



Report Identification Number: BU-20-018

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

Issue Date: Jan 27, 2021

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

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

Jurisdiction: Orleans
Gender: Male

Date of Death: 08/05/2020
Initial Date OCFS Notified: 08/05/2020

Presenting Information

Orleans County Department of Social Services (OCDSS) received a report from the SCR on 8/5/2020 that alleged that on the same date, the mother failed to adequately supervise the 1-year-old subject child while she was in an online meeting. During this time, the child was outside with siblings, gained access to the pool, and fell in. The 8-year-old sibling went inside to tell the mother that he could not find the 1-year-old child and a few minutes later, one of the 5-year-old siblings found the child in the pool. The mother called 911 and began CPR. The child was transported to the hospital where he was pronounced deceased from drowning. The father was not home at the time of the incident. There were three additional siblings aged 7 and 5 years, and 6 months in the home. A subsequent report was received on 8/7/20 regarding the child's death and also contained additional concerns that the parents and grandparents regularly failed to adequately supervise all of the children in the home.

Executive Summary

This report concerns the death of the 1-year-old subject child that occurred while in the care of his mother. While the mother was on a video call regarding one of the siblings, the subject child was under the supervision of his 8 and 7-year-old siblings. While the mother was on the phone, the child was able to gain access to the above ground pool and subsequently drowned.

OCDSS received the report from the SCR on 8/5/20 and began their investigation into the incident by coordinating with law enforcement. Law enforcement identified having been at the home prior to the CPS report being made and did not suspect any foul play and would not be pursuing criminal charges as a result of the incident. The medical examiner and district attorney's office were each notified by OCDSS and an autopsy was performed.

OCDSS interviewed the family in their home. The mother was caring for the children on the deck and patio area. The mother went inside to participate in a video conference with one of the surviving siblings, leaving the subject child in the care of the 8 and 7-year-old siblings. A short while later one of the siblings came inside to tell the mother that the subject child had fallen into the pool. The mother went outside to find the subject child was removed from the pool by one of the siblings and placed on a chair. The mother called 911 and started CPR until first responders arrived and took over. EMS transported the subject child to the hospital where he was pronounced dead.

OCDSS interviewed collateral contacts, including the therapist the mother was speaking with at the time of the incident. The subject child was on the video call with the mother for the first two minutes, then the mother asked the siblings to keep an eye on him while they continued to talk. The therapist then stated that within 2 minutes, one of the children came in and asked for help, and the mother went off camera. No other safety concerns were identified through collateral contacts for the surviving siblings in the care of the parents.

A subsequent report was also received regarding the subject child's death with additional concerns for the surviving siblings. OCDSS conducted a thorough investigation of all allegations in each report. The investigation was still open and the allegations were pending at the time this report was written. OCDSS offered the family appropriate services in relation to the child's passing and services were being utilized at the time this report was written.

Findings Related to the CPS Investigation of the Fatality



Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

- Sleeping
- Playing
- Other
- Working
- Eating
- Driving / Vehicle occupant
- Unknown

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

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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	Deceased Child	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Father	No Role	Male	31 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Month(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other Adult - Biological mother to siblings 7 and 5	No Role	Female	28 Year(s)
Other Household 2	Other Adult - Biological father to siblings 8 and 5	No Role	Male	27 Year(s)

LDSS Response

OCDSS received an SCR report on 8/5/20 which alleged that the SC had drowned while in the care of the SM. The report alleged that the SC was left unsupervised by the SM while she was participating in a video call regarding one of the surviving siblings. The father was not home at the time of the incident and there were 5 surviving siblings in the home. The siblings ages were 8-years-old, 7-years-old, 5-years-old, 5-years-old, and 6-months old at the time of the incident.

OCDSS coordinated their response with LE. LE informed OCDSS that they felt there was no foul play and that the incident was an accident. LE identified 911 was called by the SM and she was doing CPR upon LE and EMS arrival. EMS took over CPR efforts and transported the child to the hospital. No criminal charges were pursued as a result of the incident by LE.

OCDSS interviewed the family members in the home. The SM identified that she was home alone with the children at the



time of the incident. The 7-year-old SS was on a video call with her therapist and at approximately 11:40 AM, the therapist asked to speak with the SM. The SM went inside to speak with the therapist and had the children keep an eye on the SC. The SM stated that after a few minutes, one of the children came inside to tell her they needed help. She went outside, found the SC in a chair and one of the 5-year-old siblings told her she got him out of the pool. The SM stated she called 911 and started CPR. The SM stated it took about 5 minutes for EMS to arrive. After EMS arrived, she called the BF to tell him what was happening, EMS transported the SC to the hospital and when the BF arrived home, the parents went to the hospital.

The BF identified no knowledge of the incident aside from what the mother disclosed.

The surviving siblings were interviewed separately in the home. The 7-year-old SS identified that the SC had been in a wagon, then got out and believed the SC went through the hole in the gate. All of the children were looking for the SC and the 7-year-old SS went to get the SM and one of the 5-year-old SS found and got the SC out of the pool. The children disclosed the rules for the pool, including not being allowed in the pool without an adult.

OCDSS observed the pool area. The pool was a recently installed above ground pool, partially dug into the ground, and a deck around part of it with a gate to provide access. The pool deck was off the patio. The construction of the deck and gate had not been completed due to lumber shortages. The BF secured the gate with scraps of wood following the incident and installed a pool alarm that the family had in the home but had not installed prior to the incident.

OCDSS spoke with EMS responders who were on scene. EMS informed OCDSS that upon arrival they could hear water in the SC's lungs and moved the SC to the ambulance to work on him prior to transport to the hospital. The child was then pronounced deceased at the hospital.

OCDSS interviewed the 7-year-old SS's therapist that was on a video call with the SM at the time of the incident. The therapist disclosed that she asked to speak with the SM at approximately 11:40 AM and the mother got on with the SC in her lap. After 2 minutes, the SM asked the siblings to keep an eye on the SC. Another 2 minutes passed and one of the children came in to say they needed help. The therapist stated she remained on the call until 12:01 PM and EMS had already been on scene.

OCDSS interviewed the biological father to the 8-year-old SS, one of the 5-year-old SS and the biological mother of the 7-year-old SS and 6-year-old SS. Neither expressed any concerns for their children in the care of the SM and BF.

OCDSS offered the family services in relation to the SC's death which were being utilized at the time this report was written. OCDSS gathered relevant collateral information to assess the safety of the SS's throughout the investigation.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: Orleans County does not have an official MDT and coordinated with other agencies as needed to conduct their investigation.

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

Comments: Orleans 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
055436 - Deceased Child, Male, 1 Yrs	055437 - Mother, Female, 28 Year(s)	DOA / Fatality	Pending
055436 - Deceased Child, Male, 1 Yrs	055437 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Pending
055436 - Deceased Child, Male, 1 Yrs	055437 - Mother, Female, 28 Year(s)	Lack of Supervision	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<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"/>



Child Fatality Report

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"/>

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"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------

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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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:
 OCDSS offered services to the family in relation to the child's death which were declined by the family.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Unable to Determine

Explain:
 Services were offered and names of providers were given to the parents. The parents declined the services on behalf of the children.

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

Explain:
 Services were offered and names of providers were given to the parents. The parents declined the services offered.

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



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)
12/26/2017	Sibling, Female, 5 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 5 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 3 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Male, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Male, 56 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 3 Years	Grandparent, Male, 56 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Grandparent, Male, 56 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Grandparent, Female, 54 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 3 Years	Grandparent, Female, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Grandparent, Female, 54 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

OCDSS received a report on 12/26/17 alleging that the siblings, ages 3 and 5-years old, each sustained bruises while in the care of the father and paternal grandparents. The 3-year-old sibling had 2 black eyes, and the 5-year-old sibling had a black eye and bruises to her cheek. The explanations for the injuries was not consistent with the injuries sustained.

Report Determination: Unfounded

Date of Determination: 02/12/2018

Basis for Determination:

All familial members were interviewed and the children were observed to have the injuries reported. It was determined the 3-year-old sibling jumped and hit her face on a table, and the 5-year-old sibling bumped her head against a window sill in separate incidents. There were no concerns for physical discipline or that the injuries were inflicted upon the children. There were no health or safety concerns identified by the children's pediatrician.

OCFS Review Results:

OCDSS conducted an investigation into the reported concerns with interviews of the children, father, paternal grandparents, and biological mother. The children made no disclosures that any adult had inflicted injuries to them, and the family gave explanations for the injuries that were consistent with what the caseworker observed. Collateral contacts



disclosed no concerns for the safety of the children. OCDSS did not find credible evidence, and unsubstantiated the allegations against the father and paternal grandparents.

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

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

The father was named in 3 cases that were more than three years prior to the fatality. The reports were all unfounded and alleged that the father caused a step-child bruising, a broken leg, and exposed the child to sexual acts. All of the reports were investigated thoroughly and included collateral contacts. No credible evidence was gathered to support any allegation in the three separate investigations and each case was closed.

Known CPS History Outside of NYS

There was no known CPS history outside of New York State.

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