



## Report Identification Number: SV-18-009

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

Issue Date: Jun 21, 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

<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:** 4 month(s)

**Jurisdiction:** Westchester  
**Gender:** Male

**Date of Death:** 01/31/2018  
**Initial Date OCFS Notified:** 01/31/2018

## Presenting Information

On 1/31/18, the mother placed her child in the crib for about 30 minutes. The mother discovered the child not breathing and unresponsive in the crib. The child had blood coming from his mouth and nose. At around 6:30PM, 911 was called and the child was transported to the hospital where he was pronounced dead. The mother and father were the alleged subjects of this report.

## Executive Summary

This fatality report concerns the death of a 4-month-old male child who died on 1/31/18. A report was made to the SCR on the same date regarding concerns of the child's death and a lack of medical care by the mother and father. There were two surviving siblings living in the home, ages 2 and 1.

Westchester County Department of Social Services (WCDSS) coordinated efforts with LE upon receipt of the fatality report. An autopsy was performed and results were not available at the time of this writing.

On 1/31/18, the child was napping and around 4:30PM the mother checked on him and he appeared fine. According to the mother, she returned approximately 30 minutes later and the child was unresponsive. The mother attempted CPR and a neighbor called 911 at approximately 6:30PM. EMS, law enforcement, and the fire department arrived and all attempted CPR but were unsuccessful. The mother told a few preventive workers that the child had been sick with a cough but mother had not taken him for medical treatment.

WCDSS gathered information about the child's death from the mother and law enforcement. CW made efforts to contact EMS but were unsuccessful.

Home visits were made and collaterals and family members were interviewed. Bereavement counseling referrals were made and burial assistance was offered. WCDSS completed all required reports and safety assessments accurately and on time. WCDSS attempted follow up interviews with the family however the mother and surviving siblings moved out of state. WCDSS made appropriate referrals for out of state child services. The father would not return contact from WCDSS.

The mother told workers the child had been sick and she admitted to not seeking medical treatment for the child. The case was indicated and closed on 3/30/18.

## 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

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 casework activity was commensurate with case circumstances.

**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: 01/31/2018

Time of Death: Unknown

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: 06:30 PM

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)

**LDSS Response**

On 1/31/18, WCDSS received the fatality report from the SCR and immediately began their investigation. WCDSS contacted the source of the report and completed a CPS history check. There were two surviving siblings living in the home, ages 2 and 1. SF was the father of all the children.

WCDSS went to the case address and met with LE and the DA. The SS were next door at a neighbor's home at the time and CW went there to assess their safety. CW spoke to the neighbor who said she heard SM in the hallway yelling for help so she called 911. The neighbor agreed to watch the SS while SM went to the hospital.

CW then met with SM and SF at the police station. SF stated he was not home at the time of the incident and was at work. SF left the room to make a phone call and SM was questioned about what happened that day. SM stated she put SC down for a nap at 2:30PM, checked on him at 4:30PM and he was fine. SM said a half hour later she discovered him not moving and tried CPR. SF returned to the room and said he did not wish to discuss the allegations anymore and they had children to get home to. A detective told CW the SF did not want an autopsy done but one had been ordered so it had to be completed.

On 2/1/18, CW and a Victim's Assistance worker made a home visit. The MGF was home and allowed workers in to observe the home and bedrooms. SM was present and appropriately upset. SM said she had a difficult time recalling the exact time of the events, but believed she had last checked on SC at 4:30PM and he was fine. SM said she gave the SS a bath and then went back into SC's room around 5PM and noticed he did not move when she said hello. She touched his stomach and he did not respond. SM said SC was laying on his back and was propped on a pillow. She examined him and noticed his bottom lip was white. SM placed him on her mattress to do CPR but her mattress was too soft so she put him in the Pack and Play but that was too bouncy. SM then took him to the living room floor and started calling for help. SM's phone was not working so she ran into the hallway and banged on a neighbor's door screaming for help. SC slept in a long sleeve shirt, diaper, and socks that day. SM denied him being ill before the incident. SM said she placed SC in his Pack and Play that day on his back with no blanket and no pacifier. There was a pillow in the Pack and Play. EMS, LE, and the FD arrived and attempted CPR but were unsuccessful. SM said SC attended the same pediatrician as the SS. SM said about a week and a half before the incident, she took SC to a walk-in clinic in the Bronx. CW made attempts to speak to neighbors who were present that day but no one answered their doors.

CW spoke with the family's Victim's Assistance worker who offered burial assistance to the family and SF declined.



A housing assistance worker provided emails from SM where she stated she and SC were sick on 1/8/18 with what SM referred to as whooping cough.

CW spoke with the family's preventive worker who attempted to meet with the family when they were sick but SM said SC had whooping cough so the worker did not visit. The worker saw the family about twice a month.

CW made efforts to verify if SM and her CHN were seen at a clinic in the Bronx and were unsuccessful. SM later admitted to the CW that SC had never been to a Dr. after being born. SM said she was afraid to take SC to a Dr. because she did not want them to pressure her to immunize SC.

SM and the SS moved out of state to live with the MGF. SF did not move. CW made arrangements for child services out of state to make a courtesy visit which was completed. CW made several attempts to speak with SF but was unsuccessful. SM was provided with out of state counseling referrals.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**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
046481 - Deceased Child, Male, 4 Mons	046535 - Father, Male, 21 Year(s)	Lack of Medical Care	Substantiated
046481 - Deceased Child, Male, 4 Mons	046535 - Father, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
046481 - Deceased Child, Male, 4 Mons	046534 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
046481 - Deceased Child, Male, 4 Mons	046534 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
046481 - Deceased Child, Male, 4 Mons	046535 - Father, Male, 21 Year(s)	DOA / Fatality	Substantiated
046481 - Deceased Child, Male, 4 Mons	046534 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
046536 - Sibling, Female, 2 Year(s)	046535 - Father, Male, 21 Year(s)	Lack of Medical Care	Substantiated
046536 - Sibling, Female, 2 Year(s)	046534 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
046537 - Sibling, Female, 1 Year(s)	046534 - Mother, Female, 23 Year(s)	Lack of Medical Care	Substantiated
046537 - Sibling, Female, 1 Year(s)	046535 - Father, Male, 21 Year(s)	Lack of Medical Care	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including 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



# 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"/>

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



<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

## 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?** 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?** Yes

### 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)
11/08/2017	Sibling, Female, 2 Years	Father, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Father, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 1 Months	Father, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

The SCR report alleged the father had a history of being physically abusive towards the mother in the presence of SC and both SS. On one occasion, the father bit the mother on the arm for unknown reasons. It was unknown if the children were ever harmed as a result of the physical abuse.

**Report Determination:** Unfounded

**Date of Determination:** 12/21/2017

**Basis for Determination:**

The children were young and not verbal enough to provide CW with any information. The mother denied there had been any recent incidents of domestic violence. The mother admitted to the biting incident that was previously reported to CPS. The mother denied there were any recent incidences of domestic violence. The father was not living in the home and CW did not have credible evidence to substantiate the allegation.

**OCFS Review Results:**

The father was not contacted during this investigation. The record did not reflect efforts to obtain locating/contact information for the father. The mother stated the father did not have a working phone number and did not know his address. The record did not reflect any other searches were made for his information. WCDSS obtained records from local LE of domestic incident reports. CW reviewed safe sleep with mother and assisted in providing appropriate sleeping arrangements for the children. CW offered counseling and safety planning through a local agency which mother declined. Appropriate referrals were made for the family.

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

**Issue:**

Review of CPS History

**Summary:**

The report reflected the history was not reviewed until the day the report was closed (12/21/17), 6 weeks after the report was received.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of the oral report date, the child protective service must review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded and FAR reports where the current report involves a subject of the unfounded or FAR report, a child named in the unfounded or FAR report or a child's sibling named in the unfounded or FAR report.

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

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

**Known CPS History Outside of NYS**

There was no known CPS history outside of NYS.

**Preventive Services History**

6/26/17-3/27/18- SM was pregnant and residing in a homeless shelter with the 2 SS, and SF physically assaulted SM in the presence of the children. This case was opened so SM could receive counseling services. SM was provided with a case manager to provide assistance with employment training and DV counseling. Services were obtained and the case was closed.



## 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