



Report Identification Number: BU-16-034

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

Issue Date: Apr 17, 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: 6 month(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 12/02/2008
Initial Date OCFS Notified: 10/30/2016

Presenting Information

At an unknown date, subject mother and subject father were yanking subject child back and forth from one another. The father then threw subject child onto a futon couch and the child's head hit a metal arm of the couch. As a result, subject child passed away on an unknown date. While in the care of the subject mother, surviving sibling, age three, sustained suspicious burns to her body. Subject father has an unknown role.

Executive Summary

This report involved the death of a two-month old subject child that was born on 9/24/08 with a gestation of thirty-four weeks weighing three pounds and having breathing and seizure issues. An SCR report was received 11/6/08 with allegations of Choking/Twisting/Shaking and Inadequate Guardianship against subject father. A subsequent report was received on 11/08/08 with allegations of Choking/Twisting/Shaking and IG against subject father. Subject child passed away on 12/02/08, during the open investigation, after being declared medically brain dead and life support was discontinued. The fatality was investigated at the time of the death as the subject child had died in an open SCR investigation. The reports were both UNFOUNDED and closed 2/09/09. This fatality was re-reported on 10/30/16, eight years after the death of subject child.

The new investigation included appropriate case and collateral contacts, medical records information, SCR background history check, and timely documentation of case work activities. The new report had allegations of DOA/Fatality, IG, and Internal injuries against subject father and mother and included new allegations of IG and Burns/Scalding against subject mother involving a new sibling (SS1) that was born 1/22/12 after the death of subject child. At the time of the report, SS1 was residing in the care/custody of the maternal grandmother and subject mother had supervised visitations. Two other children, that had been born after subject child's death, SS2 and SS3, had also been removed from subject mother's care and were residing with their paternal grandmother.

Medical provider records provided no evidence of subject father and subject mother shaking subject child or any other neglect concerns. Prior to her death, subject child had been hospitalized pertaining to seizure concerns. Subject child was admitted to the hospital on 11/6/08 regarding seizure concerns and was discharged the same day. Subject child was re-admitted on 11/18/08 after being found unresponsive in the home and put on life support. Life support was ended by the parents due to the medical determination that subject child was brain dead and nothing could be done. Medical providers had no concerns regarding SS1, SS2, or SS3. SS1 was observed with no apparent marks of concern regarding allegations of burns/scalding. All of the siblings reported no care concerns, appeared healthy, and the homes appeared adequate.

Law enforcement investigated the fatality and closed the investigation finding no evidence of wrong-doing. No criminal charges were made. Law enforcement declined to further investigate the new report of this fatality as no new allegation or evidence was presented regarding the fatality subject child.

The Erie County Medical Examiner performed an autopsy and released his findings on 9/23/09. He determined the Cause of Death as Near Sudden Infant Death Syndrome and the Manner of Death as Undetermined. The Opinion statement noted subject child's premature birth and recent hospitalization for seizure concerns.



On 11/30/16, the allegations of DOA/Fatality, IG, Internal Injuries were UNFOUNDED against subject father and subject mother. The allegations of IG and Burns/Scalding against subject father pertaining to SS1 were also UNFOUNDED. The parents denied the allegations. The fatality had been previously investigated at the time of the death in 2008 and was UNFOUNDED. Medical providers reported no medical evidence to support Shaken Baby Syndrome. The Medical Examiner attributed the fatality to Near Sudden Infant Death Syndrome and Manner of Death as Undetermined. Law Enforcement also investigated the fatality and no criminal charges were made. At the time of case closing, subject mother has no children in her care. The children are all being cared for by grandparents with subject mother having only supervised visitations with the three surviving children. The case is closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? 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:

N/A

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:

N/A

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: 12/02/2008

Time of Death: 05:34 PM

Date of fatal incident, if different than date of death: 11/18/2008



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

County where fatality incident occurred: CHAUTAUQUA

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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: Child was found nonresponsive two days after disch

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)

LDSS Response

On 10/30/16, Chautauqua County CPS received an SCR report with allegations of DOA/Fatality, Internal Injuries, and IG against subject father (SF) and subject mother (SM) pertaining to two-month old subject child (SC) that had died eight years earlier in 2008. These allegations were based on concerns that the SC had been present during an incident of domestic violence where SC had been thrown onto a futon. There were also allegations of Burns/Scalding and IG against SM pertaining to SS1 who was born 1/22/12 four years after SC's death.

SC was born on 9/24/08 with a gestation of thirty-four weeks, weighing three pounds, and having breathing and seizure issues. An SCR report was received 11/6/08 with allegations of Choking/Twisting/Shaking and IG against SF. A subsequent report was received on 11/08/08 with allegations of Choking/Twisting/Shaking and IG against SF. SC passed away on 12/02/08, during the open investigation, after life support was discontinued. The fatality was investigated at the time of the death as the SC had died during the open SCR investigations. The reports were both UNFOUNDED and closed



2/09/09.

The 10/30/16 investigation included appropriate case and collateral contacts, medical records information, SCR background history check, and timely documentation of case work activities. The new report had allegations of DOA/Fatality, IG, and Internal injuries against SF and SM and included new allegations of IG and Burns/Scalding against SM involving a new sibling (SS1) that was born 1/22/12 after the death of SC. At the time of the report, SS1 was residing in the care/custody of the maternal grandmother and SM had supervised visitations. Two other children, that had been born after SC’s death, SS2 and SS3, had also been removed from SM’s care and were residing with their paternal grandmother.

Medical provider records provided no evidence of SF and SM shaking SC or any other neglect concerns. Prior to her death, SC had been hospitalized pertaining to seizure concerns. SC was admitted to the hospital on 11/6/08 regarding seizure concerns and was discharged the same day. SC was re-admitted on 11/18/08 after being found unresponsive in the home and put on life support. Life support was ended by the parents due to the medical determination that SC was brain dead and nothing could be done. Medical providers had no concerns regarding SS1, SS2, or SS3. SS1 was observed with no apparent marks of concern. All of the siblings reported no care concerns, appeared healthy, and the homes appeared adequate.

Law enforcement investigated the fatality and closed the investigation with no criminal charges. Law enforcement declined to further investigate the new report of this fatality as no new allegation or evidence was presented regarding the fatality SC.

The Erie County Medical Examiner performed an autopsy and released his findings on 9/23/09. He determined the Cause of Death as Near Sudden Infant Death Syndrome and the Manner of Death as Undetermined. The Opinion statement noted subject child’s premature birth and recent hospitalization for seizure concerns.

On 11/30/16, the allegations of DOA/Fatality, IG, Internal Injuries were UNFOUNDED against SF and SM. The allegations of IG and Burns/Scalding against SF pertaining to SS1 were also UNFOUNDED. The parents denied the allegations. The fatality had been previously investigated at the time of the death in 2008 and was UNFOUNDED. Medical providers reported no medical evidence to support Shaken Baby Syndrome. The Medical Examiner attributed the fatality to Near Sudden Infant Death Syndrome and Manner of Death as Undetermined. Law Enforcement also investigated the fatality and no criminal charges were made. At the time of case closing, SM has no children in her care. The children are all being cared for by grandparents with SM having only supervised visitations with the three surviving children.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The fatality case was reviewed by Chautauqua County's Multidisciplinary Team and appropriate protocols for a joint investigation with law enforcement were followed.

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

Comments: Chautauqua County Department of Social Services does not have an OCFS approved Child Fatality Review Team.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
036501 - Deceased Child, Female, 6 Mons	036503 - Father, Male, 29 Year(s)	Internal Injuries	Unsubstantiated
036501 - Deceased Child, Female, 6 Mons	036502 - Mother, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
036501 - Deceased Child, Female, 6 Mons	036503 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
036501 - Deceased Child, Female, 6 Mons	036503 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
036501 - Deceased Child, Female, 6 Mons	036502 - Mother, Female, 19 Year(s)	Internal Injuries	Unsubstantiated
036501 - Deceased Child, Female, 6 Mons	036502 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
036504 - Sibling, Female, 3 Year(s)	036502 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
036504 - Sibling, Female, 3 Year(s)	036502 - Mother, Female, 19 Year(s)	Burns / Scalding	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

Additional information:

At the time of the fatality none of subject child's siblings were born yet. She was the only child in the home and at case



closing there were no children in the home.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input 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"/>
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Additional information, if necessary:
 At the time of the fatality none of subject child's siblings were born yet. She was the only child in the home and at case closing there were no children in the home.

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? N/A

Explain:
 At the time of the fatality none of subject child's siblings were born yet. She was the only child in the home and at case closing there were no children in the home.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
 Grief counseling was offered and declined by the parents.

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? N/A
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	Alleged	Alleged	Allegation(s)	Status/Outcome	Compliance
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Report	Victim(s)	Perpetrator(s)			Issue(s)
11/18/2008	15102 - Deceased Child, Female, 1 Months	15104 - Father, Male, 29 Years	Choking / Twisting / Shaking	Unfounded	No
	15102 - Deceased Child, Female, 1 Months	15104 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The subject father has a history of shaking subject child, two months old. Today 11/18/2008, the subject child suffered seizures and cardiac arrest. It is unknown if subject child was shaken today. The subject child was without pulse and received CPR for thirty minutes until her pulse was restored. The role of the subject mother and maternal uncle are unknown.

Determination: Unfounded**Date of Determination:** 02/09/2009**Basis for Determination:**

No credible evidence to support the allegations. This case was investigated by Police and closed with no charges. Medical providers including Pediatric, Women & Children's Hospital did not report any neglectful actions by subject mother or father pertaining to subject child's medical complications. Medical Examiner performed an autopsy and attributed subject child's death to Near Sudden Infant Death Syndrome noting subject child's premature birth and possible seizure disorder.

OCFS Review Results:

No concerns upon review.

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)
11/06/2008	15099 - Deceased Child, Female, 1 Months	15101 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	No
	15099 - Deceased Child, Female, 1 Months	15101 - Father, Male, 29 Years	Choking / Twisting / Shaking	Unfounded	

Report Summary:

Subject father recently allegedly shook subject child, six weeks old. On October 30, 2018, subject mother brought the infant into the hospital because she was having shaking episodes. Subject mother's current role is unknown.

Determination: Unfounded**Date of Determination:** 01/28/2009**Basis for Determination:**

Child did pass away 12/2/2008. The subject child was born premature and experiencing seizures since birth. This case was investigated by Police and closed with no charges. Medical providers including the Pediatrician and Women & Children's Hospital did not report any evidence of shaking or neglectful actions by subject mother or father pertaining to subject child's medical complications. Subject child was unresponsive and put on life support. Parent's decided to end support based on medical determination child was brain dead and had no chance of survival. Medical Examiner performed autopsy and attributed subject child's death to Near Sudden Infant Death Syndrome.

OCFS Review Results:

No concerns upon OCFS review.

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

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

The current fatality report is on a subject child that died eight years prior to this fatality report. There is extensive CPS



history for this family following the fatality report; however all these reports occurred after the actual death of the child which occurred on 12/02/2008. There are no SCR reports for this family more than three years prior to the actual fatality. The below listed SCR reports are all three years prior to the current fatality report NOT the actual death of the subject child and none of the reports involve the subject child.

- 7/9/16 SM INDICATED IG, MGM IG/L SUP 9/3/14 IG MA SS1
- 3/1/16 UNFOUNDED SM, 3/2/16 INDICTED SM Brother and MGM re: MA SM younger sibling
- 2/9/16 SM NO ROLE, INDICATED 5/4/16 SGM
- 2/8/16 SM No ROLE, UNFOUNDED 5/3/16 IG/Other
- 1/16/14 SM NO ROLE. INDICATED against cousin & other child's father. IG/Other
- 02/12/13 SM/MGM INDICATED IG 6/6/13 MA SS1
- 12/18/13 SM/SC NO, INDICATED 2/14/14 IG, Other, against SM's cousins.
- 11/24/12 SM/SC NO ROLE. UNFOUNDED 1/25/13 IG, Lack of medical against cousin. MA Other child.
- 01/23/12 Closed as DUPLICATE
- 01/22/12 SM INDICATED IG 1/27/12 MA SS1
- 06/2/11 SM Lack of Med 6/6/11 Suspended DUPLICATE IND 6/6/11
- 06/2/11 SM INDICATED IG Lack of Medical. 6/9/11 MA SS2 & SS3
- 05/11/11 SM INDICATED 6/9/11 IG Lack of Medical MA SS2 & SS3
- 01/12/11 SM INDICATED 3/9/11 IG, INADEQUATE Food/Clothing/Shelter MA SS2 & SS3
- 12/28/09 SM NO ROLE INDICATED cousin 2/6/10 MA Other child

Known CPS History Outside of NYS

There is no known CPS history for this family outside of New York State.

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? There was no legal activity

Additional Local District Comments

N/A

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