



Report Identification Number: SY-15-036

Prepared by: Syracuse 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



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Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 10/20/2015
Initial Date OCFS Notified: 10/20/2015

Presenting Information

On 10/20/15 the SCR registered a report alleging IG and DOA/Fatality against the maternal great aunt (MGA) on behalf of the 2-month-old SC. The BM was listed with an unknown role. The narrative of the report stated the following: This evening, the SC was dead on arrival to the hospital. The SC was an otherwise healthy baby. There is currently no explanation for the death. Infant did have a temperature of 103 degrees prior to death. The MGA regularly cares for the SC and her two unknown older sisters. The MGA went to check on the baby after assisting the two other children with an activity and the SC was not breathing. The BM was not home at the time and has an unknown role, as does the two older sisters.

Executive Summary

The fatality report concerns the death of a 2-month-old child. The SC was pronounced dead on 10/20/15 at 7:50pm. The autopsy listed the most likely manner of death as accidental. The cause of death is listed as, “acute congestive heart failure related to dehydration and hyperthermia.” It was noted that the SC, “was undersized, with a history of failure to thrive, relating to feeding difficulties.”

The BCDSS’ investigation revealed that the BM was a single parent who lived in PA. The BM asked the SC’s MGA to care for the SC until the BM could secure appropriate daycare for the SC. The BM cared for the SC on her days off which were Friday through Saturday. The BM then transported the SC to and from the MGA’s home, so the MGA could care for the SC during the BM’s work days, which were Sunday through Thursday. The SCR report mistakenly identified the two other children in the household as older siblings of the SC. The two other children (ages 9 and 6 years old) were actually the children of the MGA, and they resided in the MGA’s home.

The SC was in the MGA’s care on 10/20/15. Around 3:30pm, the MGA swaddled the SC in a fleece blanket and laid the SC on her back, for a nap in a Pack-N-Play. The SC had a cotton onesie on under the blanket. The child was in an upstairs dormer bedroom. A fan facing out of the bedroom window was running while the child slept. Prior to discovering the SC not breathing, the MGA had checked on the SC at various times and did not note anything of concern. At approximately 7:15pm, the MGA checked on the SC and found the SC with her eyes open and not breathing. The MGA blew in the SC’s mouth and heard gurgling. The MGA turned the SC over in her arms and patted the SC’s back in case there was an obstruction. The MGA ran downstairs, told the other children in the house to get the neighbor, and 911 was called. The MGA and neighbor performed CPR on the SC until EMS arrived and immediately transported the SC to the hospital, where the SC was pronounced dead. The SC’s temperature upon arrival at the hospital was 103 degrees.

On 2/24/16, the BCDSS completed their investigation and unsubstantiated the allegations of IG and DOA/Fatality of the SC by the MGA. The OCFS review of the report found that the BCDSS appropriately determined the allegations in the report, as well as appropriately assessed the need for ongoing services. The ongoing safety of, and risk to, the surviving children in the home was adequately assessed. All casework activity was commensurate with case circumstances.



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:

All caseworker activity was commensurate with 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:

All 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: 10/20/2015

Time of Death: 07:50 PM

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

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: 07:22 PM

Did EMS to respond to the scene? Yes

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



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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

How long before incident was the child last seen by caretaker? 1 Hours

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

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	Alleged Perpetrator	Female	49 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Other Adult	No Role	Male	28 Year(s)
Deceased Child's Household	Other Child	No Role	Female	9 Year(s)
Deceased Child's Household	Other Child	No Role	Female	6 Year(s)
Other Household 1	Mother	No Role	Female	32 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)

LDSS Response

The BCDSS' investigation revealed that the SC's pediatric care and immunizations were up to date. The SC wasn't ill prior to death. The BM took the SC for a well-child visit on 10/6/15 and the SC was diagnosed with a diaper rash. A well-child visit on 10/14/15 revealed that the diaper rash was getting better. At the same visit, the SC was diagnosed as failure to thrive because the SC had only gained 4 oz. in the past 8 days. The pediatrician's notes stated that formula feeding was reviewed with the BM. The pediatrician's notes didn't state that the BM was advised precautions to take regarding the SC's temperature, due to the SC being undersized. The BM acknowledged that the pediatrician talked to her about the SC's difficulty gaining weight, but denied that she was told that the SC was diagnosed as failure to thrive. The MGA denied that she was informed by the BM that the SC was failure to thrive, and denied that she was given instructions related to regulating an undersized infant's temperature. The LDSS confirmed with the pediatrician that instructions were given related to feeding only.

On 10/20/15, at around 3:30pm, the MGA swaddled the SC in a fleece blanket and laid the SC on her back, for a nap in a Pack-N-Play. The SC had a cotton onesie on under the blanket. The SC was in an upstairs dormer bedroom. There is a stairway downstairs leading into the upstairs bedroom. The door at the bottom of that stairway was open. A fan facing outside was running in the bedroom window. The outside temperature was 64 degrees Fahrenheit and the room



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temperature was between 72-74 degrees Fahrenheit. The MGA stated that she swaddled the SC in the blanket as she was concerned the room may have been too cool. The MGA's adult son was in the home and she asked him to keep an eye on the SC while she went to Wal-Mart and then cashed a check. The MGA's adult son sat on the bed next to the SC and watched the SC until the MGA arrived home at about 4:00pm. The MGA checked on the SC at 4:15pm and found the SC asleep in the position she was placed in. The MGA checked on the SC twice more by going to the top of the stairs, and looking at the Pack-N-Play mattress to see if it was moving, which would have indicated to her that the SC was awake. The mattress wasn't moving, so she assumed the SC was asleep. At about 7:10pm, she walked upstairs to check on the SC and smelled feces. She looked at the SC, who was in the same position she was placed in originally, but the SC's eyes were open and the SC was not breathing. The MGA blew in the SC's mouth and heard gurgling. The MGA turned the SC over in her arms and patted the SC's back in case there was an obstruction. The MGA ran downstairs. The MGA's children and a neighbor boy were downstairs. The MGA told the children to get the neighbor boy's mother. The MGA and the neighbor performed CPR on the SC until EMS arrived and immediately transported the SC to the hospital where the SC was pronounced dead at 7:50pm. EMS noted that the SC's clothes were wet. The SC's temperature upon arrival to the hospital was 103 degrees Fahrenheit.

The autopsy listed the most likely manner of death as accidental. The cause of death is listed as, "acute congestive heart failure related to dehydration and hyperthermia." It was noted that the SC, "was undersized, with a history of failure to thrive, relating to feeding difficulties." It also noted that the SC's clothes were likely wet due to excessive sweating.

On 2/24/16, the BCDSS completed their investigation and unsubstantiated the allegations of IG and DOA/Fatality of the SC by the MGA. There was no credible evidence to support that the BM or the MGA had been informed that the child was diagnosed as failure to thrive. The MGA dressed the SC as she would an infant who wasn't undersized, not realizing the risks related to such. The SC's death was listed as accidental and the BCDSS appropriately determined that the SC's death was not related to neglect and/or abuse.

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: Coroner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026341 - Deceased Child, Female, 2 Mons	026342 - Aunt/Uncle, Female, 49 Year(s)	DOA / Fatality	Unsubstantiated
026341 - Deceased Child, Female, 2	026342 - Aunt/Uncle, Female, 49	Inadequate	Unsubstantiated



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Mons	Year(s)	Guardianship	
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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"/>

Fatality Safety Assessment Activities

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



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danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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Fatality Risk Assessment / Risk Assessment Profile

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

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: N/A				

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



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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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Explain:
Information on bereavement services was provided.

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

Explain:
Information on bereavement services was provided.

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



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Were there any siblings ever placed outside of the home prior to this child's death? N/A

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/03/2012	8152 - Other Child - Cousin, Female, 6 Years	8036 - Other Adult - MGU's Paramour, Female, 28 Years	Inadequate Guardianship	Unfounded	No
	8152 - Other Child - Cousin, Female, 6 Years	8036 - Other Adult - MGU's Paramour, Female, 28 Years	Sexual Abuse	Unfounded	

Report Summary:

One of the children of the maternal great aunt (MGA) was named in a report that was investigated by the Broome County Department of Social Services (BCDSS). The subject of the report was the maternal great uncle's (MGU) paramour. The allegations of IG and SA against the paramour alleged that the paramour made the MGA's child rub up against the paramour's child in an inappropriate sexual manner.

Determination: Unfounded

Date of Determination: 11/27/2012

Basis for Determination:

The allegations of IG and SA were UNF. The MGA's child did not disclose that any sexual contact occurred. It was documented that the MGA and the MGU were in the middle of a contested divorce and a custody battle.

OCFS Review Results:

Casework activity was commensurate with case circumstances. Safety and risk to all children in the home was assessed, as well as the need for ongoing services. The BCDSS appropriately determined the allegations of the report.

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)
03/01/2013	8155 - Other Child - Cousin, Female, 3 Years	8041 - Aunt/Uncle, Male, 47 Years	Sexual Abuse	Unfounded	No
	8154 - Other Child - Cousin,	8041 - Aunt/Uncle, Male,	Sexual Abuse	Unfounded	



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	Female, 6 Years	47 Years		
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Report Summary:
 The MGA's two children were named in a report that was investigated by the BCDSS. The subject of the report was the MGU. The allegation of SA against the MGU alleged that the MGU sexually abused the children while they were visiting his home.

Determination: Unfounded **Date of Determination:** 04/25/2013

Basis for Determination:
 The allegation of SA was UNF. The children did not disclose that any sexual contact occurred. It was documented that the MGA and the MGU were still in the middle of a contested divorce and a custody battle.

OCFS Review Results:
 Casework activity was commensurate with case circumstances. Safety and risk to all children in the home was assessed, as well as the need for ongoing services. The BCDSS appropriately determined the allegations of the report.

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

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

The MGA's children were listed as alleged maltreated children in a report investigated by the Broome County Department of Social Services. The report that was received on 6/13/11, alleged that a substitute caretaker in the MGA's household was under the influence while caring for the two other children. The report was UNF regarding the allegations of IG and PD/AM.

Known CPS History Outside of NYS

There is no known CPS History outside of New York State.

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.

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