

An autopsy was performed, and the final report was pending at the time this report was written. The law enforcement investigation closed with no criminal charges filed. The home was assessed to be safe, and the sibling was determined to be safe in the parents' care.

SCDSS unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality against the mother due to a lack of credible evidence that the infant's death was caused by the mother's actions or inactions. Although the infant was placed on his stomach to sleep, the parents and collateral contacts confirmed that the infant was able to roll over and turn his head to the side. The infant had been to the pediatrician the week of his death and he was found to be healthy with no concerns. Counseling and bereavement services were offered to the family and they declined.

### PIP Requirement

For citations identified in historical cases, SCDSS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS 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:

SCDSS unsubstantiated the allegations based on the evidence gathered and closed the case.

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:

Casework activity was commensurate with best casework practice.

### 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: 04/24/2021

Time of Death: 11:51 PM

Time of fatal incident, if different than time of death: 11:00 PM

County where fatality incident occurred: Seneca

Was 911 or local emergency number called? Yes



**Time of Call:**

11:07 PM

**Did EMS respond to the scene?**

Yes

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

N/A

**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? 1 Hours**

**At time of incident was supervisor impaired? Not impaired.**

**At time of incident supervisor was:**

Distracted

Absent

Asleep

Other: N/A

**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	7 Month(s)
Deceased Child's Household	Father	No Role	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

### LDSS Response

SCDSS investigated the infant's death by contacting the source of the report, notifying the DA's office of the death, and reviewing SCR history. SCDSS spoke to law enforcement, fire fighters, hospital staff, EMS, the coroner, a neighbor, the maternal grandparents, and the parents.

Through interviews with the parents, it was learned that the infant was born two months premature, and he spent two months in the Neonatal Intensive Care Unit. The infant had been healthy since being discharged home from the hospital in November 2020 and he was developmentally on target. He was able to roll over and turn his head to the side without assistance and they said he preferred to sleep on his stomach.

The mother stated that she put the sibling to bed around 7:00 PM, then she played with the infant for a while, and she fed him some baby food. The infant seemed fine at that time. Around 10:00 PM, she laid the infant down to sleep on his stomach on top of a fleece blanket that was tucked around the mattress pad in the bassinet. The bassinet was in the living room next to the couch where the mother was sitting. The mother said she checked on the infant a few times and the last time she checked on him, around 11:00 PM, she saw that he was face down in the bassinet. She turned him over and realized his body was limp and he was not waking up. She immediately called 911 and she attempted to perform CPR per the dispatcher's instructions until EMS arrived.



The father reported that he was walking home from work when the mother contacted him and said the infant was not breathing and she had called 911. She handed the phone to a neighbor, who picked the father up and gave him a ride home. The infant was taken to the hospital via ambulance and the parents remained at the home to speak to law enforcement. The father said they were unaware the infant had passed away until they arrived at the hospital. The parents admitted to regular marijuana use but denied using any drugs on 4/24/21.

The home was assessed to be safe for the sibling and the bassinet was observed next to the couch in the living room. Attempts to interview the sibling were unsuccessful due to her age, and the parents reported that she was unaware of the incident. The parents declined bereavement services for themselves or the sibling, and collateral contacts had no concerns for her care.

Law enforcement reported there was nothing found at the home that could have been a potential factor in the death and their only concern was marijuana paraphernalia that was located on the table and out of reach of the sibling. Law enforcement and EMS stated that the infant was cold to the touch upon their arrival and there were no injuries or trauma observed on the infant's body. They additionally reported that during their interactions with the mother, she appeared to be coherent and sober. Pediatrician records showed that the infant was last seen on 4/19/21 for a 6-month checkup and he was found to be growing and developing normally. There were no concerns for the infant's health, and it was noted that the infant was able to roll over from prone to supine and sit with support.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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 an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058217 - Deceased Child, Male, 7 Mons	058218 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
058217 - Deceased Child, Male, 7 Mons	058218 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Fatality Risk Assessment / Risk Assessment Profile**

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



# Child Fatality Report

Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
Risk was adequately assessed and the parents declined all services that were offered.

### 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"/>

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<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? No

Explain:

The parents declined bereavement services for the sibling.

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

Explain:

The parents declined services related to the fatality.

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment?	Yes
Was the child ever placed outside of the home prior to the death?	No
Were there any siblings ever placed outside of the home prior to this child's death?	No
Was the child acutely ill during the two weeks before death?	No

#### 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)
12/02/2020	Deceased Child, Male, 2 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 2 Months	Mother, Female, 21 Years	Lack of Medical Care	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was aware the infant was born prematurely and required follow up medical care. The mother failed to follow medical advice, which had a negative impact on the infant's health.

**Report Determination:** Unfounded**Date of Determination:** 01/25/2021**Basis for Determination:**

The investigation found that the infant missed a two week follow up appointment after he was discharged from the Neonatal Intensive Care Unit. The mother scheduled and attended follow up appointments and the infant was found by his doctor to be a healthy weight with no medical concerns.

**OCFS Review Results:**

SCDSS interviewed the parents and observed the children to be safe. Safe sleep was discussed and a safe sleep environment was observed. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence letters were provided to the parents timely. Several family members and the pediatrician were spoken to.

**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)
01/16/2020	Sibling, Female, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 2 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father physically assaulted the mother in the presence of the sibling. He beat her and had strangled her in the past. A subsequent report dated 1/17/20 alleged on 1/16/20 the father was under the influence of alcohol and drugs and he physically assaulted the mother in the presence of the sibling. During the incident the father struck the mother in the face and attempted to choke her.

**Report Determination:** Indicated**Date of Determination:** 02/25/2020**Basis for Determination:**

On 1/16/20, the parents argued in the presence of the sibling, the mother grabbed the father's arm and the father threatened her. Law enforcement was called to the home and the father was told to leave for the night and he returned after law enforcement left. The mother and maternal aunt reported that the father physically assaulted and choked the mother a few months prior while the sibling was home. The mother said the father drank alcohol daily but there was a lack of credible evidence that the father's drinking had a negative effect on the sibling. The parents agreed not to fight in the presence of the sibling and neither parent wanted to leave the home.

**OCFS Review Results:**

SCDSS interviewed the parents and observed the sibling. Safety Assessments and the RAP were completed timely and accurately. Law enforcement and the maternal aunt were spoken to and the father's criminal record was reviewed. SCDSS mailed Notice of Existence letters to the parents late on 2/25/20. At the closing of the investigation, the mother reported there had been no additional arguments or law enforcement involvement since 1/16/20 and the parents declined mental health counseling and domestic violence services.

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

Failure to provide notice of report

**Summary:**

SCDSS mailed Notice of Existence letters to the parents late on 2/25/20.

**Legal Reference:**

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

**Action:**

SCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/05/2018	Sibling, Female, 9 Months	Father, Male, 23 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Female, 9 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 9 Months	Father, Male, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 9 Months	Father, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 9 Months	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged that the father shook the sibling six months prior because she was crying and the father wanted her to stop. The mother was present, but failed to intervene to protect the sibling. It was unknown if the sibling sustained any marks and bruises. Within the previous two weeks, the father hit the sibling on the face twice and he tried to silence her crying by placing his hand on her mouth, preventing air flow. The father also grabbed the sibling's legs in a forceful manner, leaving hand print bruises on her leg. The mother was present, but she failed to intervene to protect the sibling. The father was intoxicated when he drove around with the sibling in the car.

**Report Determination:** Unfounded

**Date of Determination:** 09/14/2018

**Basis for Determination:**

The mother reported that the father had anger issues. She saw him slap and shake the sibling, she saw bruises on her legs, and she was afraid to leave her alone with the father. The father denied shaking or hitting the sibling, or placing his hand over her mouth. The parents agreed to a safety plan that the father would take a walk and the mother would care for the sibling if he became overwhelmed. The father was referred for parenting services and the mother was referred for domestic violence services; however, the parents declined all services. At the closing of the investigation the mother reported that the father had been less angry and he had been walking away until he calmed down.

**OCFS Review Results:**

SCDSS assessed the home, interviewed the parents, and observed the sibling to be free from marks or bruises. Notice of Existence was provided within the required timeframe. The 7-Day Safety Assessment reflected there were no safety factors present despite the mother's report that the father used physical discipline on the then 9-month old sibling on several occasions and she observed bruises on the sibling's legs. Based on the evidence gathered the allegations should have been substantiated against the father. Based on the seriousness of the allegations and the age of the sibling, SCDSS should have consulted with their legal department about possible Family Court intervention.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**



The 7-Day Safety Assessment reflected that there were no safety factors present despite the mother's report that the father used physical discipline on the then 9-month-old sibling on several occasions and she observed bruises on the sibling's legs.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

SCDSS will document and approve all Safety Assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

**Issue:**

Appropriateness of allegation determination

**Summary:**

Based on the evidence gathered, the allegations should have been substantiated against the father.

**Legal Reference:**

FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)

**Action:**

SCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Rochester Regional Office if further guidance is needed.

**Issue:**

Assessment as to need for Family Court Action

**Summary:**

Based on the seriousness of the allegations and the age of the sibling, SCDSS should have consulted with their legal department about possible Family Court intervention.

**Legal Reference:**

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

**Action:**

SCDSS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

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

An SCR report dated 1/24/18 was unsubstantiated by Wayne County Department of Social Services against the mother and father for the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the sibling.

### Known CPS History Outside of NYS

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

### 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