



Report Identification Number: BU-17-034

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

Issue Date: May 07, 2018

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 21 day(s)

Jurisdiction: Cattaraugus
Gender: Female

Date of Death: 11/15/2017
Initial Date OCFS Notified: 11/20/2017

Presenting Information

The SC passed away on 11/15/2017, as a result of medical complications. The child was born on 10/25/2017 and had a diagnosis of Zellweger Syndrome. There was no cure and treatment was symptomatic and supportive.

Executive Summary

On 11/17/2017, Cattaraugus County Department of Social Services (CCDSS) notified OCFS of the SC's (21 days old) passing on 11/15/2017 through form 7065. CCDSS had an open SCR report about the SSs at the time of the SC's passing. The SC was a medically fragile child and her death was expected. On 11/15/2017, the SC was coming home with the BM, BF, PGF and the PA from a scheduled doctor's appointment. All family members in the car that day were interviewed and reported that they had arrived home from the doctor's appointment and found the SC unresponsive while taking the SC from the car seat. They called 911 and LE was first on the scene. LE took the SC in their vehicle to meet EMS. The PGF followed them with the parents to the hospital. The PA stayed at the home to wait for the SSs to arrive home from school. The SC was transferred to the ambulance and transported to the hospital where the SC was pronounced dead. The SC had a DNR.

Immediately upon learning of the SC's death CCDSS contacted the family to offer support and made arrangements to meet with the family and assess the safety of the SSs. CCDSS observed and interviewed the SSs. There were no noted safety concerns for the SSs. CCDSS offered bereavement services for all family members and assisted with the application to help with burial costs for the SC. CCDSS obtained information from all first responders and medical personnel about the death of the SC.

There was no autopsy performed and the manner of death per the death certificate was natural and the cause was cardiac arrest due to genetic disorder.

CCDSS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation that was open at the time of the SC 's passing. CCDSS made a determination about that investigation which has been addressed in the history section of this fatality report. At the time of the writing of this report that case was closed, UNF and the family was involved with community based services.

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?** N/A

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations N/A as well as any others identified in the course of the investigation?**



- Was the determination made by the district to unfound or indicate appropriate? 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:

The SC was a medically fragile child who was born and died during a open SCR INV about SS. The SC was expected to die and there was no reasonable cause to suspect that the parents caused the SC death.

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: 11/15/2017

Time of Death: 03:30 PM

County where fatality incident occurred: Cattaraugus

Was 911 or local emergency number called? Yes

Time of Call: 03:00 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping Working Driving / Vehicle occupant
- Playing Eating Unknown
- Other: in car seat

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: 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	No Role	Female	21 Day(s)



Child Fatality Report

Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	12 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)

LDSS Response

CCDSS notified OCFS of the SC passing through form 7065 as per regulation on 11/17/2017. CCDSS had an open SCR report at the time of the reported fatality about the SS. The SC was born to the BF and the BM on 10/25/2017 and was a medically fragile child. The SC was released from the hospital with a nurse and an aide from hospice care to assist with the care of the SC. Twenty-one days later, on 11/15/2017, the parents had taken the SC to a scheduled doctor's appointment. Upon arrival to the home after the appointment, they found the SC unresponsive when taking the SC from the car. The family called 911 and LE responded before EMS. LE took the SC to meet the ambulance. The SC was transported by EMS to the hospital where the SC was pronounced dead.

CCDS assessed the safety of the SS in the home and interviewed all family members and offered bereavement services. There were no noted safety concerns for the SS. CCDSS assisted the family in filling out an application to pay for the SC burial costs. CCDSS gathered sufficient information and it was determined there was no reasonable cause to suspect that there was abuse or neglect of the SC. CCDSS obtained and reviewed all medical documentation pertaining to the SC and had in depth interview with the SC's pediatrician. There were no noted concerns for the care of the SC.

There was no autopsy performed and the cause and manner of death listed on the death certificate was the manner of death was natural and the immediate cause was cardiac arrest due to a genetic disorder.

Official Manner and Cause of Death

Official Manner: Natural
Primary Cause of Death: From a medical cause
Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

The SC was born and died during an open SCR INV about the SS. The SC was a medically fragile child and her death was expected. There was no reasonable cause to suspect that the parents caused the SC's death.

Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
The SC child died as a result of a medical condition. There was no reported fatality for this child to the SCR. The SC died during an open SCR INV about the SC's SSs. Therefore there was no safety assessment requirement. However, CCDSS did complete a 24hr safety assessment on the SSs and gathered all relevant information about the SC death. CCDSS completed a 7065 to OCFS within the required time frame per regulation.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Explain as necessary:

No SS children were removed.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:

CCDSS assisted the BF and the BM obtain burial assistance for the SC and made referrals for bereavement counseling.

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:

CCDSS offered bereavement referrals for the SS as well as all family members.

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

**Explain:**

CCDSS offered bereavement referrals to all family members. CCDSS assisted the parents in obtaining burial assistance for the SC.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- 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? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/01/2017	Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 11 Years	Father, Male, 36 Years	Sexual Abuse	Unfounded	

Report Summary:

Approximately 5 years ago the SF sexually abused the 17yo OC. It was believed the SF was also abusing the 11yo SS. As a result of the abuse the 11yo SS was sending explicit messages on facebook. The roles of the BM and the SM were unknown.

Determination: Unfounded

Date of Determination: 11/30/2017

Basis for Determination:

All parties were seen and interviewed. The 11yo SS was seen and interviewed at the CAC and did not disclose that she was being sexually abused by anyone. It was believed that the SS had taken some naked pictures of her self on a phone that she had access to at the BM's home. However, there was no evidence that the SC had posted anything on social media. Individual counseling was recommended and the SF immediately scheduled an appointment for the SS for counseling. The allegations of SA and IG were Unsub and the case was closed and UNF.



OCFS Review Results:

OCFS review found that Cattaraugus County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

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)
09/26/2017	Sibling, Male, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 12 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 9 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 5 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 5 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 9 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 1 Years	Father, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 1 Years	Mother, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unfounded	



Report Summary:

The SM and the SF did not have enough food for the SS. As a result, the SS were often hungry. The 11yo SS is autistic and was constantly beat up by the other children in the home. The SF and the SM were aware and did nothing to protect the SS. The 9yo SS wets the bed and was only allowed to shower once a week. The 9yo SS smells of urine and her clothes were filthy. The role of her mother was unknown.

Determination: Unfounded

Date of Determination: 10/24/2017

Basis for Determination:

The home was assessed and met the minimum standards. All family members were seen and interviewed. everyone denied the allegations and there was plenty of food in the home. The children were observed to be clean, appropriately dressed with no offensive odors. The children stated they shower at least every other day. CCDSS spoke with several collaterals and there were no noted concerns about the SS hygiene or the SS needs not being met. The 9yo SS denied being hit by the other SS in the home. and no bruises or marks were observed. The case was closed and UNF.

OCFS Review Results:

OCFS review found that Cattaraugus County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

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)
08/07/2017	Sibling, Male, 12 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Male, 5 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 1 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 10 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 1 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 10 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 10 Years	Father, Male, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 5 Years	Father, Male, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 12 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 10 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 5 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Sibling, Male, 12 Years	Father, Male, 36 Years	Lack of Supervision	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 36 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The SM, the OA and the SF failed to provide supervision for the 6 children. The children were often in the road that runs through the trailer park as well as neighbors yards, while playing outside. Cars had to stop for the children who were in the middle of the road.

Determination: Unfounded

Date of Determination: 09/07/2017

**Basis for Determination:**

All parties were seen and interviewed. The alleged subjects denied that the SS were ever unsupervised. Other collaterals were interviewed and denied the SS were unsupervised. CCDSS drove by the home on several occasions and never saw the SS outside in the road unsupervised. The case was UNF and closed.

OCFS Review Results:

OCFS review found that Cattaraugus County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

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)
07/12/2016	Other Child - sister to the 9yo SS, Female, 16 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	Yes
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Other Child - sister to the 9yo SS, Female, 16 Years	Mother, Female, 33 Years	Lack of Supervision	Unfounded	
	Other Child - sister to the 9yo SS, Female, 16 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 33 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The BM of the 16yo OC abused prescription medication and when she was not sleeping she was out partying or at the store. The BM had no control of the 16yo OC and allowed her to run the streets all night and drink. The 16yo OC was psychiatric diagnosis. The 9yo SS lived with the SF and had every other weekend visitation with the BM. The 9yo SS was often left unsupervised by the BM. The BM's fiancée, was also in the home and does not provide supervision. The SF's role was unknown.

Determination: Unfounded

Date of Determination: 08/31/2016

Basis for Determination:

Prior to this report coming into the SCR the 16yo OC had a job and was receiving services from a voluntary agency. The OC was in counseling with the BM. The OA and the SS were interviewed and they denied that the BM left them unsupervised. The fiancée agreed to assist the BM with supervision. The case was UNF and closed. Family working with community based services.

OCFS Review Results:

OCFS review found that Cattaraugus County Department of Social Services made the appropriate determination based on the information gathered during the investigation. However, the bio-father of the 16yo OC was never notified about the report.

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

Issue:

Failure to provide notice of report

Summary:

CCDSS did not notify the bio-father of the OC as required by regulation.

Legal Reference:



18 NYCRR 432.2(b)(3)(ii)(f)

Action:

CCDSS will notify all absent parents as per regulations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/27/2016	Sibling, Female, 9 Years	Father, Male, 35 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 9 Years	Father, Male, 35 Years	Sexual Abuse	Unfounded	

Report Summary:

In 2012 the SF sexually abused the SS now age 11. The SF touched the SS in her vaginal area in a sexual manner. The roles of the BM, BM's boyfriend and SF's girlfriend and the SS were unknown.

Determination: Unfounded

Date of Determination: 05/23/2016

Basis for Determination:

There was no credible evidence to support the allegations. The SS was interviewed at the CAC and made no disclosure of anyone sexually abusing her. The source had no first-hand information of the allegations. All other parties were interviewed and relevant collaterals were contacted. There were no noted concerns for the care of the SS. The case was UNF and closed.

OCFS Review Results:

OCFS review found that Cattaraugus County Department of Social Services made the appropriate determination based on the information gathered during the investigation.

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

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

- 1/31/08-Allegations of IG and IF/C/S were Unsub against the BF for a SS.
- 1/31/08-Allegations of IG and IF/C/S were Unsub against the BF for a SS.
- 5/13/08-Allegations of IG and IF/C/S were Unsub against the BF for a SS.
- 3/9/08-Allegations of IG and L/B/W were Sub against the BM (of the SC) for a SS.
- 3/20/09-Allegations of IG and IF/C/S were Unsub against the BF for a SS.
- 10/17/09-Allegations of IG were Unsub against the BF (of the SC) for OC.
- 11/12/09-Allegations of IG were Unsub against the BF(of the SC) for OC.
- 4/29/10-Allegations of EdN and IG were Unsub against the BF(of the SC) for OC.
- 5/6/10-Allegations of IG and LMC were Unsub against the BF for a SS.
- 11/28/10-Allegations of SA and IG were Unsub against the BF for a SS and OC.
- 12/9/10-Allegations of LS, IG and L/B/W were Unsub against the BF for a SS.
- 12/14/10-Allegations of IG, LS and IF/C/S were Sub against BM2 of a SS and BF had no role.
- 4/18/11-Allegations of PD/AM and IG were Unsub against the BM2 and the BF for a SS.
- 1/27/11-Allegations of PD/AM and IG were Unsub against the BM2 and the BF for a SS.
- 3/14/12-Allegations of IF/C/S and IG were Unsub against the BM2 and the BF for a SS.
- 12/13/12-Allegations of IF/C/S and IG were Unsub against the BM2 and the BF for a SS.
- 8/27/13 and two duplicates-Allegations of IG, LS and PD/AM were Sub against the BM2 and the BF had no role.

Known CPS History Outside of NYS

There was no known history outside of NYS.



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"/>

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

In 2017 Child Protection services implemented a process to better notify all birth parents which has greatly increased this practice.

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