



Report Identification Number: SY-15-017

Prepared by: Syracuse Regional Office

Issue Date: 2/8/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Oneida
Gender: Male

Date of Death: 04/29/2015
Initial Date OCFS Notified: 04/29/2015

Presenting Information

On 4/28/15 the SCR registered a subsequent report alleging LS and IG against the BM on behalf of the 4-month old SC, the SC's 3-year-old sibling and the SC's 6-year-old MA. It also alleged IG against the MGM on behalf of the SC. The narrative of the report stated the following: the BM fell asleep and failed to provide adequate supervision to the SC, the SC's sibling and the SC's MA. The BM and the MGM saw that the SC was in a Pack and Play that contained a blanket and pillow and they never removed either. The SC was found by the BM at 7:00am in the Pack and Play, unresponsive, and not breathing. On 4/29/15 the SCR registered a second subsequent report alleging IG and DOA/Fatality against the BM on behalf of the SC as the SC died after being removed from a ventilator at 11:12am on 4/29/15. Both reports were subsequent to an initial report that was open at the time of the fatality. The details of this report are documented under the CPS History section of this report on page 12.

Executive Summary

The fatality report concerns the death of a 4-month-old child. The SC was pronounced dead on 4/29/15 at 11:12am. The autopsy listed the manner of death as natural. The cause of death was listed as, "Complications of viral pneumonia."

The LDSS investigation revealed that the BM and the SC moved from Broome County to the MGM's home in Oneida County about a month prior to the SC's death due to the BF's physical abuse of the BM. The SC's 3-year-old sibling had already been living in the MGM's home for about a year as the MGM had obtained physical custody of the SC's sibling. The SC's 6-year-old MA also resided in the MGM's home. The Broome County Department of Social Services (BCDSS) had an open SCR report with the family at the time of the BM's move. The open SCR report was dated 2/5/15. The allegation of IG was registered against the BM and BF on behalf of the SC due to alleged domestic violence in the home.

On 4/28/15, after a 4:00am feeding, the BM placed the SC in a Pack and Play on his back to go to sleep. The SC was discovered by the BM at 7:00am on his back, but was turned sideways from the position she left him in. She picked up the SC and saw that he was unresponsive. The Pack and Play contained a pillow and a blanket. The blanket was on the SC but was no further up than his upper arms. The pillow was not touching the SC. The SC was transported to the hospital. A subsequent report to the 2/5/15 report was registered in Oneida County on 4/28/15, alleging that the BM and MGM failed to provide proper supervision and guardianship to the SC. On 4/29/15, the SC was removed from life support due to a poor prognosis for recovery, and the SC passed away. A second subsequent report was registered in Oneida County on 4/29/15, alleging that the circumstances surrounding the SC's death were suspicious.

On 11/13/15, the LDSS completed their investigation and unsubstantiated the allegations of IG and DOA/Fatality against the BM as the SC was determined to have died from natural causes. The OCFS review of the report found that the LDSS appropriately determined the allegations in the report, as well as appropriately determined the need for protective interventions and ongoing services. The ongoing safety of, and risk to, the surviving children in the home was adequately assessed. All casework activity was commensurate with case circumstances.



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:

All LDSS casework activity was commensurate with case circumstances.

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:

The LDSS opened the case for ongoing protective services, as a result of domestic violence between the BM and BF. The decision to provide services was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/29/2015

Time of Death: 11:12 AM

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

County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? Yes

Time of Call: 07:06 AM

Did EMS to respond to the scene? Yes



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At time of incident leading to death, had child used alcohol or drugs? N/A

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

How long before incident was the child last seen by caretaker? 3 Hours

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

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	Grandparent	No Role	Female	41 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Child	No Role	Female	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)

LDSS Response

The LDSS investigation revealed that on the evening of 4/27/15, the BM left the home at 6:30pm, leaving the SC with an adult cousin. She returned at 7:00pm and the BM's cousin left at 9:00pm. The BM fell asleep shortly thereafter. The SC was asleep in a stroller. The MA picked up the SC and placed him in a Pack and Play. The MGM, who was out, came back to the home at 12:30AM. The BM awoke and left the home at that time. The SC was still asleep in the Pack and Play. The BM returned to the home at 3:00am. The BM noted the SC was moving around and making noises in the Pack and Play. She fed the SC and burped him. She placed the SC in the Pack and Play on his back at 4:00am. She fell asleep shortly thereafter. The BM awoke at 7:00am, picked up the SC and saw that he was unresponsive. The BM ran into the MGM's room and handed the SC to the MGM. The BM called 911. The MGM attempted CPR on the SC. EMS arrived and the SC was transported to Faxton St. Luke's Hospital. The SC was revived and transferred to Upstate Hospital where the SC was diagnosed with anoxic brain injury (due to lack of oxygen) and Corona Virus (lung infection). The SC was placed on life support, but was confirmed to have no measurable brain activity. The BM consented to the removal of life support and the SC was pronounced dead at 11:12am on 4/29/15.

The LDSS investigation revealed that there was a king-sized pillow and a blanket in the Pack and Play at the time of the fatal incident. The BM stated that she forgot to remove the pillow from the Pack and Play. She denied that the pillow was



in a position to impede the SC's breathing. She stated that the SC was found with the blanket on him, but it was not above his upper arms. The BM and the MGM denied any concerns for the SC prior to his death. The BM reported that a month prior, the SC had been hospitalized due to a Respiratory Syncytial Virus (RSV). Medical records obtained by the LDSS showed that the BM followed up on the SC's aftercare, and that the SC was current with his immunizations. The BM denied that the SC was ill immediately prior to his death. An autopsy was performed and the manner of death was listed as natural. The cause of death was listed as "Complications of viral pneumonia." Unsafe sleep was not listed as a contributing factor.

A subsequent report was received by the LDSS on 6/20/15, that alleged that the BF shoved the BM to the ground while she was holding the SC's sibling. The BF was arrested and jailed. The LDSS confirmed that the report incident occurred. The BM confirmed that the BF hit her in the eye and in the leg leaving bruises, causing her to drop the SC's sibling. The LDSS filed an Article 10 petition against the BM and the BF on behalf of the SC's sibling due to the report incident. Ongoing protective services were accepted by the BM.

On 11/13/15, the LDSS completed their investigation and IND the allegations of IG from the 6/20/15 report against the BM and the BF regarding the SC's sibling due to domestic violence in the presence of the SC's sibling. The allegations of IG and DOA/Fatality from the 4/29/15 report against the BM were UNF as the SC was determined to have died from natural causes. The allegations of IG and LSUP against the BM and the allegation of IG against the MGM from the 4/28/15 report were also UNF. The OCFS review of the report found that the LDSS appropriately determined the allegations in the report, as well as appropriately determined the need for protective interventions and ongoing services. All casework activity was commensurate with case circumstances. At the close of the report, the BF remained jailed and the BM and the SC's sibling remained living at the MGM's home. The MGM retained custody of the SC's sibling. Ongoing protective services and monitoring continue to be provided by the LDSS at present.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

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
023481 - Deceased Child, Male, 4 Mons	023484 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
023481 - Deceased Child, Male, 4 Mons	023484 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated



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

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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

Explain:
Bereavement services were offered.

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?** Yes



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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)	Status/Outcome	Compliance Issue(s)
05/27/2012	6723 - Mother, Female, 16 Years	6721 - Grandparent, Female, 37 Years	Inadequate Guardianship	Unfounded	No
	6723 - Mother, Female, 16 Years	6721 - Grandparent, Female, 37 Years	Other	Unfounded	
	6731 - Sibling, Female, 2 Months	6721 - Grandparent, Female, 37 Years	Other	Unfounded	
	6731 - Sibling, Female, 2 Months	6722 - Mother, Female, 16 Years	Other	Unfounded	

Report Summary:

The BM was named as a 16-year-old maltreated child in an initial report investigated by the Oneida County Department of Social Services. The allegation of IG was against the MGM. The report alleged that the MGM was verbally and physically abusive to the BM. The report alleged that the MGM hit and punched the BM in the past. The SC's sibling and MA were listed on the report with no roles. A subsequent report dated 5/30/12 was received due to a court-ordered investigation. The allegation was OTH against the BM and the MGM regarding the SC's sibling. The MA had no role. The LDSS was charged with assessing the care that both the BM and the SC's sibling were receiving.

Determination: Unfounded

Date of Determination: 07/30/2012

Basis for Determination:

The allegations of IG and OTH were UNF regarding both reports. It was determined that there was no evidence that the MGM was verbally or physically abusive to the BM. The BM left the home and failed to provide adequate care to the SC's sibling, however, the MGM was present to provide adequate care to the child. The MGM was granted physical custody of the SC's sibling, and the BM was awarded unsupervised visitation. The MGM filed a PINS petition on the BM. The home where the BM was living was assessed and no concerns were noted. No further services were deemed necessary by the LDSS.

OCFS Review Results:



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Casework activities were commensurate with the case circumstances. Safety and risk to all children in the home was assessed, as well as the need for ongoing services. The LDSS appropriately determined the allegations of the reports.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/02/2014	6742 - Mother, Female, 17 Years	6741 - Grandparent, Female, 39 Years	Other	Unfounded	No

Report Summary:

The BM was named as a 17-year-old maltreated child in a report investigated by the Broome County Department of Social Services. The allegation of OTH was against the MGM due to a court-ordered investigation. There was a concern that the BM was staying at a friend's due to the MGM kicking the BM out of the home, and not allowing the BM to return.

Determination: Unfounded

Date of Determination: 02/10/2014

Basis for Determination:

The allegation of OTH was UNF. It was determined that the MGM did not kick the BM out, and the BM always had the option of returning to the home. The BM chose to remain at her friend's. No further services were deemed necessary by the LDSS.

OCFS Review Results:

Casework activities were commensurate with the case circumstances. Safety and risk to all children in the home was assessed, as well as the need for ongoing services. The LDSS appropriately determined the allegations of the reports.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/18/2014	6764 - Sibling, Female, 2 Years	7071 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	No

Report Summary:

The SC's sibling was named as a maltreated child in a report investigated by the Broome County Department of Social Services. The allegation of IG was against the SC's BF for threatening to cut the SC out of the BM's pregnant belly, as well as threatening suicide. The incident was alleged to have occurred in the presence of the SC's sibling who was on visitation with the BM.

Determination: Unfounded

Date of Determination: 01/26/2015

Basis for Determination:

The allegation of IG was UNF as there was no evidence that the incident took place, and the BM denied any domestic violence in the home. The SC was born during the investigation, was added to the household composition, and was observed. Safe sleep was discussed with the BM and BF. No further services were deemed necessary by the LDSS.

OCFS Review Results:

Casework activities were commensurate with the case circumstances. Safety and risk to all children in the home was assessed, as well as the need for ongoing services. The LDSS appropriately determined the allegations of the report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
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02/05/2015	6773 - Deceased Child, Male, 1 Months	6771 - Mother, Female, 18 Years	Inadequate Guardianship	Indicated	No
	6773 - Deceased Child, Male, 1 Months	7072 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	

Report Summary:

The SC was named on an initial report that was investigated by the Broome County Department of Social Services. This initial report is noted under the fatality report Case ID number. This report is being reviewed under this section as it was submitted by BCDSS prior to the SC's death, then approved and closed on the date of the SC's death. The report alleged IG against the BM and BF for domestic violence in the home. The report alleged that the BF threw items at the BM, punched her in the eye, and threw her to the ground, in the presence of the SC. It further alleged that the BF grabbed the SC and ran outside for an hour with the SC only wearing a onesie.

Determination: Indicated**Date of Determination:** 04/29/2015**Basis for Determination:**

The allegations of IG against the BM and BF were IND. It was determined that: the BM and BF threw items in the SC's presence, the BF punched the BM in the face, and the BF took the SC outside without proper clothing. The BM and SC moved into the MGM's home during the report. The BF followed the BM to the area and continued to have contact with the BM and SC against an Order of Protection. He was arrested and jailed for this. The MGM was considered a protective resource for the SC. No further services were provided as the family moved out of Broome County. Safe sleep was discussed with the MGM and the BM.

OCFS Review Results:

Casework activities were commensurate with the case circumstances. Safety and risk to all children in the home was assessed. The LDSS appropriately determined the allegations of the report. Further interventions and/or ongoing services could not be considered due to the family moving out of Broome County.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

The MGM was listed as a subject in four reports investigated by the Oneida County Department of Social Services. A report on 4/4/11 was UNF regarding allegations of EdN and IG. The other three reports were IND. A 1/5/09 report was IND for IG as she allowed a paramour to sexually abuse one of her children. In addition, the MGM also hit one of her children with an electrical cord, leaving marks and bruises. A 7/3/95 report was IND for FX and OTH as one of her children obtained a spiral fracture while in her care. A 9/9/96 report was IND for MN and OTH as the MGM missed 3 medical appointments for one of her children's significant medical issue. None of the CPS indications involved the SC, the SC's sibling, or the SC's MA.

Known CPS History Outside of NYS

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

Services Open at the Time of the Fatality**Required Action(s)**



Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court Criminal Court Order of Protection

Have any Orders of Protection been issued? Yes

From: 02/04/2015 To: Unknown

Explain: The stay away Order of Protection ordered the BF to have no contact with the BM. After the SC's death, it was changed to an order to refrain from harassing the BM.

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