

Report Identification Number: AL-17-002

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

Issue Date: Jun 08, 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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	

Case Information



Report Type: Child Deceased
Age: 1 year(s)

Jurisdiction: Franklin
Gender: Male

Date of Death: 01/06/2017
Initial Date OCFS Notified: 01/06/2017

Presenting Information

An SCR report was received on 1/6/17 with the following concerns: On the morning of 1/6/17, SM left SC (1 year old) alone in the bathtub while he was taking a bath, for about 5 minutes. SM returned to the bathroom and found SC face down in the water, unresponsive. CPR was unsuccessful and SC died as a result.

Executive Summary

This fatality report concerns the death of a 17-month-old male (SC) that occurred on 1/6/17. A report was made to the SCR on that same date, with allegations of IG, LS, and DOA/Fatality against SM regarding SC. Franklin County Department of Social Services (FCDSS) conducted an investigation surrounding SC’s death, and obtained a copy of the death certificate, which noted the cause of death as “asphyxia due to drowning (history of possible seizures)”, and the manner of death as “accident”. The official autopsy report was not yet available for review at the time of this writing.

SM reported she had a history of high risk pregnancies, but SC was born healthy with no concerns. It was reported SC had episodes of seizure-like activity in the past, but it was never officially diagnosed nor recommended that he be followed by a specialist due to this. SC and SS were up to date medically at the time of SC’s death.

On the date of the incident, it was discovered SM had left SC unsupervised in the bathtub for appropriately five minutes, in order to tend to SS and make a phone call. When SM returned to check on SC, she found him unresponsive in the bath water. FCDSS gathered information about the circumstances of SC’s death from the parents, paternal grandparents, and collateral contacts, which included: LE, the hospital, the children’s pediatrician, and a neighbor that lived next door to the family. FCDSS also interviewed the BM of the surviving half-sibling and assessed that child and the home for safety.

From the time the investigation began to the time of this writing, FCDSS has met regularly with the family, assessed the home environments of all the children, followed up that the Safety Plan was being followed, and referred the family to grief and mental health services. The case had not yet been determined at the time of this report, and the family had not yet engaged in referred services.

Review of this investigation resulted in several citations related to overall casework practices. In response, FCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) FCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, FCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

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FINAL



- **Approved Initial Safety Assessment?** Yes
- **Safety assessment due at the time of determination?** N/A
- **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?** N/A

Explain:

The case had not yet been determined at the time of this writing.

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

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

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

Explain:

The investigation remained open at the time of this writing.

Required Actions Related to the Fatality

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

Issue:	Adequacy of Risk Assessment Profile (RAP)
Summary:	The RAP had not yet been completed by the time of this writing.
Legal Reference:	18 NYCRR 432.2(d)
Action:	The RAP will be completed within 45 days of the initiation of an investigation.
Issue:	Timely/Adequate Seven Day Assessment
Summary:	The 7-Day Safety Assessment was due by 1/14/17, but not completed and approved until 1/17/17.
Legal Reference:	SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)
Action:	FCDSS will complete all required 7-Day Safety Assessments within seven days of the initiation of an investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/06/2017

Time of Death: 12:14 PM



Time of fatal incident, if different than time of death: 11:00 AM

County where fatality incident occurred: FRANKLIN

Was 911 or local emergency number called? Yes

Time of Call: 11:04 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: Bathing

Did child have supervision at time of incident leading to death? No - but needed

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	Male	17 Month(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)

LDSS Response

On 1/6/17, FCDSS received an initial, a subsequent, and a duplicate SCR report, all regarding the death of SC. FCDSS appropriately consolidated the reports, and initiated their investigation within 24 hours. FCDSS coordinated their efforts with local LE, and also assigned St. Lawrence County Department of Social Services (SLCDSS) a secondary role to assess the safety and well-being of the surviving half-sibling. On this same date, FCDSS observed LE's interviews with SM, and then interviewed BF after he spoke with LE. FCDSS implemented an appropriate Safety Plan regarding the SS, which involved utilizing familial resources as supervisors (PGM and PGF). Both parents denied substance abuse issues and submitted to urine drug screenings, which came back negative for all substances. SM and BF reported they successfully completed mental health treatment in the past. FCDSS offered the family a referral for grief and mental health services promptly after SC's death, which they accepted.

FCDSS completed home visits, additional interviews with family members and collateral contacts. FCDSS obtained information about the general level of care provided to the children, and noted no concerns. A previous physical altercation between SM and BF from 2016 was also discussed, and FCDSS noted no recent incidents; appropriate services had been



offered to both SM and BF as a result of that altercation, which they had accepted at the time. FCDSS gathered detailed accounts of the events leading up to SC’s death, and discovered the following were at home at the time of the fatality: SM, SC, SS, and BF, who was asleep due to working an overnight shift the day before. The surviving half-sibling resided with her BM, and was not on visitation with BF on the date of the incident. SM reported to LE and FCDSS on 1/6/17, she awoke with the SC and SS at approximately 8:30AM, fed them breakfast, and then proceeded to bathe the children. SM stated she bathed SS first, and then SC, while SS watched television in a different room. SM reported to FCDSS and LE she went to check on SS and left SC in the tub while she did so. She then noticed missed calls from her doctor on her cell phone, and spent several minutes calling back; ultimately, SC was alone in the bathtub unsupervised for approximately five minutes. SM reported she returned to the bathroom and found SC laying on his right side in the bath water, unresponsive. SM removed SC from the tub, attempted CPR, and SC appeared to vomit but was still not breathing. SM called 911, told SS to wake up BF, which he did, and BF carried SC to a neighbor’s home where that neighbor also attempted CPR and called 911. EMS and LE arrived and transported SC to the local hospital, where he was pronounced dead at 12:14PM.

FCDSS discovered SM and BF were educated by medical professionals surrounding bathtub/water safety and young children. SM, BF, and the paternal grandparents all had knowledge of seizure-like episodes SC would have on occasion, where his eyes would roll in the back of his head and he would stop breathing momentarily; he was hospitalized once in 2016 due to this. FCDSS requested medical records pertaining to doctor and hospital visits for these episodes, and found SC was never diagnosed or referred for any specific treatment to address this issue. It is unknown if SC suffered a possible seizure while unsupervised in the bathtub on the date of his death. Neither SS were noted to have had any medical concerns.

At the time of this writing, the fatality investigation remained open, the Safety Plan was revised and remained in place, and LE had not charged anyone criminally for the death of SC. The final autopsy was not yet available for review at the time of this report.

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: The Fatality Investigation was conducted by an MDT.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No
Comments: There is not an OCFS approved Child Fatality review Team in Franklin County.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
037881 - Deceased Child, Male, 17	037642 - Mother, Female, 26	Inadequate	Pending



Month(s)	Year(s)	Guardianship	
037881 - Deceased Child, Male, 17 Month(s)	037642 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
037881 - Deceased Child, Male, 17 Month(s)	037642 - Mother, Female, 26 Year(s)	Lack of Supervision	Pending

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"/>

Additional information:

FCDSS attempted to interview the SS; however, due to his age/developmental status, were unsuccessful. FCDSS completed all other appropriate interviews with household members and obtained all pertinent information from collateral contacts.

Fatality Safety Assessment Activities

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



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

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

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

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 There were no SS removed as a result of this fatality report or for reasons unrelated.

Legal Activity Related to the Fatality

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



Have any Orders of Protection been issued? No

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

Additional information, if necessary:
 Appropriate services were offered to this family by FCDSS; however, there is nothing noted in the case record that the family began to engage in said services at the time of this writing.

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? Unable to Determine
Explain:
 FCDSS offered grief services to the SS and the surviving half-sibling.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes
Explain:
 FCDSS offered grief and mental health services to SM and BF. Additionally, FCDSS offered PGM, PGF, and the BM of



the surviving half-sibling grief services; the BM of the half-sibling denied needing services for herself or her child. FCDSS also offered to assist SM and BF with funeral expenses.

History Prior to the Fatality

Child Information

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

Was there an open CPS case with this child at the time of death? 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

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)
11/27/2016	16312 - Sibling, Female, 2 Years	16311 - Father, Male, 30 Years	Inadequate Guardianship	Indicated	Yes
	16312 - Sibling, Female, 2 Years	16311 - Father, Male, 30 Years	Lack of Supervision	Indicated	

Report Summary:

Report received with allegations of IG and LS against BF regarding then 2 year-old female half-sibling of SC. BF had visitation with half-SS, and during a recent visit, it was discovered the child acquired bruising to her buttocks; BF reported this was due to not supervising the child properly, and as a result, the child fell off the top bunk of a bunk bed and onto toys that were on the ground. LE was involved.

Determination: Indicated

Date of Determination: 01/04/2017

Basis for Determination:

FCDSS completed a thorough investigation which included interviews, assessments, and collateral contacts. The information discovered supported the allegations in the report were true.

OCFS Review Results:

OCFS agreed with FCDSS' decision to substantiate the allegations; however, the RAP was inaccurate (regarding the question about Domestic Violence).

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP was inaccurate regarding the question surrounding Domestic Violence as it pertained to BF.

Legal Reference:

18 NYCRR 432.2(d)

**Action:**

FCDSS will accurately complete RAPs for all investigations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/06/2016	16291 - Deceased Child, Male, 9 Months	16293 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	No
	16292 - Sibling, Male, 3 Years	16293 - Mother, Female, 26 Years	Inadequate Guardianship	Indicated	

Report Summary:

Allegations of IG against SM regarding SC and SS. The reported alleged SM engaged in a physical altercation with BF in the presence of both children. SM was arrested and charged with Assault 3rd and Endangering the Welfare of a Child.

Determination: Indicated

Date of Determination: 06/02/2016

Basis for Determination:

FCDSS completed a thorough investigation which included interviews, assessments, and collateral contacts. The information discovered supported the allegations in the report were true. FCDSS appropriately referred the parents to services prior to closing the case.

OCFS Review Results:

OCFS agreed with FCDSS' casework activities and decision to substantiate the allegations.

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

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

There is no CPS History more than three years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS History outside of NYS.

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.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection



Criminal Charge: Assault Degree: 3			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
04/06/2016	SM	04/06/2016	SM plead guilty.
Comments:	SM plead guilty to Assault 3rd after engaging in a physical altercation with BF in the presence of SC and SS.		

Criminal Charge: Endangering the welfare of a child Degree: NA			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
04/06/2016	SM	04/06/2016	SM plead guilty.
Comments:	SM plead guilty to Endangering the Welfare of a Child after engaging in a physical altercation with BF in the presence of SC and SS.		

Have any Orders of Protection been issued? Yes	
From: 04/06/2016	To: Unknown
Explain: A Refrain From Order of Protection was issued against SM regarding BF, SC, and SS, due to a physical altercation between SM and BF that occurred in the presence of the children. It was not clear in the case record when/if the Order expired.	

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