



Report Identification Number: SV-17-022

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

Issue Date: Dec 11, 2017

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 9 day(s)

Jurisdiction: Suffolk
Gender: Female

Date of Death: 06/26/2017
Initial Date OCFS Notified: 06/26/2017

Presenting Information

On 6/25/17, SC (8 days old) died while in the care of SM and SF. BM fed SC at 1AM and placed SC in his bassinet. At 3:30AM, SF checked on SC and noticed something was wrong and woke SM. SC was cold and unresponsive with no visible injuries. SC had no preexisting medical conditions and was an otherwise healthy child.

Executive Summary

On 6/26/17, the SCR received a report alleging DOA/Fatality and IG against the SM and SF of the 9-day-old male SC. Suffolk County Department of Social Services (SCDSS) coordinated their efforts with LE upon receipt of this report. There were no SS but there were 3 other children in the home at the time of the fatality. These 3 children were interviewed and assessed as safe within the first 24 hours.

The investigation revealed that on 6/24/17, SM, SF, and SC were spending the night at a PA's home. SF was not in the home when SM and SC went to sleep on the L-shaped living room couch for the night. SM reported she laid SC between herself and the back of the couch so SC would not roll off. SM said she is really bad about time so could not give a time for when they went to bed. SM said they have a bassinet for SC but he would not sleep in it. SM said she dozed off while waiting for SF to get home and was later awoken by SF telling her something was wrong with the baby. SF arrived home sometime around 3AM, picked SC up from the couch and put him in the crook of his left arm. SF then laid down on the other section of the couch, with his feet near SM's head, and SC sleeping supine on SF's left arm. SF woke up sometime after and noticed SC's lips were blue, and blood was coming out of both nostrils. SF woke his adult cousin who lived in the home and then called 911. The adult cousin performed CPR on SC until the ambulance arrived. EMS arrived at 3:46AM and SC was transported to the hospital, where he was later pronounced dead at 11:13AM on 6/26/17. SM and SF both initially lied to LE telling them that SC was placed to sleep in his bassinet. They said they lied because they had been educated on safe sleep while in the hospital when SC was born, and they were afraid they were going to get in trouble for co-sleeping.

An autopsy was completed and the ME reported SC died due to complications of cardiac arrest due to positional asphyxiation. The allegations of DOA/Fatality and IG against SM and SF were unsubstantiated. Case was unfounded and closed on 8/16/17.

SCDSS completed all safety assessments and fatality reports accurately and on time. CW obtained medical records, LE records, interviewed relatives, completed a CPS history search, and obtained information from the ME regarding SC's autopsy. LE did not pursue criminal charges in this case. Parents were in counseling at the time of the case closing.

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:

Casework activity was commensurate with case circumstances.

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: 06/26/2017

Time of Death: 11:13 AM

Date of fatal incident, if different than date of death:

06/24/2017

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

Unknown

County where fatality incident occurred:

Suffolk

Was 911 or local emergency number called?

Yes

Time of Call:

03:46 AM

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

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

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	9 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)

LDSS Response

SCDSS initially became involved with this family when a report was made to the SCR on 3/11/17 about the SC's paternal aunt and uncle, in whose home SM and SF resided with the SC. That investigation was still open at the time SC was taken to the hospital, and this additional information was added to that investigation. On 6/26/17, the SCR registered a report about this child's death.

SCDSS began an investigation up receiving an SCR report on 6/26/17 regarding the death of SC. Prior to this report, SM and SF were listed on another report. Additional information was received on that report that SC had been taken to the hospital on 6/24/17 at 8:10AM in critical condition. SCDSS coordinated efforts with LE who confirmed they were at the hospital on 6/24/17 and conducted interviews with the parents. LE provided CW with statements from SM, SF, and SF's adult cousin who lived in the home. SCDSS notified the ME and DA of SC's passing on 6/26/17. ME's office notified SCDSS the autopsy would be performed on 6/27/17.

There were no SS but there were 3 cousins in the home at the time of the fatality, ages 10, 5, & 5. These children were interviewed within the first 24 hours and assessed as safe. SM and SF had been staying at the PGM's home, but she had been sick and they did not want to return to that home with a newborn. SM, SF, and SC had been staying with a PA since SC was born.

SCDSS spoke with the hospital social worker who provided SM's statement and said SC was seen by a doctor on 6/21/17 with no noted concerns. CW also spoke with a Dr. from the pediatric intensive care unit who said SC was given a CT scan and there were no signs of trauma and no marks or bruises observed on SC. CW also spoke with a child abuse specialist who was a Dr. from the hospital and believed the SC most likely died from suffocation.

On 6/28/17, CW made a home visit to interview SM and SF. CW provided notification letters and explained allegations in the report. SM denied she drank alcohol or used drugs and denied she was taking any medications. BM recounted the night of SC's death and was appropriately upset. CW provided her with CW's business card and offered to obtain a list of options for counseling for her. SF also denied he had used drugs or alcohol the night of SC's death and denied being on any medication.

CW reviewed criminal history, spoke with several collaterals such as relatives, LE, ME, EMS, and medical providers. ME informed CW the autopsy was complete and SC died due to complications of cardiac arrest due to positional asphyxiation.



A reenactment was completed by the ME's office and LE. SF was holding SC in his left arm in the photos taken. LE provided CW with photos from the reenactment. When EMS workers arrived, SC had no pulse and was transported to the hospital.

On 8/16/17, the allegations of DOA/Fatality and IG regarding the SC were unsubstantiated. There was no credible evidence found that the parents' actions or inactions led to the child's death. SM and SF were provided bereavement resources as well as mental health resources. CW confirmed that SM and SF had begun therapy, and closed the case on 8/17/17.

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)? Yes

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
042210 - Deceased Child, Female, 9 Day(s)	042208 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
042210 - Deceased Child, Female, 9 Day(s)	042209 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
042210 - Deceased Child, Female, 9 Day(s)	042208 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
042210 - Deceased Child, Female, 9 Day(s)	042209 - Father, Male, 29 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 SM, FF, & SC were staying with relatives at the time of the fatality. There were 3 CHN who lived in that home. Those CHN were assessed within the first 24 hours. SM and SF did not stay at that relatives home after their child passed away.

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"/>



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"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed With fetal alcohol effects or syndrome
- 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)
03/11/2017	Other Child - OC3, Female, 16 Years	Aunt/Uncle, Female, 47 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 25 Years	Lacerations / Bruises / Welts	Unfounded	
	Other Child - OC3, Female, 16 Years	Aunt/Uncle, Female, 25 Years	Sexual Abuse	Unfounded	
	Other Child - OC4, Male, 5 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Other Child - OC3, Female, 16 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - OC4, Male, 5 Years	Aunt/Uncle, Female, 47 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - OC3, Female, 16 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - OC4, Male, 5 Years	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unfounded	
	Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	

Other Child - OC2, Female, 5 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC4, Male, 5 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded
Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 47 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC1, Male, 10 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unfounded
Other Child - OC2, Female, 5 Years	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unfounded
Other Child - OC2, Female, 5 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unfounded
Other Child - OC4, Male, 5 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unfounded
Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unfounded
Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unfounded
Other Child - OC3, Female, 16 Years	Aunt/Uncle, Female, 25 Years	Inadequate Guardianship	Unfounded
Other Child - OC1, Male, 10 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC1, Male, 10 Years	Aunt/Uncle, Female, 47 Years	Lack of Medical Care	Unfounded
Other Child - OC3, Female, 16 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded
Other Child - OC4, Male, 5 Years	Aunt/Uncle, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC1, Male, 10 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded
Other Child - OC4, Male, 5 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC2, Female, 5 Years	Father, Male, 29 Years	Inadequate Guardianship	Unfounded
Other Child - OC3, Female, 16 Years	Aunt/Uncle, Female, 47 Years	Inadequate Guardianship	Unfounded
Other Child - OC2, Female, 5 Years	Aunt/Uncle, Female, 47 Years	Parents Drug / Alcohol Misuse	Unfounded
Other Child - OC2, Female, 5 Years	Father, Male, 29 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

The 10yo male (OC1) had marks on his body from being hit by adult family members that lived in the home. His aunt/guardian was aware and did not intervene. The aunt also hits OC1. The other adults smoked marijuana in the home but it was unknown if they were too impaired to care for OC1 and his 5yo sister (OC2). It was unknown if the aunt was aware the adults were smoking marijuana in the home. OC1 was not given his medication as prescribed. OC1 became



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agitated and acted out when not given his medication. There was also concern OC1 was being exposed to sexual material in the home.

Determination: Unfounded

Date of Determination: 07/05/2017

Basis for Determination:

SCDSS was unable to obtain credible evidence from the adults and children named on the report to substantiate the allegations. The adults and children were interviewed separately and in private and made no disclosures of drug use or physical abuse of any of the children. The aunt did give OC1 a break from his medication which the doctor approved. There was no evidence of any sexual material in the home. The children did not disclose being exposed to any sexual material. CW made several home visits and did not observe anyone to be impaired by drugs at any time.

OCFS Review Results:

SCDSS did thorough interviews with everyone named on the report, as well as several collaterals, made several home visits, reviewed school records, CPS history, criminal history, and medical history of the CHN. SCDSS worked with LE and SCDSS did not have credible evidence to substantiate the allegations. SCDSS did a complete and thorough investigation and made the correct determination to unfound this report.

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

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

There was no CPS history more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Preventive Services History

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

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"/>

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