



Report Identification Number: BU-16-044

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

Issue Date: May 15, 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 month(s)

Jurisdiction: Erie
Gender: Female

Date of Death: 12/27/2016
Initial Date OCFS Notified: 12/27/2016

Presenting Information

The SM and SF are the biological parents to SC, SS's (age 2) and (age 4.) The 9-year-old SS had a different father. The morning of 12/27/16 the SF woke up at 6:30 am and had looked in the SC bassinet for her. SC was not in the bassinet. The SF had lifted up the covers on the bed and found SC under SM's breast. The SM was still sleeping. The SM was breast feeding the SC while she was in bed and the SM had fallen asleep. The SF woke the SM and called 911. The SC was taken to the hospital and was pronounced dead at 7:12 a.m. due to cardiac arrest. The SC had no pre-existing medical conditions. There were three other SS in the home. Their roles were unknown.

Executive Summary

The SCR-reported fatality received by Erie County Department of Social Services (ECDSS) on 12/27/2016, was subsequent to an open child protective investigation regarding one of the SS's (age 9). The SS (age 9) lived with the SC but was visiting with her BF at the time of fatal incident. The SF and SM of the SC, had two other children together, SS (age 3) and SS (age 4). The SF of the SC, also had a SS (age 16) who resided with his BM and had regular visitation in the SC home. ECDSS conducted a joint investigation with LE. ECDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. Both the SM and the BF had no known history of drug or alcohol misuse.

Through investigation and interviews it was learned that SF woke up at 6:30 AM and went to check on the SC in her pack and play. The SC was not there. The SF then pulled covers off the SM and found the SC under the SM's breast. The SF woke the SM up and the SC was unresponsive. The SM had been breast feeding the SC and had fallen asleep. The SF called 911 and the SC was taken to the hospital and was pronounced dead at 7:12 a.m. due to cardiac arrest.

In the first 24 hours of the investigation, ECDSS adequately assessed the safety of all SS and their households and found no safety concerns. ECDSS offered mental health and trauma services to the family. ECDSS had all of the SS undergo a medical exam at the Child Advocacy Center (CAC) and there were no concerns noted.

An autopsy was performed by ME on 12/27/2017. The autopsy results were received and the cause of death was asphyxia due to overlay and manner of death was accidental. No criminal charges were filed and no arrests were made.

On 2/22/2017, the allegations for DOA/fatality, IG and LS against the SF and SM with respect to the SC were unsubstantiated. There was no credible evidence to support the allegations. The SM was breast feeding the SC on 12/27/2017 and had fallen asleep while feeding the SC. The SF woke up in the morning to find the SM and the SC in the bed. The SF found the SC under the SM's breast and the SC was unresponsive. The SF and the SM acted appropriately, CPR was administered and 911 was called. The EMT's arrived and SC was taken to the hospital where the SC was pronounced dead. There were no aggravating circumstances found that led to the SC's cause of death. The SF and the SM were aware of safe sleep practices and had provided safe sleep arrangements for the SC. It was determined this was an isolated incident with no contributing factors. The bedding did not appear to be out of the ordinary and the SM was not determined to be sleep deprived. The SM and SF did not appear to be under the influence of drugs or alcohol at the time of the fatal incident. They did not provide less than a minimum degree of



care. The family was attending grief counseling and declined any additional services. There were no other safety concerns in the home. It was determined there were no other services needed. The case was UNF and closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Was the decision to close the case appropriate? Yes

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

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

Explain:
OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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: 12/27/2016

Time of Death: 07:12 AM

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes



At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

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

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Other Household 1	Father	No Role	Male	30 Year(s)
Other Household 1	Other Child	No Role	Male	16 Year(s)

LDSS Response

On 12/27/2016, ECDSS received n SCR report alleging DOA/fatality, IG and LS against both the SM and the SF involving one-month-old SC. A joint investigation was conducted by ECDSS and LE. Through investigation and interviews it was learned that SF woke up at that morning and went to check on SC in her pack and play. The SC was not there. The SF then pulled covers off SM and found the SC under SM's breast. The SF woke the SM up and the SC was unresponsive. The SM had been breast feeding the SC early in the morning in the bed and fell asleep. The SF called 911 and the SC was taken to the hospital and was pronounced dead at 7:12 am due to cardiac arrest. The SC was otherwise reported to be a healthy child.

Upon further investigation it was learned that SF had 16-year-old SS who resided with his BM but had regular visitation at SC home. The SM had two other SS with SF and a SS (age 9) who is SF's step-daughter. The SS (age 9) visits with her BF and his family.

ECDSS appropriately assessed the safety of all SS's and their households. There were no safety concerns and the home environment was deemed safe. All adult subjects and other adults named in the report were provided with notice of



existence of the report and interviewed when appropriate. During the investigation ECDSS interviewed the source and all first responders. The SM, SF and SS were interviewed and observed. All appropriate collateral contacts were made including, pediatricians, treatment professionals, schools and family members. A SCR history check was completed and reviewed. A criminal history check was completed. Both the SF and SM had no known history of drug or alcohol misuse.

An autopsy was performed by ME on 12/27/2017. The autopsy results were received and the cause of death was asphyxia due to overlay and manner of death was accidental. No criminal charges were filed and no arrests were made.

On 2/22/2017, the allegations for DOA/fatality, IG and LS against the SF and SM with respect to the SC were unsubstantiated. There was no credible evidence to support the allegations. The SM was breast feeding the SC on 12/27/2017 and fell asleep while feeding the SC. SF woke up in the morning to find SM and SC in the bed. SF found the SC under the SM's breast and the SC was unresponsive. The SF and SM acted appropriately, CPR was administered and 911 was called. The EMT's arrived and SC was taken to the hospital and where the SC was pronounced dead. ECDSS gathered information from interviews, home visits and collateral contacts in a position to provide information in regard to the care of the SS. There were no reported concerns.

There were no aggravating circumstances found that led to the SC's cause of death. The SF and the SM were aware of safe sleep practices and had provided safe sleep arrangements for the SC. It was determined this was an isolated incident with no known contributing factors. The bedding did not appear to be out of the ordinary and the SM was not determined to be sleep deprived. The SM and SF did not appear to be under the influence of drugs or alcohol at the time of the fatal incident. They did not provide less than a minimum degree of care. The family was attending grief counseling and declined any additional services. There were no other safety concerns in the home. It was determined there were no other services needed. The case was appropriately UNF and closed.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: ECDSS followed MDT protocol.

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

Comments: This ECDSS does not have a Child Fatality Review Team. ECDSS followed MDT protocol and conducted joint investigation with LE. The SS were seen at the Child Advocacy Center (CAC) for Medical exams.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037121 - Deceased Child, Female, 1 Mons	037123 - Mother, Female, 30 Year(s)	DOA / Fatality	Unsubstantiated



037121 - Deceased Child, Female, 1 Mons	037123 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
037121 - Deceased Child, Female, 1 Mons	037421 - Father, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
037121 - Deceased Child, Female, 1 Mons	037421 - Father, Male, 36 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>
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When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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	Offered, but	Offered, Unknown	Needed but not	Needed but	N/A	CDR Lead to



	Death	Refused	if Used	Offered	Unavailable		Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

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:
ECDSS offered referrals but SM and BF arranged there own counseling services for the SS (age 9).

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
ECDSS offered referrals but SM and BF arranged their own counseling services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was there an open CPS case with this child at the time of death? No

Was the child ever placed outside of the home prior to the death? No



Were there any siblings ever placed outside of the home prior to this child's death? No
 Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/06/2016	15771 - Sibling, Female, 9 Years	15982 - Father, Male, 37 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	15771 - Sibling, Female, 9 Years	15982 - Father, Male, 37 Years	Inadequate Guardianship	Unfounded	

Report Summary:

An SCR report was received on 12/6/2017, alleging PD/AM and IG against the SF of the SC, regarding the 9-year-old SS. The SM and other SS and SC had no role. It was reported that the SF of the SC would return home drunk and high on pills, once home he would engage in aggressive behavior and yell at the SM and get in the 9-year-old SS face. Upon investigation the 9-year-old admitted she was upset at school and asked to speak with the guidance counselor. Once in the guidance counselors office she just started making things up. All parties were interviewed and numerous home visits were made. The SS of the SC was interviewed alone and at school and SS statements were consistent.

Determination: Unfounded **Date of Determination:** 02/02/2017

Basis for Determination:

The report dated 12-6-16 was UNF for IG and PD/AM against the SF of the SC, in regards to the 9-year-old SS. Both parents appeared sober and coherent on all home visits. The 9-year-old SS stated she became angry and overwhelmed at school and when she met with the guidance counselor she just started making stuff up. She told ECDSS that she was sorry. The step daughter was in counseling at school and school had no concerns. The case was UNF due to the lack of credible evidence to support the allegations.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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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09/02/2013	15815 - Sibling, Female, 9 Years	15808 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	No
	15815 - Sibling, Female, 9 Years	15808 - Father, Male, 30 Years	Excessive Corporal Punishment	Indicated	
	15815 - Sibling, Female, 9 Years	15808 - Father, Male, 30 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

On 8/13/2013 an SCR report was received alleging, XCP,L/B/W and IG against the BF regarding one of the SS. The BF spanked her bare buttocks. The BF of SS hit her as a form of punishment. As a result of the punishment the SS had welt marks on her buttocks. The role of the SS mother, was unknown.

Determination: Indicated **Date of Determination:** 03/31/2014

Basis for Determination:

The INV was indicated for XCP, L/B/W and IG against BF, regarding the SS who is his child. BF admitted to spanking SS as a form of punishment. The SS reported that it hurt badly. The SS had petechiae and linear red marks on her butt were consistent with a handprint. Her mother took her to the police station and filed a report and they took pictures. Mother also took her daughter to the pediatrician and injuries were documented. The mother petitioned Family Court for modification of visitation. The visitation was changed to supervised visits. The INV was IND and closed.

OCFS Review Results:

OCFS found the investigation to be complete and the determination was appropriate based on the information gathered.

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

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

Indicated report in 6/2000, regarding SF's other child with a different woman. SF was listed as having no role in that report. The investigation was indicated against that child's BM for XCP. This was a half sibling to the SC and only had weekend visitation with the SF of the SC.

Known CPS History Outside of NYS

There is no known history out side 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.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? There was no legal activity

Additional Local District Comments

We find that the facts describe the unfortunate events and the actions taken in response. We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

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