



## Report Identification Number: BU-19-014

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

Issue Date: Jul 24, 2019

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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 10 month(s)

**Jurisdiction:** Genesee  
**Gender:** Unknown

**Date of Death:** 03/17/2019  
**Initial Date OCFS Notified:** 03/18/2019

## Presenting Information

Sometime between 3/16/19 and 3/17/19, the mother was co-sleeping with her 10-month-old child. The mother rolled over and suffocated the child causing the child's death. Emergency services were called to the home on 3/17/19 and the child was transported to the hospital.

## Executive Summary

On 3/18/2019, Genesee County Department of Social Services (GCDSS) received a report from the SCR about the death of a 10-month-old child that occurred on or about the same date. At the time of the fatality, there was a 4-year-old surviving sibling in the home. The family lived on the Tonawanda Indian Reservation.

Through interviews with the mother, it was learned on 3/17/2019 between 1:15-2:15AM, the infant was restless and fussy. The mother brought the infant into bed and placed him on his back with no articles on or around him. The mother reported falling asleep in the bed with the infant at that time. Later that morning, around 10:30AM, the mother woke to use the bathroom while the maternal aunt attempted to wake the infant. The maternal aunt found the infant to be unresponsive and began to scream, alerting the mother. The mother called 911 immediately. First responders arrived and found the infant to be unresponsive, cold, and had no heartbeat. Resuscitation efforts continued until the arrival of the coroner.

Throughout the investigation, GCDSS made extensive efforts to interview each first responder and diligently documented all casework. GCDSS spoke with all familial collateral contacts and medical personnel. GCDSS requested and reviewed all pertinent medical records for the deceased infant and surviving sibling and submitted said records to OCFS for review. GCDSS completed the required reports and safety assessments timely; however, the review of CPS history was not documented in the case record within one business day. Documentation of the review of CPS history was not completed until 56 days after the receipt of the report. GCDSS discussed Preventive Services, grief counseling, and other available resources with the family.

The final autopsy had not been completed at the time of this writing. Law Enforcement kept their case open pending results of the final autopsy.

GCDSS unsubstantiated the allegations of IG and DOA/Fatality against the SM regarding the death of the infant as there was no evidence that the mother's placement of the child in the bed led to the infant's death. The mother reported placing the infant to sleep on his back on the adult bed with no objects near him. GCDSS determined there were no contributing factors that would lead to the infant's death.

### PIP Requirement

GCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) GCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, GCDSS will review the plan and revise as needed to address ongoing concerns.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

GCDSS thoroughly investigated the allegations and appropriately unsubstantiated and closed the investigation.

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:

There was significant supervisory consultation. GCDSS appropriately offered community supports for the mother, father, and surviving sibling. Once the case was thoroughly investigated and the family was referred to community based services, GCDSS appropriately closed the investigation.

### Required Actions Related to the Fatality

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

<b>Issue:</b>	Review of CPS History
<b>Summary:</b>	A review of history was not documented as being completed until 56 days into the investigation.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(i)
<b>Action:</b>	Within one business day, GCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

### Fatality-Related Information and Investigative Activities



### Incident Information

**Date of Death:** 03/17/2019

**Time of Death:** Unknown

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

Unknown

**County where fatality incident occurred:**

Genesee

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

Yes

**Time of Call:**

10:39 AM

**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

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

**How long before incident was the child last seen by caretaker? 7 Hours**

**At time of incident supervisor was:**

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

Other:

**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	Aunt/Uncle	No Role	Female	28 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	27 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Unknown	10 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	48 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	71 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	74 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)



## LDSS Response

GCDSS received the report from the SCR on 3/18/19 and coordinated with LE, reached out to the Tonawanda Indian Reservation, and notified the DA’s office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, MGF, MA, MGGPs, first responders, the Tonawanda Indian Reservation clan mother, and the Genesee County Sheriff’s Department.

GCDSS made diligent efforts to assess the safety of the surviving sibling and speak with the family within the first 24 hours, however, the Reservation clan mother refused the department access to the family and the reservation. The clan mother informed GCDSS that the family had a 10-day grieving period and within those 10 days, GCDSS was prohibited from contacting them. GCDSS spoke with the Genesee County Sheriff’s Department, first responders, and the clan mother to assess the immediate safety of the surviving sibling.

Regular and consistent contact was made with the mother, family members residing in the home, and surviving sibling through the life of the investigation. GCDSS provided a multitude of services to help the family with the grieving process. The mother provided a consistent timeline of events leading up to the infant’s death. The mother reported she had a bassinet for the infant, but he preferred to sleep in the bed with her. The mother said she always placed the infant on his back with no objects or blankets covering him or near him. The other children in the home were in their bedrooms at the time of death. The maternal grandfather and great-grandparents corroborated this information and denied concerns for the mother’s care of the child. All reported being educated on safe sleep practice and the mother reported she always placed the infant to sleep on his back.

GCDSS spoke with the biological father at his home. The father reported he and the mother had a long history of domestic violence and there was an OP for the mother against the father at the time of the death. The father said he became aware of the death when the mother went to the community center on the Reservation to inform him of the infant’s passing. The father followed the mother back to the home and observed a chaotic home environment and a number of parties working to resuscitate his son. The BF said he was still in shock and processing the death of the infant. The father said that, at the time of death, there was no visitation agreement in place and the father had visitation as agreed upon with the infant and surviving sibling, who was also his child. The father reported he had an amicable relationship with all family members other than the mother and arranged visitation with them.

In response to the fatality, GCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances. Preventive Services were offered, but declined. GCDSS provided the family with a multitude of community based services. They concluded their involvement at an appropriate time when all necessary information was gathered and services were offered.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

**Comments:** Genesee County does not have an OCFS approved Child Fatality Review Team.



## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050685 - Deceased Child, UNK, 10 Mons	050686 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Unsubstantiated
050685 - Deceased Child, UNK, 10 Mons	050686 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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

## Fatality Safety Assessment Activities

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



# Child Fatality Report

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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### Fatality Risk Assessment / Risk Assessment Profile

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

### 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Referral for support groups.

**Additional information, if necessary:**

This family lived on an Indian Reservation and had a tribal affiliation. Though GCDSS offered a multitude of services, the family utilized the tribe for their service needs. The family was open to a referral for a support group for families that have lost a child offered by GCDSS.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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



## CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/25/2017	Sibling, Female, 4 Years	Mother, Female, 22 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The reported alleged the mother hit the surviving sibling as a form of discipline. The child was two years old at the time of the report. On multiple occasions, the child sustained bruises to her neck, back, and arms as a result of the physical discipline. Most recently, the mother hit the child with force the week prior to the report date, causing bruises to the child's back and neck.

**Report Determination:** Unfounded**Date of Determination:** 10/26/2017**Basis for Determination:**

GCDSS determined there was no credible evidence to support the allegations. Both parents denied the allegations in the report, but gave differing accounts of the events. GCDSS observed the surviving sibling on several occasions throughout the investigation and found her free from marks and bruises.

**OCFS Review Results:**

GCDSS made appropriate collateral contacts and thoroughly documented in the case record. GCDSS completed a timely and accurate safety assessment and CPS history check. GCDSS did not review safe sleep with the mother or father despite the mother being pregnant as well as the father's girlfriend also being pregnant.

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

**Issue:**

Failure to provide safe sleep education/information

**Summary:**

Though they were in the home and documented sleep provisions for the children, GCDSS was aware the parents were soon expecting a child together and the father was also expecting a child in a separate relationship, however GCDSS did not have a conversation surrounding safe sleep education/information at any point during the investigation.

**Legal Reference:**

13-OCFS-ADM-02

**Action:**

GCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

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

6/1/14: unsubstantiated for IG against the mother, grandfather, great grandfather, and great grandmother regarding 2 unrelated children.

**Known CPS History Outside of NYS**



There is no known history outside of New York.

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

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

### Recommended Action(s)

**Are there any recommended actions for local or state administrative or policy changes?**  Yes  No

**Are there any recommended prevention activities resulting from the review?**  Yes  No