



Report Identification Number: RO-19-047

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

Issue Date: May 14, 2020

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: 13 year(s)

Jurisdiction: Livingston
Gender: Female

Date of Death: 12/23/2019
Initial Date OCFS Notified: 12/27/2019

Presenting Information

On 12/27/19, the death of the 13-year-old female child was reported to OCFS by Livingston County Department of Social Services (LCDSS) through the required 7065 Agency Reporting Form. The teenager died at her home on 12/23/19 from acute pneumonia.

Executive Summary

On 12/27/19, LCDSS learned of the passing of the 13-year-old subject child following a routine phone call with the maternal grandmother explaining the circumstances. At the time of the teenager's death, she was residing with her mother and the stepfather. There were 3 surviving siblings ages, 16, 8, and 3. The child had regular and consistent contact with her father. LCDSS had an open investigation with the family beginning on 12/8/19. An SCR report was registered on that day due to the mother and another family member engaging in an altercation which became physical in the presence of the surviving 16-year-old sibling. At the time of the altercation, the mother was intoxicated. The mother was injured during the altercation and required medical intervention.

It was learned the child was sick for several days prior to succumbing to her illness. The child was at her grandmother's home on 12/20/19 and complained of muscle aches. The child was spending the weekend at her grandmother's home, as was typical. The child complained the following day about feeling sick and did not eat. On 12/22/19, the child did not wish to get out of bed and had a fever. She contacted the mother, who immediately took the child to urgent care. Following the trip to urgent care, the child went back to the grandmother's home as there were no other children at the home and all thought it would be more restful. Urgent care did not prescribe the child medication as they did not have results back from the throat culture on 12/22/19. The child became increasingly ill throughout the night and following morning. The mother picked the child up at 1:10PM and brought her home to rest. The mother reported checking on the child, who was in her bedroom resting, from 3:30PM until finding the child unresponsive at 7:58PM. The stepfather called 911 at that time while the mother performed CPR.

Medical records from the subject child's primary care physician reflected no concerns for her care. The child was up to date on all immunizations and had no preexisting health conditions. Records were received from urgent care, which revealed the child was seen on 12/22/19. Diagnosis of the report was that the child had the flu. The rapid strep was negative and the throat culture was sent for further evaluation. The child was discharged home in stable condition at 9:59AM.

The final autopsy was received from the medical examiner's office. The medical examiner listed the manner of death as natural and the cause of death as acute pneumonia. The record reflected the lung and blood cultures were positive for Streptococcus.

At the time of this writing, the investigation was closed as the family declined a need for Preventive Services. LCDSS offered the appropriate community-based services to the family members and, at the time of this writing, the mother was engaged in mental health 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 as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

LCDSS conducted a thorough investigation into the circumstances surrounding the death as it was not an SCR reported fatality.

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

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

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

Explain:

The fatality was not SCR reported. At the time of the child's death, there was an open investigation for concerns unrelated to the death. Following the child's death, multiple services were offered. LCDSS investigated the circumstances surrounding the death and determined an SCR report was not necessary as there was no suspicion of abuse or neglect.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities**Incident Information**

Date of Death: 12/23/2019

Time of Death: Unknown

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

County where fatality incident occurred: Livingston

Was 911 or local emergency number called? Yes

Time of Call: 07:58 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

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	13 Year(s)
Deceased Child's Household	Mother	No Role	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Male	16 Year(s)
Deceased Child's Household	Sibling	No Role	Male	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Stepfather	No Role	Male	32 Year(s)
Other Household 1	Other Adult - Bio Fa of Sibling	No Role	Male	35 Year(s)
Other Household 1	Other Adult - Bio Fa of Sibling's Wife	No Role	Female	34 Year(s)
Other Household 2	Father	No Role	Male	37 Year(s)

LDSS Response

On 12/27/19, LCDSS submitted a completed 7065 Agency Reporting Form to OCFS regarding the death of the subject child, which occurred on 12/23/19. At the time of the subject child's death, there was an open investigation, which began on 12/8/19. In the days preceding the subject child's death, LCDSS spoke with all collateral sources and there were no concerns noted regarding the safety of the child or the 3 surviving siblings.

LCDSS conducted a thorough review of CPS history for the family. It was learned the subject child had been sick with flu-like symptoms in the days leading up to her death. The subject child received medical care the day before her death and was discharged home from urgent care in stable condition. The child's condition worsened, and she succumbed to her illness on 12/23/19, after becoming unresponsive at home.

LCDSS interviewed the mother, stepfather, grandmother, and siblings immediately upon learning of the death. The grandmother said the subject child was staying with her from Friday 12/20/19 to Sunday 12/22/19, as was typical. The grandmother reported the child began to feel sick on 12/20/19 and grew sicker as the weekend went on. On 12/22/19, the grandmother called the mother and reported the child's symptoms required medical intervention. The mother immediately brought the child to urgent care where she was assessed and discharged home. The following day, the child spent the day in her bed. The family checked on her regularly throughout the day before finding her unresponsive at 7:58PM. The stepfather called 911 while the mother attempted CPR. First Responders arrived and transported the child to the hospital where she was pronounced dead.



Based on information gathered, LCDSS determined the child's death was the result of natural causes and not due to abuse or maltreatment by a caretaker. Once all case objectives were met, LCDSS appropriately closed the open investigation, which was unrelated to the child's death. LCDSS provided the family several resources for bereavement and mental health counseling following the death.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: There is no OCFS approved Child Fatality Review Team in Livingston County.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

This was not an SCR reported fatality. LCDSS made diligent efforts to contact all first responders and collateral sources.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
This was not an SCR reported fatality. LCDSS was diligent in documenting an assessment of safety for the surviving siblings.

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"/>

Explain:
Following the death, LCDSS offered the family a multitude of services including, counseling, bereavement, and Preventive Services. The family declined a need for Preventive Services but began mental health counseling.

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:
There was no removal regarding the surviving siblings.

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 checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Preventive Services

Additional information, if necessary:

LCDSS offered the family a multitude of services following the death including, bereavement services, mental health counseling, substance abuse treatment, and Preventive Services. Additionally, LCDSS provided an early intervention referral for the 3-year-old sibling. The parents were receptive to mental health counseling but refused additional services.

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:

LCDSS offered a multitude of resources and referrals to the family following the death.

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

Explain:

LCDSS offered a multitude of resources and referrals to the family following the death. At the time of this writing, the mother was engaged in mental health services.



History Prior to the Fatality

Child Information

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

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)
12/08/2019	Sibling, Male, 16 Years	Mother, Female, 35 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 16 Years	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

LCDSS received a report from the SCR on 12/8/19. The report alleged the mother engaged in an altercation with a family member that turned physical in the presence of the 16-year-old surviving sibling. The mother was bleeding badly and required medical intervention.

Report Determination: Indicated

Date of Determination: 03/23/2020

Basis for Determination:

LCDSS determined there was credible evidence the mother's actions placed the sibling at risk of harm. LCDSS found the mother became intoxicated and engaged in an argument that turned physical in the presence of the 16-year-old sibling. The mother required medical intervention as a result of the altercation and the sibling had to drive the mother to the hospital.

OCFS Review Results:

LCDSS completed all reports in a timely and adequate manner. LCDSS thoroughly investigated the events surrounding the death of the subject child during the open investigation and determined the death was not the result of abuse or neglect. Once all case objectives were met, LCDSS appropriately indicated and closed 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)	Allegation Outcome	Compliance Issue(s)
07/05/2018	Deceased Child, Female, 11 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 15 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 7 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Female, 2 Years	Mother, Female, 34 Years	Lack of Supervision	Unsubstantiated
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Report Summary:

An SCR report was received which alleged the mother and an unrelated adult were camping with the siblings and engaged in sexual acts in the presence of the children. This had happened on more than one occasion and the then 7-year-old sibling was beginning to act out sexually as a result. The sibling was exposing himself, expressing inappropriate sexual knowledge and language, and attempting to touch other children.

Report Determination: Unfounded **Date of Determination:** 11/19/2018

Basis for Determination:

LCDSS determined there was no credible evidence to support the allegations. There was no evidence the siblings were exposed to the mother's sexual relations.

OCFS Review Results:

LCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for unfounding the report. LCDSS assessed the safety of all children immediately and fully completed all casework activity in a timely fashion, commensurate with case circumstances.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/01/2017	Deceased Child, Female, 11 Years	Other Adult - Parent Substitute and FA of siblings, Male, 29 Years	Excessive Corporal Punishment	Unsubstantiated	Yes
	Deceased Child, Female, 11 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report was received which alleged the parent substitute was physically aggressive towards the subject child when disciplining her. He kicked her in the buttocks when he was angry. The child was spanked with force in the past. On 10/31/17, the parent substitute took the child over his knee and spanked her. The child was a special needs child with poor balance and she fell off his lap, hitting her ear on the floor. The child's ear continued to hurt after the incident, but she had no visible injury. The mother was aware and failed to take protective action.

Report Determination: Unfounded **Date of Determination:** 02/02/2018

Basis for Determination:

LCDSS determined there was no credible evidence to substantiate the allegations. The parent substitute confirmed he had spanked the child, but was never excessive in force and had not left marks or bruises. The parent substitute denied he had ever caused the child to fall and hit her ear.

OCFS Review Results:

LCDSS assessed the safety of the children immediately and made referrals to the family based on the needs of the children. LCDSS completed all necessary casework activity, but failed to complete the safety assessment tool within the first 7 days. The initial safety assessment was not completed until 17 days after receipt of the report.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The initial 7-day safety assessment was not completed until 17 days after the receipt of the report.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)



Action:

LCDSS will complete all safety assessments within the required time frames.

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

There were indicated reports from 2004 and 2009 against the father regarding the subject child and now 16-year-old surviving sibling. The father engaged in domestic violence which turned physical in the presence of the children. The father was arrested on separate occasions due to physical violence against the mother.

Known CPS History Outside of NYS

There was 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