



Report Identification Number: SV-18-007

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

Issue Date: Jul 20, 2018

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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
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-Other	
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	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: 1 month(s)

Jurisdiction: Westchester
Gender: Male

Date of Death: 01/22/2018
Initial Date OCFS Notified: 01/22/2018

Presenting Information

The SCR report alleged, on 1/22/18, SF found SC in his crib not breathing. SF immediately called 911 and began CPR on SC. SC was pronounced dead on 1/22/18 at 4:23 AM. SC was an otherwise healthy child and there was no plausible explanation for his death. SC was in the care of both parents therefore they were named as alleged subjects in the report. The 1 yo SS had an unknown role.

Executive Summary

On 1/22/18, Westchester County Department of Social Services (WCDSS) received an SCR report about the death of the 1-month-old SC.

On 1/22/18 around 3:00 AM, SF awoke to SC crying in his crib. SF rubbed SC's gums with his finger to soothe him. SC appeared to have a seizure and was gasping for air. SF called 911 at 3:30 AM and performed CPR until EMS arrived. SC was transported to the hospital via ambulance and was pronounced deceased by the ER physician. The 1 yo SS was asleep in her bedroom at the time of the incident.

An autopsy was performed and the cause and manner of death had not yet been determined at the time of this writing. The preliminary results revealed SC had multiple healing rib fractures on both sides of his body. WCDSS consulted with a child abuse pediatrician at the CAC who stated there was no medical explanation for SC's injuries and to a reasonable degree of medical certainty the injury was caused by physical abuse. The incident was investigated by the Dobbs Ferry Police Department. No charges had been filed and the LE investigation remained open pending the final autopsy results.

SF's 10 yo son (SS2) resided with his BM and visited SF regularly. WCDSS initiated a safety plan the SM and SF would be supervised with the 1 yo SS and SS2. The MGM and MA were approved supervisors. WCDSS filed an Article 10 Neglect Petition in June 2018 in Yonkers Family Court. On 6/22/18, the 1 yo SS was placed in the custody of the MGM under Article 1017 and a temporary OP was issued barring SM and SF from unsupervised contact.

WCDSS completed a thorough investigation into the incident, contacted all necessary collaterals and requested all appropriate records. WCDSS substantiated the allegations against SM and SF regarding SC. Medical records revealed SC did not have a history of falls or accidents, there was no medical explanation for SC's injuries or subsequent death. SC's injuries were consistent with physical abuse and SM and SF were the sole caretakers for SC. The allegation of IG was appropriately added and substantiated against SM and SF regarding the 1 yo SS. The 1 yo SS was in impending danger of serious harm based on SC's injuries and subsequent death. SM and SF engaged in grief counseling and SF was engaged in an opioid maintenance program. WCDSS referred SM and SF for substance abuse evaluations and there were no treatment recommendations as a result. The case was opened for ongoing CPS services.

PIP Requirement

WCDSS will submit a PIP to the Spring Valley Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS 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 case was appropriately indicated and open for ongoing CPS services.

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

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

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

Explain:

Case activity was commensurate with case circumstances and included appropriate supervisory consultation.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Several progress notes were entered 30-60 days after the event date.
Legal Reference:	18 NYCRR 428.5
Action:	All progress notes will be entered as contemporaneously as possible to their event dates.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/22/2018

Time of Death: 04:23 AM

SV-18-007

FINAL



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

County where fatality incident occurred: Westchester

Was 911 or local emergency number called? Yes

Time of Call: 03:30 AM

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

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	40 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Sibling	No Role	Male	10 Year(s)

LDSS Response

WCDSS initiated their investigation by contacting the source, reviewing SCR history and coordinating with LE. LE stated SF was holding SC in his arms when first responders arrived at the home. LE observed a crib and portable crib for SC and the home was observed to be clean with plenty of supplies for the children. WCDSS and LE met with SM, SF and MA at the home. SM and SF refused to speak to WCDSS without their attorney present and did not allow the home to be assessed. The 1 yo SS was observed and a safety plan was requested for the SM and SF to be supervised with the SS. Additional attempts were made on 1/23/18 and 1/24/18 to interview SM and SF and to assess the home for safety.

The 1 yo SS had a medical examination at the CAC on 1/24/18, where SS was found to be healthy with no marks or bruises. SM's attorney was spoken to and said the parents agreed to the safety plan as requested by WCDSS. A skeletal survey was conducted and SS was found to have no injuries. WCDSS spoke to the DA's office and learned the preliminary autopsy results found multiple healing rib fractures on both sides of SC's body.

On 2/1/18 SM was spoken to and on 2/6/18 SF was spoken to at their attorney's office. It was learned SC has a history of sleep issues and he was often up at night. SC was a healthy child, other than a minor infection that was treated with



antibiotics on 1/4/18. On the night of 1/21/18, the 1 yo SS was asleep in her bedroom. SM and SF fed and bathed SC, then put him to bed on a “dock a tot” between them on their adult bed. SC awoke around 1:00 AM and SF brought him into SC’s bedroom and fed him a bottle. SF laid on the full-sized bed in SC’s bedroom, with SC next to him on his back. When SC fell asleep, SF placed him in his crib. Around 3:00 AM SF woke to SC crying and SF rubbed SC’s gums with his finger to soothe him. SC bit SF’s finger, his eyes rolled back, appeared to have a seizure and was gasping for air. SF ran into the bedroom and woke SM, telling her to call 911. SF performed CPR and called 911 as SM froze and was unable to. SM and SF felt SC’s death was caused by an undiagnosed medical condition and denied knowledge of how SC sustained rib fractures. SF and SM denied being under the influence of drugs or alcohol on the night of the incident. SF was engaged in an opioid maintenance program due to a prior addiction to opioids after an injury. On 2/5/18, the home was assessed to be safe for the SS.

SM and SF were referred for a substance abuse evaluation. Both tested negative for all non-prescribed substances and there were no treatment recommendations. SM and SF engaged in grief counseling.

SS2 was assessed to be safe at his BM’s home. SS2’s BM reported no current concerns for SF. She said he had a history of drug use and arrived high for a visit in 2/17. She had concerns SM was violent and in 3/16, she obtained an OP that barred SM from contact with her and SS2. SS2 shared no concerns for SF or SM. SS2’s BM agreed to supervise SF’s contact with SS2.

The pediatrician records showed SC was healthy with appropriate growth and weight gain and had no history of falls or accidents. He was last seen on 1/5/18 for a minor infection. The SS was healthy and there were no concerns. SC’s birth records showed both parents signed acknowledgement they received safe sleep information. The CAC child abuse pediatrician stated there was no medical explanation for SC’s injuries and to a reasonable degree of medical certainty the injuries were caused by physical abuse.

WCDSS consulted with their legal department throughout the case. An Article 10 Neglect Petition was filed in Family Court on behalf of the 1 yo SS and she was placed in the custody of the MGM under Article 1017 with the parents having no unsupervised contact. WCDSS substantiated the allegations and the case was opened for ongoing CPS services. The LE investigation remained open pending final autopsy results.

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? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046794 - Deceased Child, Male, 1 Mons	046795 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated



046794 - Deceased Child, Male, 1 Mons	046796 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
046794 - Deceased Child, Male, 1 Mons	046796 - Father, Male, 40 Year(s)	DOA / Fatality	Substantiated
046794 - Deceased Child, Male, 1 Mons	046795 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
046797 - Sibling, Female, 1 Year(s)	046796 - Father, Male, 40 Year(s)	Inadequate Guardianship	Substantiated
046797 - Sibling, Female, 1 Year(s)	046795 - Mother, Female, 32 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

There were several progress notes entered between 30 and 60 days after the event date.

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"/>



Child Fatality Report

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

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

Explain:
 Risk was adequately assessed for the SS. An Article 10 Neglect Petition was filed to obtain court ordered services for SM and SF. The SS was placed in the custody of the MGM under Article 1017 and an OP was issued barring SM and SF from any unsupervised contact.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:
 A safety plan was appropriately initiated and a court order was later obtained placing the 1 yo SS in the custody of the MGM under Article 1017.

Legal Activity Related to the Fatality



Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/20/2018	There was not a fact finding	Direct Custody Transferred to Continued with Relative (Article 10)
Respondent:	046795 Mother Female 32 Year(s)	
Comments:	On 6/20/18 the 1 yo SS was placed in the custody of the MGM under Article 1017.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/20/2018	There was not a fact finding	Direct Custody Transferred to Continued with Relative (Article 10)
Respondent:	046796 Father Male 40 Year(s)	
Comments:	On 6/20/18 the 1 yo SS was placed in the custody of the MGM under Article 1017.	

Have any Orders of Protection been issued? Yes

From: 06/20/2018

To: 08/22/2018

Explain:

A temporary OP was issued in Family Court barring SM and SF from any unsupervised contact with the 1 yo SS.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" 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"/>

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 1 yo SS received a medical exam and skeletal survey to assess her physical health.

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

Explain:

SM and SF attended grief counseling services.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- 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)
09/30/2017	Sibling, Male, 10 Years	Other Adult - SS2's BM, Female, 44 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 10 Years	Other Adult - SS2's BM, Female, 44 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 10 Years	Other Adult - SS2's BM, Female, 44 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged SS2's BM left SS2 unsupervised 4-5 hours at a time or longer and wasn't providing adequate supervision. BM came home intoxicated or had parties with adults drinking in the presence of SS2.

Report Determination: Unfounded**Date of Determination:** 11/22/2017**Basis for Determination:**

WCDSS unsubstantiated the allegations of IG, LS and PD/AM against BM regarding SS2. BM and SS2 denied SS2 was left unsupervised 4-5 hours after school. SS2 was left alone for up to a half hour and knew what to do in an emergency. BM and SS2 denied BM drinking to intoxication and BM was observed to appear sober at all contacts. WCDSS offered Preventive Services to BM and she declined.

OCFS Review Results:

BM and SS2 were interviewed and adequate attempts were made to interview SF. Appropriate collateral contacts were made. Notice of Existence letters were provided to the appropriate persons. The safety assessments and RAP were completed accurately.

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)
03/21/2016	Sibling, Male, 8 Years	Grandparent, Female, 66 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 8 Years	Grandparent, Female, 66 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 8 Years	Other Adult - SS2's BM, Female, 42 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 8 Years	Other Adult - SS2's BM, Female, 42 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged SS2's BM abused alcohol on a daily basis to their point of intoxication in the presence of and while caring for SS2. BM is aware SS2 attempted to drink from her liquor bottles and continues to leave them in a cabinet that is accessible to SS2. BM also abused marijuana, ecstasy and molly on a weekly basis while caring for SS2. PGM babysat SS2 and was a hoarder with items piled in the home to the ceiling and making it difficult to navigate from one room to the next.

Report Determination: Unfounded**Date of Determination:** 05/09/2016**Basis for Determination:**

WCDSS unsubstantiated the allegations of IF/C/S and IG against PGM and PD/AM and IG against BM regarding SS2. BM and SS2 denied BM drank alcohol on a daily basis or to excess and denied SS2 drank from the liquor bottles. BM completed a drug screen, which was negative. All household members denied PGM babysat SS2 or cared for him. SS2



only visited PGM with BM or BF. The home was found to be extremely cluttered and unsafe for SS2 due to narrow pathways throughout the home. BM and BF agreed to not allow SS2 into the PGM's home.

OCFS Review Results:

All household members were interviewed and appropriate collaterals contacted. CASAC referrals were appropriately sent for BM and SF and SS2 was referred for counseling. The safety assessments and RAP were completed accurately. Notice of Existence letters were provided to the appropriate persons.

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)
03/17/2016	Sibling, Male, 8 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:

An SCR report alleged SS2 lived with his BM and went on visitation with SF and SM every other weekend. SM was physically and verbally abusive toward SF. SS2 witnessed SM hit SF. On 2/21/16, SM broke household items in the presence of SS2. On 3/2/16, SM tried to drive her vehicle into the BM's car while SS2 was sitting in the BM's car. SS2 was not harmed.

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

Basis for Determination:

WCDSS unsubstantiated the allegation of IG against SM regarding SS2. SM and SF denied there was a physical altercation in the presence of SS2. It was also denied SM tried to strike BM's car. SM followed BM's car and left once told SS2 was in the vehicle. There were no incidents of physical altercations contained in LE records. BM obtained an OP in Family Court barring SM from contact with BM and SS2. There were no concerns for SS2's safety in either parent's home. WCDSS referred SS2 to counseling due to the custody dispute between BM and SF.

OCFS Review Results:

WCDSS interviewed all household members and appropriate collaterals. The safety assessments and RAP were completed accurately. Notice of Existence letters were provided to the appropriate persons.

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

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.

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