



Report Identification Number: BU-15-020

Prepared by: Buffalo Regional Office

Issue Date: 4/15/2016

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

Case Information



Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 06/05/2015
Initial Date OCFS Notified: 06/05/2015

Presenting Information

The SC was found unresponsive in her parent's home at approximately 10:20 PM on 4/18/15. The SC was in the care of her parents, SM and SF. The PA and her boyfriend were also visiting the home at the time of the incident. The PA performed CPR and 911 was called. The SC was taken by ambulance to the WCA hospital, where CPR was continued until the SC had a pulse which occurred at 10:48 PM. No bruises or marks were found on the SC.

The SC was stabilized and transferred to Women and Children's Hospital of Buffalo (WCHOB). The SC was examined by a dr. specializing in child abuse and various other drs who performed other tests such as an MRI, CT scan and a skeletal survey. The medical staff was unable to determine the cause of why the SC was found unresponsive. The SC was placed on life support. The parents made the decision to discontinue life support on 6/5/15. The SC passed away at 5:45 PM on 6/5/15 about a 1/2 hour after life support was discontinued.

Executive Summary

The 4 month old SC went into cardiac arrest on 4/19/15. The SC was put to sleep on an adult bed between two pillows at about 10 pm. Twenty minutes later, the SM went in to check on the SC and found her not breathing and unresponsive. The PA who was present in the home at that time performed CPR until EMS arrived. The SC was revived in the ER and transported to WCHOB. The SC never regained consciousness and the parents decided to take her off life support on 6/5/15. The subject child died within a 1/2 hour of being taken off life support.

At the time the SC was taken to the hospital, the parents were asked to make alternative caretaker arrangements for the three surviving siblings, ages, 5, 3 and 2. The parents agreed to let the children stay with the MGM and her paramour. The parents also agreed to be supervised at all times around the children. On 6/9/15, the CW filed a neglect petition against the parents for the death of the SC. DSS asked for the children to remain in the care of the MGM and the parents to be supervised around the children as well as supervision of the home. The Family Court Judge granted the requested relief. On 8/4/15, the CW unfounded the report, after speaking to the ME who stated that the death of the SC was not related to trauma. On 8/14/15, DSS withdrew their neglect petition. Preventive services for the family were opened On 7/2/15 to assist the parents with grief counseling and the transition of the children back to the parents. On 11/9/15, the preventive case was closed as the family completed the service plan successfully.

On 10/10/15, the autopsy was finalized. The report listed the cause and manner of death as undetermined. According to the report this may have been a case of SIDS, with the SC being found early enough to be resuscitated.

There was good response to all the reports regarding the SC. The CW contacted all appropriate collaterals and assessed the safety of the siblings throughout the case. The CW was able to engage the family in services. The progress notes were up to date and of good quality.

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:

Good casework and follow up with services.

Was the decision to close the case appropriate? N/A

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

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

Explain:

The case was opened for mandated preventive services from 7/2/15 to 11/9/15 after the death of the SC. The siblings were monitored in the MGM's home and the parents participated in services for housing, grief counseling and the father continued in substance abuse counseling.

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: 06/05/2015

Time of Death: 05:45 PM

Date of fatal incident, if different than date of death: 04/18/2015

Time of fatal incident, if different than time of death: 10:20 PM

County where fatality incident occurred: CHAUTAUQUA

Was 911 or local emergency number called? Yes

Time of Call: 10:20 PM

Did EMS to respond to the scene? Yes



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At time of incident leading to death, had child used alcohol or drugs? 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? No - Not needed given developmental age or circumstances

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Male	38 Year(s)
Other Household 1	Aunt/Uncle	Alleged Perpetrator	Female	31 Year(s)

LDSS Response

Upon the receipt of the fatality report, the CW contacted the MGM to inquire whether the siblings were in her care. The MGM confirmed that the siblings were in her care. The CW contacted the hospital SW and found that the parents had left the hospital and were on their way back to Jamestown. The CW went to the home of the MGM on 6/6/15 to visit the siblings. The CW observed the siblings and assessed that they were safe in the care of the MGM. The CW spoke to the SF and the MGM's paramour. The CW explained to the SF the procedure following a fatality report. The ME, DA and LE were all informed of the death of the SC. The CW also spoke to the SM and the PA who was present when the SC went into cardiac arrest in April. The CW referred the family to grief counseling. On 6/6/15, the parents agreed to have the siblings stay at the MGMs and only have supervised visits. The surviving children were seen by their physician and assessed as healthy. The medical records for the SC and the sibling were located in the record.

The CW spoke to the Detective who observed the autopsy. The detective stated that any trauma that occurred in April was probably healed as "the brain turns to mush when the tissue dies." The detective stated that the brain was preserved and would be sent out for testing. The Detective stated that the ME told him the cause of death would be unknown or homicide.

On 6/9/15 a neglect petition was filed against the parents regarding the surviving siblings. The neglect petition stated that the death of the SC was unknown and might be listed as a homicide. The petition requested that the MGM be a suitable



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relative to provide care and custody of the children and that the parents be supervised around the children. On 6/16/15 the Family Court Judge granted the Dept's request.

Another SCR report was received on 6/19/15, concerning the death of the subject child, this report was consolidated into the fatality report. On 7/22/15, the CW spoke to LE and they decided that there was no criminal wrongdoing and there would be no charges against the parents. The CW spoke to the ME and was told that the retinal hemorrhaging that the SC experienced was not consistent with shaken baby or any other trauma. The ME stated that there was a possibility that the parents interrupted a SIDS death. He believed the cause of death would be undetermined. The ME stated he would be unable to cut the brain open until later in the month due to the tissue being so soft. The CW conferenced with the DSS attorney and the supervisor and it was decided based on the ME statement that the report would be unfounded and the neglect petition withdrawn. The allegations against the parents were unsubstantiated and the report was unfounded on 8/4/15. The autopsy report dated 10/10/15 concurred with this finding stating the cause and manner of death was undetermined.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or 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)?No

Comments: The investigation was done in conjunction with LE, ME and the hospital staff.

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026501 - Deceased Child, Female, 5 Mons	026505 - Mother, Female, 25 Year(s)	Internal Injuries	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026506 - Father, Male, 30 Year(s)	Inadequate Guardianship	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026508 - Aunt/Uncle, Male, 38 Year(s)	Inadequate Guardianship	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026506 - Father, Male, 30 Year(s)	DOA / Fatality	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026506 - Father, Male, 30 Year(s)	Internal Injuries	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026507 - Aunt/Uncle, Female, 31 Year(s)	Inadequate Guardianship	Unsubstantiated



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026501 - Deceased Child, Female, 5 Mons	026505 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
026501 - Deceased Child, Female, 5 Mons	026505 - Mother, Female, 25 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The progress notes were timely and of good quality.

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



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siblings/ other children in the household within 24 hours?				
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The parents made a plan for the surviving siblings to remain in the care of their grandparents. This plan was later upheld by the court after a neglect petition was filed by DSS.

Legal Activity Related to the Fatality



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Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/08/2019	There was not a fact finding	There was not a disposition
Respondent:	026505 Mother Female 25 Year(s)	
Comments:	On August 6, 2015, the neglect petition was withdrawn after the autopsy revealed that there was no indication of trauma on the SC and the manner and cause of death were listed as unknown. The court ordered safety plan ended and the siblings were returned to the care of their parents.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/09/2015	There was not a fact finding	There was not a disposition
Respondent:	026506 Father Male 30 Year(s)	
Comments:	On August 6, 2015, the neglect petition was withdrawn after the autopsy revealed that there was no indication of trauma on the SC and the manner and cause of death were listed as unknown. The court ordered safety plan ended and the siblings were returned to the care of their parents.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
The siblings were placed in the MGM's home until 8/4/15 when the fatality report was unfounded. The siblings, the parents and the MGM were provided with casework counseling, referrals to counseling and cash assistance.

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

Explain:
The siblings, the parents and the MGM were provided with casework counseling, referrals to counseling and cash assistance.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** Yes
- Was there an open CPS case with this child at the time of death?** Yes
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** Yes
- 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 fetal alcohol effects or syndrome



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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)
05/24/2013	8224 - Sibling, Male, 3 Years	8222 - Father, Male, 28 Years	Inadequate Guardianship	Unfounded	No
	8225 - Sibling, Female, 2 Years	8222 - Father, Male, 28 Years	Inadequate Guardianship	Unfounded	
	8224 - Sibling, Male, 3 Years	8221 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	8225 - Sibling, Female, 2 Years	8221 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SF hit three-year-old and two-year-old siblings with force on the buttocks with his hands and a belt. It was unknown if children had sustained any injuries from being struck by SF. SF was heard cursing at children and there were sounds of banging and children crying coming from the home. SM locks the siblings in their bedroom for hours at a time.

Determination: Unfounded

Date of Determination: 07/08/2013

Basis for Determination:

No credible evidence was found to support the allegations of IG against the SF and SM. No marks or bruises were observed on the siblings. The siblings lacked the verbal skills to be interviewed due to young ages. Adults in the home and family members deny such activities taking place. No credible evidence found to support the allegation therefore the investigation was unfounded and closed.

OCFS Review Results:

The CW did contact the appropriate collaterals and viewed the siblings several times during the investigation. The CW tried numerous times to contact the SF but was unable to. The MGM and MU both stated that the siblings were not hit or shut in the bedroom. There was an ongoing argument with the upstairs neighbor who made unsubstantiated allegations against the parents. The neighbor could not give specifics. The siblings were observed and had no marks on their buttocks and the three-year-old was able to say no when asked if he was spanked.

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)
04/19/2015	8201 - Deceased Child, Female, 4 Months	8207 - Aunt/Uncle, Female, 30 Years	Inadequate Guardianship	Indicated	No
	8201 - Deceased Child, Female, 4 Months	8208 - Other Adult - PA's paramour, Male, 37 Years	Inadequate Guardianship	Indicated	
	8201 - Deceased Child, Female, 4 Months	8202 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	8201 - Deceased Child, Female, 4 Months	8203 - Father, Male, 29 Years	Inadequate Guardianship	Indicated	

Report Summary:



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On 4/19/15 an SCR report was received with allegations of IG against the SM, SF, PA and PA's boyfriend concerning the SC. The SC (4 months) was found at the home, on the above date, to have no pulse, not breathing and unresponsive. The SC was taken to the hospital where she was resuscitated and was monitored. The SC was in the care of her parents at the time of the incident. It was suspected that the parent harmed the SC.

Determination: Indicated **Date of Determination:** 06/18/2015

Basis for Determination:

During the investigation it was found that the PA and her boyfriend were present in the home when the SC stopped breathing. The SC was placed to sleep on her back on an adult bed between two pillows. All four adults had child caring responsibility. The PA gave the SC CPR while the SM called 911. At the time of the report the SC was alive but in a vegetative state. On 6/5/15, life support was removed from the SC and she passed away within a 1/2 hour. The autopsy was done and the results were pending at the time of determination. According the ME, the cause of death would be homicide or unknown. The siblings were in the care of the MGM and her paramour.

OCFS Review Results:

The CW asked the parents to name an alternative caretaker until the cause of the SC's cardiac arrest could be determined. The parents asked the MGM and her paramour to care for the siblings. The CW checked out the home and found it safe for the siblings to reside. The CW contacted all the appropriate collaterals such as LE, the WCHOB, the ER and relatives. The CW interviewed the SM and SF and the Erie County CW observed the SC and spoke to the nurses. At the time of determination the cause of death was unknown.

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)
05/15/2015	8212 - Sibling, Male, 5 Years	8210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	8212 - Sibling, Male, 5 Years	8211 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded	
	8214 - Sibling, Female, 2 Years	8210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	8214 - Sibling, Female, 2 Years	8211 - Father, Male, 30 Years	Lacerations / Bruises / Welts	Unfounded	
	8214 - Sibling, Female, 2 Years	8211 - Father, Male, 30 Years	Lack of Supervision	Unfounded	
	8209 - Deceased Child, Female, 5 Months	8211 - Father, Male, 30 Years	Choking / Twisting / Shaking	Unfounded	
	8209 - Deceased Child, Female, 5 Months	8211 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded	
	8213 - Sibling, Female, 3 Years	8210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	8213 - Sibling, Female, 3 Years	8210 - Mother, Female, 24 Years	Lack of Supervision	Unfounded	
	8213 - Sibling, Female, 3 Years	8211 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded	
	8214 - Sibling, Female, 2 Years	8210 - Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unfounded	



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8214 - Sibling, Female, 2 Years	8211 - Father, Male, 30 Years	Inadequate Guardianship	Unfounded
8212 - Sibling, Male, 5 Years	8210 - Mother, Female, 24 Years	Lack of Supervision	Unfounded
8212 - Sibling, Male, 5 Years	8211 - Father, Male, 30 Years	Lack of Supervision	Unfounded
8213 - Sibling, Female, 3 Years	8211 - Father, Male, 30 Years	Lack of Supervision	Unfounded
8214 - Sibling, Female, 2 Years	8210 - Mother, Female, 24 Years	Lack of Supervision	Unfounded
8209 - Deceased Child, Female, 5 Months	8211 - Father, Male, 30 Years	Internal Injuries	Unfounded
8209 - Deceased Child, Female, 5 Months	8210 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded

Report Summary:

An SCR report was received with allegations of IG and LOS against the SM and SF regarding all the children along with LBAW regarding the two-year-old sibling. The SF also had allegations of CTS and Internal Injuries against the SF regarding the SC. The report stated that the SF shook the SC with so much force the she went into cardiac arrest. The parents failed to provide the siblings with adequate supervision. The children would run into the street and jump out of the windows of the home. A few months prior to the report , the two-year-old sibling was unsupervised when she pulled a chair down on her head receiving a laceration that required stitches.

Determination: Unfounded**Date of Determination:** 07/23/2015**Basis for Determination:**

At the time of determination the death of the SC was still under investigation. The ME stated that the cause of death would probably be undetermined. The parents were willing to accept services through the LDSS to work on issues of supervision and parenting. The report was unfounded.

OCFS Review Results:

The CW started the investigation on the date of the report. All children were assessed safe in the care of their MGM. There was no evidence that the children were climbing out of windows or running into the streets. There was no evidence that the sibling was hurt or that the SF shook the SC. All appropriate collaterals were contacted.

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

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

There were two SCR reports on 9/16/93 and 10/4/93 concerning the SF as a child. These reports were indicated against the PGF for DV. The PGF beat up the PGM in front of the SF and his siblings. The PGF was arrested after the second report. The SF, his siblings and the PGM moved to Puerto Rico.

There were four SCR reports concerning the SM as a child. In Jan 2005, an SCR report was indicated due to excessive corporal punishment of the SM by the MGF and MGGF. The MGM accepted voluntary preventive services to assist with the SM and her siblings behavior. The services case was closed in Sept 2005. In June 2005, an SCR report with allegations of CHDM, IG and SA was unfounded. The report stated that the MGM was allowing the SM to drink alcohol and have sexual relations with the SM's boyfriend. In 2007, two SCR reports with allegations of EDNEG, LOS and IG were unfounded. The SM stopped attending school when she ran away with her boyfriend. The SM returned home and attended



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school. According to the reports the MGM was leaving the SM home alone for extended periods of time. The family was referred to Juvenile Probation for services.

In October 2011, an SCR report with allegations of IG and PADM was unfounded against the SC's parents regarding the SC's siblings. The report stated that the parents were abusing alcohol and marijuana in the presence of the siblings. The SF was also accused of selling marijuana. There was no credible evidence to support the allegations.

Known CPS History Outside of NYS

none known

Services Open at the Time of the Fatality

Required Action(s)

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

Yes No

Preventive Services History

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

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

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