



## Report Identification Number: SV-18-029

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

Issue Date: Nov 01, 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:** Sullivan  
**Gender:** Female

**Date of Death:** 05/07/2018  
**Initial Date OCFS Notified:** 05/09/2018

## Presenting Information

The 4- month-old was found deceased by her parents on 5/7/18 in their master bedroom in a Fisher Rock and Play Sleeper lying on her stomach. Mother breastfed child at midnight and put her back in the Fisher Rock and Play Sleeper and this was the last time the child was seen alive. When the parents found her at 5AM she was cold and not breathing. The couple attempted CPR and called 911. The mother stated that the baby had recently learned how to roll over. This was an otherwise healthy child. The other children in the home have unknown roles.

## Executive Summary

Sullivan County Department of Social Services (SCDSS) received an SCR report on 5/9/18. On investigation, the parents told SCDSS that the SC was found face down and unresponsive in the Fisher-Price Deluxe Newborn Rock ‘n Play sleeper by the father. The Rock ‘n Play was in the parent’s bedroom. The mother told SCDSS that she had put the SC in the sleeper at midnight after breast feeding the SC. The father found the SC at 5AM when he awoke to use the bathroom. The mother said she called 911 and EMS arrived and the SC was transported to the hospital where the SC was pronounced dead.

The ME performed an autopsy the preliminary findings were the cause of death were asphyxiation due to sleep position, pending lab results. The final autopsy results were still pending at the time of the writing of this report. There were no criminal charges.

SCDSS assessed the safety of the SC's 2 SSs at the grandparent’s home. The parents and the SS went to stay with the grandparent’s after the death of the SC. SCDSS observed the home and the children and there were no noted safety concerns.

SCDSS requested and reviewed all pertinent medical records of the SC and the SS. SCDSS interviewed family members and appropriate collaterals about the care of the SC and the SS, there were no noted concerns for their care. ECDSS completed all safety assessments and child fatality reports timely and accurately.

SCDSS offered the family bereavement services and burial assistance. SCDSS made referrals for services to meet the needs of all family members.

SCDSS Sub the allegations of DOA/fatality and inadequate guardianship against the parents for the SC. Based on interviews with collaterals and members of the household it was learned the parents did not practice safe sleep. SCDSS obtained the summary of care instruction provided upon discharge from the hospital on 12/16/17 and the instructions stated the SC should always use a firm sleep service. The hospital reported to SCDSS that the mother was found asleep in the hospital bed with the SC on two separate occasions. The hospital instructed the mother about safe sleep prior to discharge. The mother said they were both educated about safe sleep. However, the mother said she did not use the portable crib because the SC did not like to sleep in it. There was some credible evidence based on the above-mentioned interviews and the ME’s preliminary report stated the cause of death appeared to be asphyxiation due to sleep position. The parents failed to provide a minimum degree of care; they placed the child in imminent risk of harm by placing the SC in an unsafe sleep environment on a regular basis, even though they had been educated on the dangers of co-sleeping. They failed to provide the child with a safe sleep environment, even though they had a portable crib for the child to sleep



in. The family was engaged in counseling services and continued to reside with the grandparents. SCDSS indicated and closed the case.

### PIP Requirement

SCDSS 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 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 gathered sufficient information to make a determination.

**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:

There was documentation in the case record of supervisor consultation.

## Required Actions Related to the Fatality

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

<b>Issue:</b>	Failure to provide notice of report
<b>Summary:</b>	SCDSS did not provide the BF was not provided with notice of existence of the 5/9/18 CPS report.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(ii)(f)



**Action:** SCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after the receipt of the oral report.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 05/07/2018

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Sullivan

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

Yes

**Time of Call:**

05:10 AM

**Did EMS respond to the scene?**

Yes

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

**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	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)

### LDSS Response

Upon receipt of the SCR report on 5/9/18, SCDSS completed an SCR and criminal history check. SCDSS contacted the source and made calls to obtain bereavement referrals for the family prior to the initial visit. SCDSS learned the parents and the SS had not been at their home since the fatal event and were staying at the paternal grandparent's home.



SCDSS conducted an immediate safety assessment of the two SS at the grandparents' home and after observing the home, the SS, speaking with family members and the surviving siblings, there were no noted safety concerns for the SS.

SCDSS interviewed the parents about the events leading up to the death of the SC. The mother told SCDSS that she had breast fed the SC at midnight on 5/7/18 and then placed the SC back into the Rock 'n Play sleeper which was in their bedroom. The mother told SCDSS she did not strap the SC into the seat. The mother said that the SC had recently begun rolling over. The mother said this was the SC's usual place of sleep. The mother told SCDSS the SC would not sleep in the portable crib. The parents told SCDSS that the father awoke at 5AM on 5/7/18 to go the bathroom and found the SC face down and unresponsive in the Rock 'n Play sleeper. The father screamed for the mother. The mother told SCDSS she took the SC in her arms and called 911. She then placed the SC on the living room floor and attempted CPR. EMS arrived and transported the SC to the hospital and the SC was pronounced dead. The father called his mother to come and get the SS. The father said he rode with LE to the hospital and the mother rode in the ambulance with the SC.

SCDSS appropriately questioned the parents about safe sleep. They said they were educated on safe sleep and SCDSS observed a portable crib in the home. The parents had all necessary supplies for the SC and there were no observable safety concerns in the home. The two SS shared a bedroom and were sleeping at the time of the fatal incident.

SCDSS appropriately addressed possible alcohol and drug misuse with the parents. The parents denied any misuse of substances. SCDSS appropriately offered all family members bereavement counseling. The parents continued to reside with the paternal grandparents and were not returning to their residence, they were in the process of looking for a new place to leave. The grandparents told SCDSS that the parents could stay as long as they needed.

SCDSS obtained and reviewed all medical records pertaining to the death and of the SC as well as the SC's care. SCDSS obtained medical records for the SSs and there were no noted concerns for their care. SCDSS obtained records and spoke with the school the 7yo SS attended and there were no noted concerns for his care. SCDSS obtained and reviewed records from LE, EMS and all first responders

The ME's preliminary findings were asphyxiation due to sleep positioning, pending lab results. The SC had no other injuries and no marks on the body and appeared to be well nourished. The final Autopsy results were still pending at the time of this writing and there were no arrests.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

**Comments:** Sullivan County does not have an OCFS approved CFRT.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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# Child Fatality Report

047858 - Deceased Child, Female, 4 Mons	047860 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated
047858 - Deceased Child, Female, 4 Mons	047860 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
047858 - Deceased Child, Female, 4 Mons	047859 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
047858 - Deceased Child, Female, 4 Mons	047859 - Mother, Female, 27 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 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"/>



# Child Fatality Report

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"/>
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"/>

**Explain as necessary:**  
The surviving siblings were not removed from their parents.

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



<b>Housing assistance</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Foster 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>Health 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>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### 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)
06/15/2017	Sibling, Male, 6 Years	Mother's Partner, Male, 26 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Male, 6 Years	Mother's Partner, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

SCR report alleged that on a daily basis the parent substitute slaps the 6yo SS across the face. The PS slaps the SS with enough force that he experiences pain. The PS did not slap the SS was the BM was home. The role of the 2 year old SS was unknown.

**Report Determination:** Unfounded**Date of Determination:** 09/29/2017**Basis for Determination:**

SCDSS interviewed family members and collateral contacts. The 6yo SS had no bruises or marks and gave conflicting information when interviewed. SCDSS spoke with the SS school and pediatrician and there were no noted concerns for the SS care and no bruises or injuries had been observed. The case was unfounded and closed, no further services needed.

**OCFS Review Results:**

The casework activity was commensurate with the circumstances and ll necessary casework was done. The father of the 6yo SS was not sent a notice of existence letter.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The BF was not provided a notice of existence regarding the report.

**Legal Reference:**

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

**Action:**

SCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after the receipt of the oral report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/19/2016	Sibling, Male, 5 Years	Mother's Partner, Male, 24 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Male, 5 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

SCR report alleged the parent substitute picked the 5yo SS up by the neck on an unknown date choking him for an unknown amount of time. This made it difficult for the SS to breathe. The SS did not have any visible injuries from the incident. The mother and the 6-month-old SS had unknown roles.

**Report Determination:** Unfounded**Date of Determination:** 05/24/2016**Basis for Determination:**

SCDSS Unsub the allegations of choking/twisting/shaking and inadequate guardianship against the parent substitute for the 5yo SS. There was no credible evidence to support the allegations. The parent substitute and the mother denied the allegations. The SS had no injuries. The case was unfounded and closed.

**OCFS Review Results:**

The father of the 5yo SS was not sent a notice of existence letter.

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

**Issue:**

Failure to provide notice of report

**Summary:**

The BF was not provided a notice of existence regarding the report.

**Legal Reference:**

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

**Action:**

SCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after the receipt of the oral 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 history outside of NYS.

**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