



**Report Identification Number: SY-15-011**

**Prepared by: Syracuse Regional Office**

**Issue Date: 1/26/2016**

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	MN-Medical Neglect	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services		

## Case Information



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

**Jurisdiction:** Chenango  
**Gender:** Female

**Date of Death:** 03/04/2015  
**Initial Date OCFS Notified:** 03/04/2015

## Presenting Information

SC (age 2 months) was hospitalized at one month of age and later released to her maternal grandfather on a safety plan due to concerns that the biological parents were not providing proper nutritional care. On 3/4/15 at approximately 7:00 AM, the grandfather found the SC not breathing and with no pulse. The grandfather performed CPR and contacted emergency medical services, who responded and brought the SC to a hospital where she was pronounced deceased. At the time of death, SC was reported to be healthy with no medical conditions, therefore the death was considered suspicious in nature.

## Executive Summary

This review concerns the fatality of a two-month old child who had been residing with her maternal grandfather (MGF) on a safety plan due to the biological parents' inability to properly care for the child. At the time of death, SC was listed as a maltreated child on an open CPS report dated 2/9/15 with allegations of diagnosed non-organic Failure to Thrive as a result of the parents' inability/unwillingness to properly feed the SC. A separate SCR report was registered at the time of the SC's fatality.

The MGF contacted emergency medical services on the morning of 3/4/15 after he found her unresponsive and not breathing. MGF had been co-sleeping with SC in his bed, and had propped her on her side on a pillow next to him. The autopsy revealed that pulmonary edema and thoracic petechiae were present. Cause of death was determined to be Positional Asphyxia with manner being ruled an Accident due to child being found face down in the pillow she was lying on. Initial reports alleged that SC had bruising/redness to her genital area although the autopsy found no signs of external or internal trauma.

The biological parents were not present at the time of the child's death and were determined to have played no role in the fatality. The MGF's two children (aunt and uncle to SC) were interviewed and determined to be safe in their father's care. They corroborated the unsafe sleep environment and reported that MGF co-slept with SC in this manner regularly.

It was determined that the MGF had been provided with Safe Sleep information prior to SC's death and that he had access to a bassinet that he did not use. Allegations of DOA/Fatality and Inadequate Guardianship were substantiated against the grandfather. Case was indicated and closed.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?**

Yes



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- 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:**

No additional comments.

**Was the decision to close the case appropriate?** Yes

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

**Was there sufficient documentation of supervisory consultation?** Yes, the case record notes a consultation took place, but no details noted.

**Explain:**

EMS/First responders were not interviewed and records were not received. Allegations of redness/bruising to child's genital area not addressed with family. 7-day safety assessment tool was not completed. RAP incorrectly lists biological parents as caretakers where it should have listed the MGF.

**Required Actions Related to the Fatality**

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

<b>Issue:</b>	Timely/Adequate Seven Day Assessment
<b>Summary:</b>	No Seven Day Assessment was completed in Connections for the Fatality case. This is required in addition to the 24-Hour Safety Assessment.
<b>Legal Reference:</b>	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
<b>Action:</b>	SRO is aware of Action Plans already in place with CCDSS to address this issue. No further action is needed.
<b>Issue:</b>	Predetermination/Assessment of Current Safety and Risk
<b>Summary:</b>	The Risk Assessment Profile incorrectly listed the subject child's biological parents as the primary and secondary caretaker in the fatality case. The maternal grandfather should have been the primary caretaker and risk to his own children assessed.
<b>Legal Reference:</b>	18 NYCRR 432.1(aa)
<b>Action:</b>	SRO is aware of Action Plans in place to address the accurate completion of Risk Assessment Profiles. No further action is needed.
<b>Issue:</b>	Contact/Information From Reporting/Collateral Source
<b>Summary:</b>	Insufficient information was gathered/documented from collateral sources - first responders/EMS at



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the scene of the fatality. Allegations regarding bruising/redness to SC's genital area were not addressed in case documentation.

**Legal Reference:** 18 NYCRR 432.2(b)(3)(ii)(b)

**Action:** SRO is already aware of Action Plans in place for CCDSS to insure that sufficient information is gathered to investigate and determine all allegations and assess safety and risk. No further action is required.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 03/04/2015

**Time of Death:** Unknown

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

**County where fatality incident occurred:**

CHENANGO

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

07:17 AM

**Did EMS to respond to the scene?**

Yes

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

**Child's activity at time of incident:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

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

1

**At time of incident supervisor was:** Unknown if they were 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	Deceased Child	Alleged Victim	Female	2 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	37 Year(s)
Deceased Child's Household	Other Child	No Role	Male	15 Year(s)



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Deceased Child's Household	Other Child	No Role	Female	10 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)
Other Household 1	Mother	No Role	Female	19 Year(s)
Other Household 2	Other	No Role	Female	39 Year(s)
Other Household 3	Other	No Role	Female	34 Year(s)

## LDSS Response

LDSS conducted a joint MDT investigation with law enforcement. LDSS and LE interviewed the maternal grandfather, his girlfriend (not residing in home) and his two children at the Child Advocacy Center and offered grief counseling services. LDSS gathered information from those interviews which indicated that the maternal grandfather regularly co-slept with the subject child propped on her side on a pillow with a blanket, although a bassinet was available and the grandfather had received safe sleep education. LDSS did not find evidence that the surviving children were unsafe and they remained in their father's care.

LDSS continued to work with the subject child's biological parents and surviving siblings regarding counseling and parenting education services. The subject child's autopsy, medical and ER records were requested and received. Based on the information reported in the autopsy report that the child died due to unsafe sleep/asphyxiation, the case was appropriately Indicated against the maternal grandfather for DOA/Fatality and IG. The case was then closed to all services as LDSS had assessed that there were no safety or risk factors present with regard to the surviving children that would require further intervention.

## 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

**Comments:** Investigation was coordinated with law enforcement. Surviving children in household were interviewed at the Child Advocacy Center.

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

**Comments:** Chenango County does not have a CFRT.

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
021461 - Deceased Child, Female, 2	021462 - Grandparent, Male, 37	Inadequate	Substantiated



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Mons	Year(s)	Guardianship	
021461 - Deceased Child, Female, 2 Mons	021462 - Grandparent, Male, 37 Year(s)	DOA / Fatality	Substantiated

**CPS Fatality Casework/Investigative Activities**

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>First Responders</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

No documentation that EMS or 911 staff were interviewed or that their records were received.  
 Law enforcement interviewed but no records were received.

**Fatality Safety Assessment Activities**

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



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

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<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
<b>Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed and placed in foster care at any time during this fatality investigation?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?</b>	<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



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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 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

Other children in household were linked to services through the Child Advocacy Center.

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

Explain:

Caregivers were linked to mental health services and grief counseling resources through the Child Advocacy Center.

## History Prior to the Fatality

## Child Information



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Did the child have a history of alleged child abuse/maltreatment? Yes  
 Was there an open CPS case with this child at the time of death? Yes  
 Was the child ever placed outside of the home prior to the death? Yes  
 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? Yes

## 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)
05/17/2012	5584 - Aunt/Uncle, Male, 12 Years	5582 - Grandparent, Male, 34 Years	Inadequate Guardianship	Indicated	No
	5583 - Mother, Female, 16 Years	5582 - Grandparent, Male, 34 Years	Parents Drug / Alcohol Misuse	Indicated	
	5583 - Mother, Female, 16 Years	5581 - Grandparent, Female, 36 Years	Inadequate Guardianship	Indicated	
	5583 - Mother, Female, 16 Years	5581 - Grandparent, Female, 36 Years	Lack of Medical Care	Indicated	
	5583 - Mother, Female, 16 Years	5582 - Grandparent, Male, 34 Years	Inadequate Guardianship	Indicated	
	5583 - Mother, Female, 16 Years	5582 - Grandparent, Male, 34 Years	Lack of Medical Care	Indicated	
	5584 - Aunt/Uncle, Male, 12 Years	5581 - Grandparent, Female, 36 Years	Inadequate Guardianship	Indicated	

### Report Summary:

Report alleged that SC's mother (then 16 years old) was verbally abused by maternal grandfather on 5/16/12 while he was intoxicated. Mother received regular counseling and psychotropic medication. Mother became extremely uncomfortable and left to stay at her paternal grandmother's house. Mother ran out of her medication and maternal grandfather and his wife failed to refill the prescription, and refused to provide the pharmacy with her prescription card. On the date of the



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report, maternal grandfather had forced the mother to return home although she was fearful to do so. Other children in home - ages 17,16,12, and 8 had unknown roles.

**Determination:** Indicated

**Date of Determination:** 07/18/2012

**Basis for Determination:**

CCDSS found some credible evidence that the maternal grandfather had become intoxicated and called the mother demeaning names, in spite of his awareness that mother received mental health services due to past suicidal ideations and cutting. Mother was upset and depressed by the grandfather's actions. Further, CCDSS found credible evidence during the investigation that the grandfather and his wife were allowing their then-twelve year old son to call the female children in the home, including the mother, derogatory names such as "whore" and "slut". Grandfather and his wife failed to control child's behavior, which placed the mother at further risk of emotional harm.

**OCFS Review Results:**

OCFS review determined that case actions were appropriate. Safety and risk were accurately assessed and sufficient evidence was documented to substantiate the allegations.

**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)
02/14/2013	5574 - Sibling - Siblings' Mother, Male, 3 Years	5571 - Other Adult - Siblings' Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	5575 - Sibling - Siblings' Mother, Female, 1 Years	5571 - Other Adult - Siblings' Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	5572 - Sibling - Siblings' Mother, Male, 3 Years	5571 - Other Adult - Siblings' Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	5573 - Sibling - Siblings' Mother, Male, 3 Years	5571 - Other Adult - Siblings' Mother, Female, 22 Years	Inadequate Guardianship	Indicated	

**Report Summary:**

Report alleged that the home of the half-siblings and their mother was filthy and dirty, with bags of garbage on the floors. The walls were covered with juice and food and there were soiled diapers on the floors. There was also broken glass and fecal material on the floor. A sharp piece of wood was sticking out of the wall. Half-siblings - triplets age 3, and another age 1, were alleged to be very dirty with dried fecal material stuck to their bodies.

**Determination:** Indicated

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

**Basis for Determination:**

CCDSS found some credible evidence to substantiate the allegations. During an unannounced visit the home was observed to be in deplorable condition with numerous safety hazards present. A safety plan was made for the children to stay with their maternal grandmother until the house was cleaned. Family was referred to community-based services.

**OCFS Review Results:**

OCFS review determined that the casework activities and case determination were appropriate. Safety and risk were accurately assessed.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/03/2014	5577 - Sibling, Male, 4 Years	5576 - Father, Male, 27 Years	Inadequate Guardianship	Unfounded	No



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5577 - Sibling, Male, 4 Years	5576 - Father, Male, 27 Years	Swelling / Dislocations / Sprains	Unfounded
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**Report Summary:**

Report alleged that on 5/2/14, SC's half-sibling (4) punched the SC's father in his groin. Father responded by punching the half-sibling in his eyes. Half-sibling sustained swelling to his left eye and a quarter inch abrasion to his left cheekbone. Other half-siblings, ages 4,4, and 2, were present but not harmed. Half-siblings' mother had an unknown role.

**Determination:** Unfounded **Date of Determination:** 07/17/2014

**Basis for Determination:**

CCDSS found no credible evidence to substantiate the allegations. The half-sibling was observed to have a small abrasion under his left eye, however neither he nor the children in the home would disclose what caused the injury, and the father denied harming the child. No other safety factors were identified.

**OCFS Review Results:**

OCFS review determined that the case disposition was appropriate. Safety and risk were accurately assessed.

**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)
11/18/2014	5552 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated	No
	5552 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Lack of Supervision	Indicated	
	5552 - Sibling, Male, 4 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	5554 - Sibling, Male, 4 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	5552 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Burns / Scalding	Indicated	
	5553 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	5553 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Lack of Supervision	Indicated	
	5554 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	5555 - Sibling, Female, 2 Years	5556 - Father, Male, 27 Years	Lack of Supervision	Indicated	
	5552 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Lack of Supervision	Indicated	
	5555 - Sibling, Female, 2 Years	5556 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	5555 - Sibling, Female, 2 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Lack of Medical Care	Unfounded	
	5552 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Inadequate Guardianship	Indicated	
	5554 - Sibling, Male, 4 Years	5556 - Father, Male, 27 Years	Lack of	Indicated	



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Male, 4 Years		Supervision	
5552 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Burns / Scalding	Indicated
5553 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated
5553 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Lack of Supervision	Indicated
5554 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated
5554 - Sibling, Male, 4 Years	5561 - Mother, Female, 19 Years	Lack of Supervision	Indicated
5555 - Sibling, Female, 2 Years	5561 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated
5555 - Sibling, Female, 2 Years	5561 - Mother, Female, 19 Years	Lack of Supervision	Indicated
5552 - Sibling, Male, 4 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Lack of Medical Care	Unfounded
5555 - Sibling, Female, 2 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Inadequate Guardianship	Unfounded
5553 - Sibling, Male, 4 Years	5562 - Other Adult - Siblings' Mother, Female, 24 Years	Inadequate Guardianship	Unfounded

**Report Summary:**

Report alleged that father and mother were failing to provide adequate supervision for 4-year old triplet half-siblings and 2-year old half-sibling. On 11/17/14, the parents were asleep in their bedroom when one of the triplets got hold of the father's lighter and burned another triplet on the back of his neck and top of his left hand. The triplet also set fire to some tissues and the home filled with smoke. It was further alleged that there was trash and dirty clothing throughout the home as well as dishes with old food, and that the children had had lice for over a year.

Note that the SC was born during this investigation.

**Determination:** Indicated **Date of Determination:** 01/22/2015

**Basis for Determination:**  
CCDSS found some credible evidence to substantiate the allegations. The incident did occur and placed the children at risk of serious harm.

**OCFS Review Results:**  
OCFS review found that the case determination was appropriate. Safety issues were appropriately addressed with the family.

**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)
02/09/2015	5881 - Deceased Child, Female, 1 Months	5882 - Mother, Female, 19 Years	Lack of Medical Care	Indicated	No
	5881 - Deceased Child, Female, 1 Months	5883 - Father, Male, 28 Years	Malnutrition / Failure to Thrive	Indicated	



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5881 - Deceased Child, Female, 1 Months	5882 - Mother, Female, 19 Years	Inadequate Guardianship	Indicated
5881 - Deceased Child, Female, 1 Months	5882 - Mother, Female, 19 Years	Malnutrition / Failure to Thrive	Indicated
5881 - Deceased Child, Female, 1 Months	5883 - Father, Male, 28 Years	Inadequate Guardianship	Indicated
5881 - Deceased Child, Female, 1 Months	5883 - Father, Male, 28 Years	Lack of Medical Care	Indicated
5881 - Deceased Child, Female, 1 Months	5882 - Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Indicated
5881 - Deceased Child, Female, 1 Months	5883 - Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Indicated

**Report Summary:**

Report alleged that mother and father were not providing adequate care for SC, who was born premature at a weight of 3.1 lbs and had been in the hospital for one month after her birth. The child at age two months was not receiving adequate nourishment and had not gained weight for nearly two weeks. The SC was not kept adequately warm. As a result, child presented at the hospital with a core body temperature of 96.5 degrees.

**Determination:** Indicated**Date of Determination:** 05/31/2015**Basis for Determination:**

CCDSS found credible evidence to substantiate the allegations. SC was determined to be Failure to Thrive by medical staff based on the parents' failure to appropriately feed the child. Upon discharge from the hospital, SC went to her maternal grandfather on a safety plan. SC's weight gain improved while in her maternal grandfather's care, however SC later passed away due to asphyxiation prior to this investigation closing.

**OCFS Review Results:**

CCDSS appropriately determined the allegations in the case. CCDS appropriately considered the maternal grandfather's history and had assessed for any safety or risk issues prior to implementing the safety plan that placed the SC in his care. CCDS also put multiple supportive services in place for the family as a part of the safety plan. Safety and risk were appropriately assessed throughout this investigation.

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

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

- History involving maternal grandfather and children in his household at the time of the fatality (aunt and uncle to SC):
- 1/9/12 - UNS allegations of IG and SDS against MGF regarding then 16-year old mother of SC. SUB allegations of IG and EN against MGM regarding mother of SC.
  - 11/4/11 - UNS allegations of IG, LBW, and SDS against MGF regarding mother of SC.
  - 7/8/11 - UNS allegations of LMED against MGF and his wife regarding mother of SC.
  - 2/23/04 - UNS allegations of IG against MGF and his wife regarding mother of SC and then-4 year old uncle of SC.
  - 2/4/02 - UNS allegations of IG and IFCS against MGF and his wife regarding mother of SC and uncle of SC.

## History involving SC's half-siblings:

- 2/8/12 - UNS allegation of IG against half-siblings' mother related to all four half-siblings - then 2-year old triplets and then 2-months old.
- 12/28/10 - SUB allegations of IG against father of SC and half-siblings, related to then-11 month old triplets.



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11/10/10 - UNS allegations of IG and IFCS against father of SC and mother of half-siblings, related to then 10-month old triplets.

### Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

### Services Open at the Time of the Fatality

### Required Action(s)

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

Yes  No

### Preventive Services History

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

### Casework Contacts

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

### Required Action(s)

**Are there Required Actions related to the compliance issues for provision of Foster Care Services?**

Yes  No

### Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

### Legal History Within Three Years Prior to the Fatality



**Was there any legal activity within three years prior to the fatality investigation?** There was no legal activity

**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