



## Report Identification Number: SY-17-024

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

**Issue Date: Nov 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                        | PS-Parent Sub                         |
| CH/CHN-Child/Children                             | OA-Other Adult                              |                                       |
| Contacts  |   |                                       |
| LE-Law Enforcement                                | CW-Case Worker                              | CP-Case Planner                       |
| Dr.-Doctor  | ME-Medical Examiner                         | EMS-Emergency Medical Services        |
| DC-Day Care                                       | FD-Fire Department                          | BM-Biological Mother                  |
| CPS-Child Protective Services                     |   |                                       |
| Allegations                                       |   |                                       |
| FX-Fractures                                      | II-Internal Injuries                        | L/B/W-Lacerations/Bruises/Welts       |
| S/D/S-Swelling/Dislocation/Sprains                | C/T/S-Choking/Twisting/Shaking              | B/S-Burns/Scalding                    |
| P/Nx-Poisoning/ Noxious Substance                 | XCP-Excessive Corporal Punishment           | PD/AM-Parent's Drug Alcohol Misuse    |
| CD/A-Child's Drug/Alcohol Use                     | LMC-Lack of Medical Care                    | EdN-Educational Neglect               |
| EN-Emotional Neglect                              | SA-Sexual Abuse                             | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter         | IG-Inadequate Guardianship                  | LS-Lack of Supervision                |
| Ab-Abandonment                                    | OTH/COI-Other                               |                                       |
| Miscellaneous                                     |   |                                       |
| IND-Indicated                                     | UNF-Unfounded                               | SO-Sexual Offender                    |
| Sub-Substantiated                                 | Unsub-Unsubstantiated                       | DV-Domestic Violence                  |
| LDSS-Local Department of Social Service           | ACS-Administration for Children's Services  | NYPD-New York City Police Department  |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care                        |
| MH-Mental Health                                  | ER-Emergency Room                           | COS-Court Ordered Services            |
| OP-Order of Protection                            | RAP-Risk Assessment Profile                 | FASP-Family Assessment Plan           |
| FAR-Family Assessment Response                    | Hx-History                                  | Tx-Treatment                          |
| CAC-Child Advocacy Center                         | PIP-Program Improvement Plan                | yo- year(s) old                       |
| CPR-Cardiopulmonary Resuscitation                 |   |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 3 month(s)

**Jurisdiction:** Oswego  
**Gender:** Female

**Date of Death:** 06/12/2017  
**Initial Date OCFS Notified:** 06/13/2017

## Presenting Information

On 6/12/17, BM and BF went to bed with SC (approximately 3 and a half months old) and co-slept with her. Sometime during the night, either one or both of the parents rolled over on the SC. As a result, SC suffocated and passed away.

## Executive Summary

The SCR received a report on 6/13/17, alleging DOA/Fatality and IG against BM and BF of the 3-month-old female SC. Oswego County Department of Social Services (OCDSS) began their investigation and coordinated efforts with LE upon receipt of this report. There were no surviving CHN in the household. BF had four other CHN who never visited his home.

The investigation revealed that on 6/12/17, BM, BF, & SC went to dinner at BM's brother's house and returned home around 10:30PM. SC was put to bed in her Pack and Play and started to fuss later in the night (BM was unsure of what time). BM fed SC a bottle and put SC in bed with her and BF. BM woke around 6:15AM and felt SC to be cold. BF woke to BM screaming around 6:30AM and BM called 911. CPR was not performed as SC was already deceased. 911 instructed the parents to place the SC on the floor to see if she would aspirate; there was vomit in her mouth. BM said SC normally slept in her Pack and Play but occasionally slept with her and BF.

OCDSS offered parents grief counseling referrals, burial assistance, and parents had met with the CAC. OCDSS verified with SC's pediatrician that safe sleep was discussed at every visit. CW made contact with several collaterals such as LE, SC's pediatrician, the CAC, DA, relatives, and ME. Safety assessments, 24-hour, and 30-day fatality reports were completed on time. During the first home visit and interviews on 6/13/17, BM and BF both disclosed that BF had four other children. The 24-hour fatality report failed to mention BF's four other children. These children were not assessed during the investigation.

ME's autopsy report listed the cause of death was Sudden Infant Death associated with unsafe sleep environment, the manner was undetermined, and a contributory factor was tracheobronchitis.

The allegations of DOA/Fatality and IG were unsubstantiated against BF and substantiated against BM as she is the one who placed SC in bed with them. BF was sleeping and had no knowledge of this. The report was indicated and closed.

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed to further address on-going 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?** No
- **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** No

**Determination:**

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** Yes

**Was the decision to close the case appropriate?** Yes

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

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

**Explain:**

CW did not see BF's history and did not assess the safety of BF's four other children.

**Required Actions Related to the Fatality**

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

|                         |   |
|-------------------------|---|
| <b>Issue:</b>           | Adequacy of Risk Assessment Profile (RAP)   |
| <b>Summary:</b>         | Question 1 is answered incorrectly as the answer says there are no prior determined reports and the comment says the family has no history with CPS. BF had 2 prior indicated cases.  |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(d)   |
| <b>Action:</b>          | OCDSS will do a thorough search of everyone named in SCR reports to verify history and accurately complete the RAP.   |
| <b>Issue:</b>           | Review of CPS History   |
| <b>Summary:</b>         | An adequate review of CPS history was not completed during this investigation. BF had prior CPS history with his 4 other CHN in which two of the cases were indicated.                |
| <b>Legal Reference:</b> | 18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | A thorough search of CPS history will be completed and corrections are to be made to the case record when appropriate.  |
| <b>Issue:</b>           | Timely/Adequate 24 Hour Assessment  |
| <b>Summary:</b>         | On the first day of this investigation, BF disclosed he had 4 other CHN. The safety of the 4 SS was not assessed within the first 24 hours, or at any point during the investigation. |
| <b>Legal Reference:</b> | SSL 424(6); 18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | Safety of SS will be assessed within the first 24 hours of a fatality investigation.  |



|                         |   |
|-------------------------|---|
| <b>Issue:</b>           | Timely/Adequate Seven Day Assessment  |
| <b>Summary:</b>         | On the first day of this investigation, BF disclosed he had 4 other CHN. The safety of the 4 SS was not assessed within the first 7 days or at any point during this investigation. |
| <b>Legal Reference:</b> | SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)   |
| <b>Action:</b>          | Safety of SS will be assessed within the first 7 days of an investigation.  |

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 06/12/2017

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Oswego

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

Yes

**Time of Call:**

Unknown

**Did EMS respond to the scene?**

Unknown

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

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

**At time of incident supervisor was:** Unknown if they were 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 | 3 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 37 Year(s) |
| Deceased Child's Household | Mother         | Alleged Perpetrator | Female | 30 Year(s) |

### LDSS Response

On 6/13/16, OCDSS initiated their investigation and worked jointly with LE. CW met LE at the family's home. There were no surviving children in the home. An LE investigator had already interviewed BM & BF. LE shared information



gathered with CW such as copies of statements and pictures. SC's body was still inside the home, as they were waiting on the ME to arrive and complete a reenactment.

LE said the parents reported going to dinner at a MU's house with the SC. Both admitted to drinking 2-3 beers but denied intoxication. BM woke at 6:30AM and felt SC cold to touch and saw spit up on the sheets. BF was sleeping against the wall, BM in the middle, and SC on the outside of the bed. It's unknown what position SC was found in. The investigator said at 6AM, rigor mortis had already set in, and he suspected SC died shortly after the bottle feeding.

LE introduced CW to BM and CW offered condolences. BM was very upset and crying. CW interviewed BM about the events leading to her finding the SC unresponsive. BM said she went to dinner at her brother's house with BF and SC. BM said they came home around 10:30PM, changed SC's diaper, and put her to bed in her Pack and Play. BM and BF then went to sleep. BM said SC started to fuss but she was unsure at what time. BM fed her a bottle and put SC in bed with her and BF. BM said she awoke around 6:15AM and felt SC was cold. BM said she had a normal pregnancy and SC was born without any complications and had no medical issues. BM denied any drug/alcohol abuse, MH issues, or DV in the home. BM denied having any criminal history. BF was upset and recounted the same timeline of events as BM. BF said he woke to BM screaming around 6:30AM and BM called 911. BF said they did not perform CPR as SC was already dead. 911 told them to put SC on the floor and see if she aspirated and that there was vomit in her mouth. CW asked BM and BF if SC had been sick, which they both denied.

CW asked both parents if anyone at the hospital had discussed safe sleep with them and they said yes. CW asked if it was typical for SC to be in bed with them and BM said SC normally slept alone but sometimes slept with them. BM said BF had other CHN who were older. These CHN were not assessed during the investigation nor were they mentioned in the 24-hour fatality report.

BF denied any MH issues, drug/alcohol issues, and DV. CW asked BF if his CHN ever come to visit and BF said no, that he visits them in the county they live in. CW offered grief counseling referrals and discussed applying at DSS for burial assistance. CW left CW's card for BM and BF. BM signed releases for CW. CW observed the home before leaving and found it to be clean. The SC's room was well furnished with plenty of baby supplies.

CW received records from SC's pediatrician. SC's Dr. noted safe sleep was discussed at every visit, and parents were advised to not allow SC to sleep in a swing and parents were receptive. Dr. had no medical concerns for SC.

CW spoke with the LE who said the ME had the parents participate in a reenactment. After the reenactment, ME suspected the BM rolled over onto SC during the night.

CW met with the parents at home and confirmed they have met with someone regarding counseling.

CW received the final autopsy from ME which listed the cause of death was Sudden Infant Death associated with unsafe sleep environment, the manner was undetermined, and a contributory factor was tracheobronchitis. BF told CW that they never witnessed SC to be ill or show any symptoms of illness before her death.

CW had a conversation with BM about the case being IND. CW discussed services in the community available to BM and BM thanked CW. BM and BF were not involved in services at the time the case closed.

### 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

## SCR Fatality Report Summary

| Alleged Victim(s)                           | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|---|-------------------------------------|-------------------------|--------------------|
| 041768 - Deceased Child, Female, 3 Month(s) | 041766 - Mother, Female, 30 Year(s) | DOA / Fatality          | Substantiated      |
| 041768 - Deceased Child, Female, 3 Month(s) | 041766 - Mother, Female, 30 Year(s) | Inadequate Guardianship | Substantiated      |
| 041768 - Deceased Child, Female, 3 Month(s) | 041767 - Father, Male, 37 Year(s)   | DOA / Fatality          | Unsubstantiated    |
| 041768 - Deceased Child, Female, 3 Month(s) | 041767 - Father, Male, 37 Year(s)   | Inadequate Guardianship | Unsubstantiated    |

## CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                       | N/A                                 | Unable to Determine      |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

## Fatality Safety Assessment Activities

|   | Yes                                 | No                       | N/A                      | Unable to Determine      |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|  |                                     |                                     |                          |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b> |                                     |                                     |                          |                          |
| <b>Within 24 hours?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 7 days?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>At 30 days?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Are there any safety issues that need to be referred back to the local district?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                                     |                          |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>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?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

**Explain:**  
 There were no surviving children named in the report; however, BF had 4 other children who lived in a different county. BF and BM reported that those children do not visit their home and that BF visits them in the county where they live. These children were surviving siblings and an assessment of their safety was required.

**Fatality Risk Assessment / Risk Assessment Profile**

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>Was the risk assessment/RAP adequate in this case?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Was there an adequate assessment of the family's need for services?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>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?</b>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Were appropriate/needed services offered in this case</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**Explain:**  
 The RAP was not completed accurately as BF's history was missed in a history review. BF was IND in two previous reports alleging L/B/W, IG, XCP & OTH/COI. BF's four other CHN were not assessed.

**Placement Activities in Response to the Fatality Investigation**

|  | Yes                      | No                                  | N/A                      | Unable to Determine      |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| <b>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?</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Child Fatality Report

|  |                          |                                     |                          |                          |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

### Services Provided to the Family in Response to the Fatality

| Services                             | Provided After Death                | Offered, but Refused                | Offered, Unknown if Used | Needed but not Offered   | Needed but Unavailable   | N/A                                 | CDR Lead to Referral     |
|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Housing assistance                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mental health services               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Foster care                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Health care                          | <input 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"/> |

### 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Had medical complications / infections                                       | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs                               | <input type="checkbox"/> Smoked tobacco        |
| <input type="checkbox"/> Experienced domestic violence  | <input type="checkbox"/> Used illicit drugs    |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |  |

**Infant was born:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug exposed  | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> With neither of the issues listed noted in case record |   |

### 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) |
|--------------------|--------------------------|------------------------|---------------|----------------|---------------------|
| 06/29/2016         | Sibling, Female, 5 Years | Father, Male, 37 Years | Other         | Indicated      | Yes                 |
|                    | Sibling, Male, 8 Years   | Father, Male, 37 Years | Other         | Indicated      |                     |

**Report Summary:**

This was a court ordered investigation report with an allegation of OTH/COI. During this investigation it was discovered 2 of BF's CHN witnessed him physically assault their mother and another woman BF was dating in the past. On a separate date, BF was arrested and charged with endangering the welfare of a child for driving away while one of the CHN was halfway out of the vehicle. CH reported being scared and that he almost fell out of the vehicle. CH was 8yo at the time. There were also disclosures of BF drinking to impairment while caring for the CHN, as well as driving the CHN while intoxicated.

**Determination:** Indicated **Date of Determination:** 09/06/2016

**Basis for Determination:**

CPS found evidence of maltreatment and incorrectly substantiated the allegation of OTH/COI against BF.

**OCFS Review Results:**

The allegation of IG should have been added and substantiated per the domestic violence disclosures. PD/AM should have been added per the disclosures of BF being intoxicated while driving with the CHN in his vehicle. The allegation of OTH/COI should have been unsubstantiated.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

The allegation of OTH/COI was incorrectly substantiated. There were pertinent allegations that should have been added and substantiated.

**Legal Reference:**

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

**Action:**

Per the CPS Program Manual, the allegation of OTH/COI will not be substantiated when there are pertinent allegations of abuse/maltreatment that should be added and substantiated.



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

7/1/08-12/4/08 (UNF) LMC for BF against his 6yo son.  
10/16/07-12/10/07 (UNF) IG against BF for his 2 sons (ages 5&4 at the time).  
10/31/08-1/6/09 (IND) IG, XCP, & L/B/W against BF for his 5yo son.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### 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

### Additional Local District Comments

LDSS disagrees with the facts. LDSS assessed for surviving siblings "in the environment" per the CPS Program Manual. Surviving siblings were not in the home. OCFS did not contact LDSS before issuing the citation although OCFS oversaw case from inception.

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Action:** When finding multiple PID numbers for people listed on reports, please merge.

**Are there any recommended prevention activities resulting from the review?**  Yes  No