



Report Identification Number: SY-16-051

Prepared by: Syracuse Regional Office

Issue Date: Jun 30, 2017

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 05/29/2014
Initial Date OCFS Notified: 10/12/2016

Presenting Information

The SCR received a report on 10/12/16 alleging that the SC was born three years ago (2013) and died a year after birth (2014) at approximately one-year-old while in the care of her BM and her grandmother. The BM gave birth to a subsequent child on 10/11/16. The BM reported that the SC died of SIDS. The explanation provided by BM for the death of the SC is not plausible. The SC had no known medical issues making her an otherwise healthy child. The death is suspicious. The BM and grandmother's ability to care for the newborn child (SC's sibling) is questionable.

This report was determined to be a duplicate fatality report to an already issued Child Fatality Report SY-14-014. The original narrative – On 5/29/14 the BM found the SC unresponsive in their home. The BM called 911 and the SC was transported to the hospital. While at the hospital the SC went into cardiac arrest and passed away. The SC was an otherwise healthy child therefore the death was deemed suspicious.

Executive Summary

Some information has been brought forward from SY-14-014:

This report, received on 10/12/16 involves the death of a one-year-old female child on 5/29/14. The SC was born full term to a teenage mother on 4/20/13 and was healthy with no known medical conditions. The mother reported that SC has been fussy and had vomited. There were no surviving siblings at the time of the SC's death and no marks or bruises were found on the SC at the time of her death.

On 5/29/14 an SCR report was received with allegations of DOA/Fatality and IG against the BM regarding the SC. The report alleged that the BM found the SC lying on her back, deceased in bed. The BM called 911, first responders transported the SC to the hospital and the SC was later pronounced. The death of the SC was re-reported to the SCR on 10/12/16 with no new or additional information.

The Final Autopsy Report listed the Cause of Death as Sudden death associated with co-sleeping. The Manner of death is Undetermined. There was no evidence of trauma and toxicology results were negative. The Medical Examiner noted that the autopsy examination did not reveal an anatomic cause of death and that it is possible that co-sleeping resulted in suffocation or overlaying; however, this cannot be scientifically established.

OCDSS obtained pertinent medical records, preliminary and final autopsy, law enforcement records, and contacted several collateral contacts. On 3/5/15 OCDSS unsubstantiated the allegations of DOA/Fatality and IG against the BM as there was not credible evidence to support the allegations. Grief counseling services were offered to the BM.

On 3/15/17 OCDSS unsubstantiated the 10/12/16 allegations of DOA/Fatality and IG against the BM and BM's Great Aunt, who was referred to as the Grandmother, as there was not credible evidence to support the allegations and the determination from the 5/29/14 report was brought forward. LDSS responded appropriately to the report by reviewing the prior investigation, making home visits and collateral contacts to assess the safety of the newborn surviving sibling. Safety and risk of the surviving child was appropriately assessed and there are no service needs.



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:

Sufficient information was found to make appropriate safety and risk decisions. The decision to unfound the report was appropriate.

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:

Sufficient information was found to make appropriate safety and risk decisions. The decision to unfound the report 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: 05/29/2014

Time of Death: 04:45 AM

Time of fatal incident, if different than time of death: 03:54 AM

County where fatality incident occurred: ONONDAGA

Was 911 or local emergency number called? Yes

Time of Call: 03:54 AM

Did EMS to respond to the scene? Yes



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

Child's activity at time of incident:

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

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

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

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	Female	1 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	55 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	53 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	16 Year(s)
Deceased Child's Household	Other Child	No Role	Female	17 Year(s)
Deceased Child's Household	Other Child	No Role	Female	15 Year(s)
Other Household 1	Father	No Role	Male	18 Year(s)
Other Household 2	Grandparent	No Role	Female	32 Year(s)

LDSS Response

The report involved the death of a 1-year-old female child on 5/29/14. This report was determined to be a duplicate fatality report to an already issued Child Fatality Report SY-14-014.

OCDSS was not required to re-investigate the allegations and brought forward the fatality investigation of the report received 5/29/14 and determined to be unfounded on 3/5/15.

OCDSS made appropriate contacts and home visits to assess the safety of the SC's newborn sibling and found no safety concerns.

At the time that Child Fatality Report SY-14-014 was issued, the investigation was pending awaiting the final autopsy report. OCDSS unfounded the 5/29/14 allegations of DOA/Fatality and IG against the mother regarding the SC on 3/5/15. The family was referred for bereavement services.

The Final Autopsy Report listed the Cause of Death as Sudden death associated with co-sleeping. The Manner of death is



Undetermined. There was no evidence of trauma and toxicology results were negative. The Medical Examiner noted that the autopsy examination did not reveal an anatomic cause of death and that it is possible that co-sleeping resulted in suffocation or overlaying; however, this cannot be scientifically established.

On 3/15/17 OCDSS unsubstantiated the allegations of DOA/Fatality and IG against the BM and BM's Great Aunt, who was referred to as the Grandmother, as there was not credible evidence to support the allegations and the determination from the 5/29/14 report was brought forward. LDSS responded appropriately to the report by reviewing the prior investigation, making home visits and collateral contacts to assess the safety of the newborn surviving sibling.

The LDSS gathered appropriate information to determine the allegations in the report. All casework activity was commensurate with case circumstances. Safety and risk of the surviving child was appropriately assessed and there are no service needs.

Official Manner and Cause of Death

Official Manner: Undetermined

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

Comments: This report was determined to be a duplicate fatality report to an already issued Child Fatality Report SY-14-014.

The death occurred 5/29/14. The fatality was reviewed by Onondaga Child Fatality Review Team in 2014.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
038921 - Deceased Child, Female, 1 Yrs	038922 - Mother, Female, 16 Year(s)	DOA / Fatality	Unsubstantiated
038921 - Deceased Child, Female, 1 Yrs	038922 - Mother, Female, 16 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 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

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



household?				
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 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"/>
Explain as necessary: The surviving children were the 16 year old BM and her two teenage cousins. No safety concerns existed and no removals necessary.				

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	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"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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"/>

Additional information, if necessary:
 LDSS provided information for burial assistance and referred for bereavement services.

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? N/A

Explain:
 No service needs identified.

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

Explain:
 LDSS provided information for burial assistance and referred for bereavement services.

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?** 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?** N/A
- Was the child acutely ill during the two weeks before death?** No

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)
11/06/2013	17367 - Deceased Child,	17369 - Grandparent,	Inadequate	Unfounded	No



Female, 6 Months	Female, 52 Years	Guardianship	
17367 - Deceased Child, Female, 6 Months	17369 - Grandparent, Female, 52 Years	Lacerations / Bruises / Welts	Unfounded
17367 - Deceased Child, Female, 6 Months	17369 - Grandparent, Female, 52 Years	Lack of Medical Care	Unfounded
17367 - Deceased Child, Female, 6 Months	17369 - Grandparent, Female, 52 Years	Internal Injuries	Unfounded
17367 - Deceased Child, Female, 6 Months	17369 - Grandparent, Female, 52 Years	Lack of Supervision	Unfounded
17368 - Mother, Female, 15 Years	17369 - Grandparent, Female, 52 Years	Inadequate Guardianship	Unfounded
17368 - Mother, Female, 15 Years	17369 - Grandparent, Female, 52 Years	Lack of Supervision	Unfounded

Report Summary:

On 11/6/13 three SCR reports were received regarding injury to the then 6-month-old SC. This report had allegations of Internal Injuries, IG, LBW, Lack of Medical Care and Lack of Supervision against the MGGM regarding the SC and allegations of IG and Lack of Supervision against the MGGM regarding the 15-year-old BM. The report alleged that the MGGM was not adequately supervising the BM and SC when the BM had a party and the SC sustained a subconjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye. The explanations were inconsistent with injuries and medical care was delayed.

Determination: Unfounded**Date of Determination:** 12/10/2013**Basis for Determination:**

The SC sustained a subconjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye as a result of flipping herself out of a hammock-sleeper and landing on the floor approximately 2 feet below. The BM was not having a party in the home at the time of the incident. Medical attention was sought. LE and LDSS found the explanation plausible. The BM discontinued using the hammock and a pack and play was obtained. LDSS unfounded the allegations as there was no credible evidence to substantiate the allegations. Services were offered and declined.

OCFS Review Results:

OCFS review found no compliance issues.

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)
11/06/2013	17385 - Deceased Child, Female, 6 Months	17387 - Grandparent, Female, 52 Years	Inadequate Guardianship	Unfounded	No
	17385 - Deceased Child, Female, 6 Months	17388 - Grandparent, Male, 54 Years	Internal Injuries	Unfounded	
	17385 - Deceased Child, Female, 6 Months	17387 - Grandparent, Female, 52 Years	Lack of Medical Care	Unfounded	
	17385 - Deceased Child, Female, 6 Months	17386 - Mother, Female, 15 Years	Internal Injuries	Unfounded	
	17385 - Deceased Child, Female, 6 Months	17388 - Grandparent, Male, 54 Years	Lacerations / Bruises / Welts	Unfounded	
	17385 - Deceased Child, Female, 6 Months	17386 - Mother, Female, 15 Years	Lacerations / Bruises / Welts	Unfounded	



17385 - Deceased Child, Female, 6 Months	17387 - Grandparent, Female, 52 Years	Internal Injuries	Unfounded
17385 - Deceased Child, Female, 6 Months	17386 - Mother, Female, 15 Years	Lack of Medical Care	Unfounded
17385 - Deceased Child, Female, 6 Months	17387 - Grandparent, Female, 52 Years	Lacerations / Bruises / Welts	Unfounded
17385 - Deceased Child, Female, 6 Months	17388 - Grandparent, Male, 54 Years	Lack of Medical Care	Unfounded
17385 - Deceased Child, Female, 6 Months	17386 - Mother, Female, 15 Years	Swelling / Dislocations / Sprains	Unfounded
17385 - Deceased Child, Female, 6 Months	17388 - Grandparent, Male, 54 Years	Swelling / Dislocations / Sprains	Unfounded
17385 - Deceased Child, Female, 6 Months	17386 - Mother, Female, 15 Years	Inadequate Guardianship	Unfounded
17385 - Deceased Child, Female, 6 Months	17387 - Grandparent, Female, 52 Years	Swelling / Dislocations / Sprains	Unfounded
17385 - Deceased Child, Female, 6 Months	17388 - Grandparent, Male, 54 Years	Inadequate Guardianship	Unfounded

Report Summary:

On 11/6/13 three SCR reports were received regarding injury to the then 6-month-old SC. This report had allegations of Internal Injuries, IG, LBW, Lack of Medical Care and Swelling/Dislocation/Sprains against the BM, MGGM and MGGF regarding the SC. The report alleged that the BM had a party and the SC sustained a subjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye. The explanations were inconsistent with injuries and medical care was delayed.

Determination: Unfounded**Date of Determination:** 12/10/2013**Basis for Determination:**

The SC sustained a subjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye as a result of flipping herself out of a hammock-sleeper and landing on the floor approximately 2 feet below. The BM was not having a party in the home at the time of the incident. Medical attention was sought. LE and LDSS found the explanation plausible. The BM discontinued using the hammock and a pack and play was obtained. LDSS unfounded the allegations as there was no credible evidence to substantiate the allegations. Services were offered and declined.

OCFS Review Results:

OCFS review found no compliance issues.

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)
11/06/2013	17378 - Deceased Child, Female, 6 Months	17379 - Mother, Female, 15 Years	Lacerations / Bruises / Welts	Unfounded	No
	17378 - Deceased Child, Female, 6 Months	17379 - Mother, Female, 15 Years	Swelling / Dislocations / Sprains	Unfounded	

17378 - Deceased Child, Female, 6 Months	17380 - Grandparent, Female, 52 Years	Internal Injuries	Unfounded
17378 - Deceased Child, Female, 6 Months	17380 - Grandparent, Female, 52 Years	Lacerations / Bruises / Welts	Unfounded
17378 - Deceased Child, Female, 6 Months	17381 - Grandparent, Male, 54 Years	Lack of Medical Care	Unfounded
17378 - Deceased Child, Female, 6 Months	17379 - Mother, Female, 15 Years	Lack of Medical Care	Unfounded
17378 - Deceased Child, Female, 6 Months	17380 - Grandparent, Female, 52 Years	Inadequate Guardianship	Unfounded
17378 - Deceased Child, Female, 6 Months	17380 - Grandparent, Female, 52 Years	Lack of Medical Care	Unfounded
17378 - Deceased Child, Female, 6 Months	17380 - Grandparent, Female, 52 Years	Swelling / Dislocations / Sprains	Unfounded
17378 - Deceased Child, Female, 6 Months	17379 - Mother, Female, 15 Years	Inadequate Guardianship	Unfounded
17378 - Deceased Child, Female, 6 Months	17379 - Mother, Female, 15 Years	Internal Injuries	Unfounded
17378 - Deceased Child, Female, 6 Months	17381 - Grandparent, Male, 54 Years	Inadequate Guardianship	Unfounded
17378 - Deceased Child, Female, 6 Months	17381 - Grandparent, Male, 54 Years	Internal Injuries	Unfounded
17378 - Deceased Child, Female, 6 Months	17381 - Grandparent, Male, 54 Years	Lacerations / Bruises / Welts	Unfounded
17378 - Deceased Child, Female, 6 Months	17381 - Grandparent, Male, 54 Years	Swelling / Dislocations / Sprains	Unfounded

Report Summary:

On 11/6/13 three SCR reports were received regarding injury to the then 6-month-old SC. This report had allegations of Internal Injuries, IG, LBW, Lack of Medical Care and Swelling/Dislocation/Sprains against the BM, MGGM and MGGF regarding the SC. The report alleged that the BM had a party and the SC sustained a subconjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye. The explanations were inconsistent with injuries and medical care was delayed.

Determination: Unfounded

Date of Determination: 12/10/2013

Basis for Determination:

The SC sustained a subconjunctive hemorrhage to her right eye and bruising above her left eye and below her right eye as a result of flipping herself out of a hammock-sleeper and landing on the floor approximately 2 feet below. The BM was not having a party in the home at the time of the incident. Medical attention was sought. LE and LDSS found the explanation plausible. The BM discontinued using the hammock and a pack and play was obtained. LDSS unfounded the allegations as there was no credible evidence to substantiate the allegations. Services were offered and declined.

OCFS Review Results:

OCFS review found no compliance issues.

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)
02/07/2013	17415 - Mother, Female, 14 Years	17416 - Grandparent, Female, 30 Years	Inadequate Guardianship	Far-Closed	No

Report Summary:

On 2/7/13, OCDSS received an SCR report alleging IG against the MGM regarding the then 14-year-old BM. The report alleged that the MGM kicked the BM out of the home and did not make a plan for her care. The MGM kicked the BM out because the BM was pregnant and decided to keep the child. The BM moved in with family members and the MGM changed her telephone number and is not accessible in the event of an emergency regarding BM. The case was appropriately screened as eligible for Family Assessment Response (FAR).

OCFS Review Results:

OCDSS completed an appropriate FAR assessment and closed the case as FAR/No Determination on 3/30/13.

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

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

OCDSS had 2 SCR reports in 1999 involving the 16-year-old BM as a child victim. The reports included allegations of IG and LS against the MGM regarding the then one-year-old BM. Both reports were substantiated for allegations of IG and LS against the MGM.

OCDSS had one SCR report in 2007 involving the 17-year-old other child in the household at the time of the fatality. The report included allegations of IG and LS against the 17-year-old's BF regarding the then 10-year-old child. The report was unsubstantiated.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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.

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