



Report Identification Number: RO-19-015

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

Issue Date: Oct 17, 2019

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: 2 year(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 04/23/2019
Initial Date OCFS Notified: 04/23/2019

Presenting Information

An SCR report was received with concerns on the morning of 4/23/19 at approximately 4:00 AM, the 2-year-old child was found deceased in his bed by the mother's boyfriend as he was leaving for work. The report alleged there was no plausible explanation for how the child died. Further, there were bruises observed on the side of the child's head.

Executive Summary

This fatality report concerns the death of a 2-year-old male subject child (SC) that occurred on 4/23/19. A report was made to the SCR on that same date with allegations of Inadequate Guardianship and DOA/Fatality against the child's mother (SM) and her boyfriend (parent substitute, PS). Chemung County Department of Social Services (CCDSS) received the report and investigated the child's death. An autopsy was completed, and the official cause and manner of death were undetermined. The final report noted cerebral edema; however, the brain showed no evidence of infection. The final diagnosis stated there was "no anatomical cause of death after complete autopsy examination."

At the time of the child's death, he resided with his mother, parent substitute, and 3 surviving siblings (SS), ages 6, 4 and 1 year old. The children's biological father (BF) was involved with the children and saw them regularly. The biological father also had another child, a 6-year-old half-sibling, who resided with him and the paternal grandparents. There were no concerns noted surrounding this child.

The investigation revealed on 4/22/19, the parent substitute put the child to bed around 7:45 PM, as he had been falling asleep while watching his brother play a game on his tablet. The parent substitute checked on the child twice before going to bed for the night, and both times the child appeared fine. The mother arrived home from work that evening after the child had gone to bed. The following morning, the parent substitute awoke at 3:45 AM as he normally did, to get ready for work. The parent substitute went to check on the child and the 6-year-old sibling, and that is when he noticed the child was cold and unresponsive in his bed. The parent substitute called out for the mother, and emergency services were contacted. The parent substitute began cardiopulmonary resuscitation on the child. The child was deceased upon the arrival of first responders.

From the time the investigation began to the time of its closure, CCDSS met with and interviewed both parents, the parent substitute, the maternal grandparents, the babysitter, and the verbal children. CCDSS also spoke with numerous collateral sources throughout the case. Law enforcement completed an investigation and found no criminality on behalf of either parent. It was determined the child had fallen and hit his head the morning before his death; however, neither the parents, siblings, nor babysitter noticed any change in the child's behaviors from that point to the time he went to bed on 4/22/19. Further, the medical examiner found no skull fractures, gross brain injuries or neck injuries that would be indicative of head trauma. The child was up to date medically with no ongoing medical issues, aside from seasonal allergies. There were no concerns found surrounding the care of the children with their parents or any other caregivers, and there was no evidence of abuse or maltreatment. CCDSS unfounded their case and referred the family to community-based services.

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:

CCDSS gathered sufficient information to deem the SS as safe by the conclusion of the investigation, as well determine the allegations in the report. Casework activity was commensurate with the case circumstances.

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:

CCDSS completed a thorough investigation which included contact with family and collateral sources. The case record had detail of supervisory consultations throughout, and the decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/23/2019

Time of Death: Unknown

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

County where fatality incident occurred: Chemung

Was 911 or local emergency number called? Yes

Time of Call: Unknown



Did EMS 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

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- Other:

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	Male	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	25 Year(s)

LDSS Response

On 4/23/19, CCDSS received the SCR report regarding the death of SC, which occurred on that same date. CCDSS initiated their investigation within 24 hours and coordinated their efforts with their Multidisciplinary Team. CCDSS learned of the 3 SS, and worked promptly to assess their safety.

On 4/23/19, CCDSS met with the maternal grandparents in their home. They reported they were caring for the SS while SM and BF dealt with the loss of SC. They stated they regularly helped care for the CHN while SM and PS worked and denied any concerns for the CHN. The grandparents stated they last saw SC on 4/20/19 and he appeared well. They stated they received a call from SM at 4:00 AM on 4/23/19 and SM was "hysterical;" they ran over to SM's home. The grandparents said they took the SS with them before EMS had even left with SC. They agreed to keep the SS with them while the investigation continued.

On this same date, CCDSS interviewed the 4yo and 6yo SS, and observed the 1 yo SS; no safety concerns were noted. The 4yo did not have any information surrounding what may have happened to SC. The 6yo stated the babysitter got him off the bus after school on 4/22/19, and he and SC were playing and running around their house. SS stated SC "bumped his



head on a bucket” at the babysitter’s house once. SS reported after dinner on 4/22/19, SC went to bed because he kept falling asleep. SS said PS put SC to bed. SS explained in the morning, PS went in their room to check on SC, and “he was purple.” SS had no other information.

On 4/23/19, CCDSS interviewed the CHN’s babysitter, who reported she would care for the CHN a few days a week. The babysitter confirmed SC fell into a bucket several weeks ago; it was a bucket they used for toilet training. She denied SC was injured. The babysitter explained she watched SC and the 1yo on 4/22/19 from 9:00 AM until 4:00 PM, when PS picked them up; the 6yo got off the bus at 2:30 PM. The babysitter stated SM informed her SC had gotten knocked over by their dog the day before and hit his head on the wall. She stated SC appeared fine, but did have a noticeable “goose egg” on the left side of his head. The babysitter had no further information.

Lastly, on this same date, CCDSS and LE interviewed SM and PS. PS reported he gets up each day at 3:45 AM, eats breakfast, feeds the dogs and checks on the CHN before leaving for work. SM reported she leaves for work around 9:05 AM. SM explained the morning of 4/22/19, SC followed her into the bathroom and one of their puppies jumped on him, causing him to fall and hit his head on the wall. SM stated SC cried a bit and his head was a little red, but he was otherwise fine. PS picked the CHN up from his parents’ home around 4:00 PM on the date of the incident. He and his father then took the CHN to a nearby barn and SC and the 6yo ran in the pastures and saw the animals. PS brought the CHN home and made them dinner. At 7:30 PM, the 6yo was playing on his tablet and SC had fallen asleep leaning against him; he put SC to bed at 7:45 PM. PS stated he checked on SC twice before going to bed himself, and he was fine. SM arrived home around 8:00 PM and put the 1yo to bed. SM and PS went to sleep, and PS awoke at 3:45 AM. PS stated he went through his routine, and when he went to check on SC, he was cold and not breathing. PS yelled for SM and 911 was called; he began CPR. Both parents denied SC had been acting abnormally in the days leading up to his death, and denied he had any medical conditions aside from allergies.

Throughout the investigation, CCDSS spoke with collateral sources, including medical staff, EMS, pediatricians, school, family members and other caretakers; no concerns were noted. The SS’ safety was assessed on more than one occasion and appropriate services were offered to the family. LE found no criminality regarding SC’s death. CCDSS found no evidence to support the allegations in the report, and therefore unfounded and closed their case.

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)? Yes

Comments: This fatality investigation was conducted by the Chemung County Multidisciplinary Team.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed by the Chemung County Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051506 - Deceased Child, Male, 2 Yrs	051511 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

051506 - Deceased Child, Male, 2 Yrs	051510 - Mother's Partner, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
051506 - Deceased Child, Male, 2 Yrs	051511 - Mother, Female, 25 Year(s)	DOA / Fatality	Unsubstantiated
051506 - Deceased Child, Male, 2 Yrs	051510 - Mother's Partner, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

CCDSS interviewed all individuals named on the report as well as appropriate collateral sources. Progress notes and all other required documentation was entered timely.

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



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

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

Explain:
 CCDSS gathered sufficient information to assess the risk to all SS. An adequate assessment of the family's service needs was completed, and appropriate referrals were offered.

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 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"/>

Explain as necessary:
 There were no children in the household that needed to be removed as a result of this fatality report.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
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Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: CAC Trauma Services

Additional information, if necessary:

CCDSS offered the family referrals for bereavement, mental health, and grief counseling as well as financial assistance with regard to funeral planning.

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:

CCDSS provided trauma and counseling referrals to the parents for the 4yo and 6yo SS.

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

Explain:

CCDSS provided referrals for grief counseling to the parents and other family members, as well as funeral and burial cost resources.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment?

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?

No

Was the child acutely ill during the two weeks before death?

No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/13/2018	Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 24 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 24 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother's Partner, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother's Partner, Male, 29 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 2 Years	Mother's Partner, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Male, 29 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 6 Years	Mother's Partner, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
Sibling, Female, 3 Years	Mother's Partner, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated		



Sibling, Female, 3 Years	Mother's Partner, Male, 29 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Mother's Partner, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Months	Mother's Partner, Male, 29 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 4 Months	Mother's Partner, Male, 29 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 3 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 4 Months	Mother's Partner, Male, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Deceased Child, Male, 2 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 4 Months	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 2 Years	Mother's Partner, Male, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Mother's Partner, Male, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 3 Years	Mother's Partner, Male, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 4 Months	Mother's Partner, Male, 29 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 6 Years	Mother's Partner, Male, 29 Years	Sexual Abuse	Unsubstantiated
Sibling, Male, 6 Years	Mother, Female, 24 Years	Sexual Abuse	Unsubstantiated

Report Summary:

This report was received with concerns SM and her boyfriend engaged in sexual intercourse in the presence of the CHN. The report alleged as result of this, the CHN were exhibiting sexualized behaviors. SM's boyfriend was a registered sex offender, and despite knowing this, SM would leave the CHN alone with him. The report further alleged SM and her boyfriend would smoke marijuana in the presence of the CHN, and on multiple occasions, SC would get out of the house and run in the road.

Report Determination: Indicated

Date of Determination: 11/20/2019

Basis for Determination:

CCDSS completed interviews with all individuals on the report, including forensic interviews of the maltreated CHN. CCDSS discovered the individual listed as SM's boyfriend was a registered sex offender. SM denied she was in a relationship with him, and when she found out his status, she no longer allowed him in the home. The CHN denied witnessing any sexual behaviors, but did disclose being left alone with the sex offender and that he drank alcohol; there were no reports of drug use in the home. CCDSS indicated the report for IG, referred the CHN to MH counseling, and closed the case.

OCFS Review Results:

7 Day Safety Assessment was 6 days late.

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

Issue:



Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was completed 6 days past the due date.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

Within seven days of receiving a report, CCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/02/2016	Sibling, Male, 6 Years	Other Adult - Half-Sibling's BM, Female, 21 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 6 Years	Other Adult - Half-Sibling's BM, Female, 21 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 6 Years	Other Adult - Half-Sibling's BM's SO, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 6 Years	Other Adult - Half-Sibling's BM's SO, Male, 23 Years	Lack of Supervision	Substantiated	
	Other Child - OC1, Female, 3 Years	Other Adult - Half-Sibling's BM, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Other Child - OC2, Female, 1 Years	Other Adult - Half-Sibling's BM, Female, 21 Years	Inadequate Guardianship	Substantiated	
	Other Child - OC1, Female, 3 Years	Other Adult - Half-Sibling's BM's SO, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Other Child - OC2, Female, 1 Years	Other Adult - Half-Sibling's BM's SO, Male, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 4 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 6 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This report was received with concerns sometime during Thanksgiving break, BF struck the 6yo half-sibling with a belt, which caused the child difficulty sitting afterwards. Further, the report alleged BF hit SM while the CHN were present. A subsequent report was received on 12/21/16 with concerns the half-sibling was found wandering the streets, alone and unsupervised. The subjects listed on the subsequent report were the half-siblings mother and her boyfriend.

Report Determination: Indicated

Date of Determination: 03/01/2017

Basis for Determination:

CCDSS completed interviews with all individuals on the report. The half-sibling reported he lied about being hit with a belt because he was angry at BF, and none of the other CHN expressed any concerns. During this investigation, SM, BF, and the CHN moved out of the household. CCDSS found no evidence to substantiate the allegations against BF or SM; however, CCDSS did find evidence to substantiate the allegations against the unrelated home members. The case was indicated and closed.

**OCFS Review Results:**

The 7 Day Safety Assessment was 4 days late.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was completed 4 days past the due date.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

Within seven days of receiving a report, CCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

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

SM is listed as a subject on one case in 2015 with allegations of XCP, IG, L/B/W, and PD/AM regarding the 6 and 4yo SS. This case was unfounded.

PS was listed as a subject on one case in 2011 with allegations of IG regarding 3 unrelated children. This case was unfounded.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

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