



Report Identification Number: SY-19-020

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

Issue Date: Oct 07, 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

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: 1 month(s)

Jurisdiction: Cayuga
Gender: Female

Date of Death: 04/24/2019
Initial Date OCFS Notified: 04/24/2019

Presenting Information

An SCR report received on 4/24/19 alleged that on the evening of 4/23/19 between 8:00 PM and 9:00 PM, the mother fed the 2-month-old subject child and placed her in her bassinet to sleep. The mother checked on the child at approximately 11:30 PM, and found the subject child needed her diaper changed. The mother changed the subject child's diaper and placed her face down in her bassinet which was positioned directly next to the mother's bed. Inside the bassinet was a large pillow and blankets. The mother went to sleep in her bed and did not check on the subject again during the night. On 4/24/19 at approximately 6:00 AM, the 13-year-old maternal aunt checked on the subject child and found the subject child unresponsive. The mother was the sole caretaker for the subject child at the time of the incident.

Executive Summary

This report concerns the death of a 1-month-old female child. Cayuga County Department of Social Services (CCDSS) received an SCR report on 4/24/19 regarding the death of the subject child. On 4/23/19 at approximately 11:30 PM the mother after changing the subject child's diaper had placed her face down on a pillow in her bassinet to sleep. The bassinet was next to the mother's bed. The mother went to sleep for the night. At 6:30 AM on 4/24/19 the 13-year-old maternal aunt and the mother woke to get ready for school. The maternal aunt took the subject child out of the bassinet and the subject child was unresponsive. The maternal aunt placed the subject child on the bed. The mother and the maternal aunt ran to the paternal grandfather's room to wake him. The paternal grandfather called 911, while the paternal grandfather's partner administered CPR. EMS arrived and continued CPR and transported the subject child to the hospital where the subject child was pronounced deceased at 7:18 AM.

There were no surviving siblings, but there were two other children in the home at the time of the fatal incident; the 13-year-old maternal aunt and the 12-year-old other child (the paternal grandfather's partner's child). CCDSS assessed their safety and there were no noted safety concerns for their care.

The medical examiner's office provided the final autopsy report which listed the cause of death was sudden unexpected infant death and manner of death as undetermined. The report also stated there was a history of a potential unsafe sleep environment that may have contributed to the death of the subject child. There were no physical injuries and no signs of abuse or maltreatment. Law enforcement investigated the fatality and concluded their investigation, finding no criminality involved in the death of the subject child.

CCDSS completed all safety assessments and required reports accurately and on time. CCDSS obtained medical and law enforcement records, interviewed family members and several collaterals about the care of the subject child. There were no noted concerns about the care of the subject child by the mother. CCDSS unsubstantiated the allegations of DOA/fatality and substantiated inadequate guardianship against the mother for the subject child. The mother failed to provide the subject child with a safe sleep environment, thereby placing the subject child in immediate and impending danger of serious harm. The mother and the 13-year-old aunt were involved in private counseling at the time of the determination. The case was indicated and closed.

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:

CCDSS gathered sufficient information to make a determination.

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:

CCDSS gathered sufficient information to close the case.

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: 04/24/2019

Time of Death: 07:18 AM

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

County where fatality incident occurred: Cayuga

Was 911 or local emergency number called? Yes



Time of Call:

06:30 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
- 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:

- 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	Aunt/Uncle	No Role	Female	13 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	19 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Month(s)
Deceased Child's Household	Grandparent	No Role	Male	56 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	16 Year(s)
Deceased Child's Household	Other Child - PGF's partner	No Role	Male	12 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	42 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	18 Year(s)
Other Household 1	Other Adult - OA2 OC father	No Role	Male	45 Year(s)

LDSS Response

On 4/24/19, CCDSS received the fatality report from the SCR. CCDSS coordinated with law enforcement, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death. There were no surviving siblings; however, there were two other children in the home, the 13-year-old maternal aunt and the 12-year-old other child. CCDSS assessed their safety and there were no noted safety concerns.

On 4/24/19, CCDSS coordinated with law enforcement and went to the police barracks where the interviews of the family members were being conducted. The interviews with family members were consistent with the mother's and the 13-year-old maternal aunt's interview about the events leading up to the subject child's death. The mother said she had fed the subject child a bottle and changed her diaper. She then placed the subject child in her bassinet which was located next to her bed. The mother said she placed the subject child on her stomach on top of a pillow and there was a blanket in the bassinet with the subject child. The mother said she and the maternal aunt woke at 6:30 AM to get ready for school. The



mother said the maternal aunt went to play with the subject child and when she picked the child up, the subject child was blue and cold to the touch. The maternal aunt laid the subject child on her back on the bed and the mother and the maternal aunt ran to the paternal grandfather's room and told the paternal grandfather and his partner what was going on. The mother said the paternal grandfather called 911 and his partner attempted CPR until EMS arrived. The subject child was transported to the hospital. The maternal aunt's statement was consistent with the mother's.

CCDSS offered the mother and family members referrals for bereavement services and information for the funeral assistance program. CCDSS appropriately questioned the mother, the paternal grandfather, and his partner about safe sleep and they were aware of safe sleep guidelines. A bassinet was observed by law enforcement in the mother's bedroom next to the bed and there was a pillow and a blanket found in the bassinet. The mother denied drug/alcohol misuse and there was no evidence of alcohol or drugs in the home.

CCDSS observed and interviewed the 13-year-old maternal aunt and the 12-year-old other child (the partner's child) and there were no noted safety concerns. CCDSS made follow up home visits and there were no noted safety concerns for the care of the maternal aunt or the other child.

CCDSS obtained information and records from law enforcement, the medical examiner, emergency services, Cayuga County Health Department, Cayuga County WIC program, school, medical records from the hospital, and the subject child's pediatrician. Information about safe sleep having been discussed with the mother was noted in the medical, health department, and WIC (a supplemental nutrition program for women, infants and children) records that were provided to CCDSS. None of the medical records obtained and reviewed by CCDSS noted concerns for the care of the subject child by the mother.

Official Manner and Cause of Death

Official Manner: Undetermined
Primary Cause of Death: Undetermined if injury or medical cause
Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
051356 - Deceased Child, Female, 1 Mons	051357 - Mother, Female, 16 Year(s)	DOA / Fatality	Unsubstantiated
051356 - Deceased Child, Female, 1 Mons	051357 - Mother, Female, 16 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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"/>

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"/>
Explain: CCDSS offered referrals for bereavement services.				

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: The other children in the household remained in their parents care.				

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 checked="" type="checkbox"/>	<input 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 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"/>



Child Fatality Report

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"/>

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:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> 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)	Allegation Outcome	Compliance Issue(s)
10/31/2017	Other Child - Unrelated child, Male, 11 Years	Father, Male, 44 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Unrelated child, Male, 11 Years	Father, Male, 44 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - Unrelated child, Male, 11 Years	Mother, Female, 40 Years	Inadequate Guardianship	Unsubstantiated	



Child Fatality Report

Other Child - Unrelated child, Male, 11 Years	Mother, Female, 40 Years	Lacerations / Bruises / Welts	Unsubstantiated
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Report Summary:

The report alleged the other adult (father of the 11yo child) punched the 11yo child in the leg as punishment. The child had sustained bruises as a result of the father's actions. After being punched in the leg the child then had to go in the corner and hold his arms up holding 25 pound weights. If the child put his arms down, he would have to hold the weights for a longer period of time. The last incident was on 10/30/17. The child had no injuries.

Report Determination: Unfounded **Date of Determination:** 12/26/2017

Basis for Determination:

CCDSS interviewed family members and collaterals. There was no credible evidence to support the allegations. The child was in counseling and on prescribed medication for on going mental health issues. The child had no injuries and was not afraid of anyone in his home. CCDSS made appropriate referrals for services for the parents as they were struggling with the child's behaviors in school. The allegations for inadequate guardianship and lacerations, bruises, and welts were unsubstantiated and the case was unfounded and closed.

OCFS Review Results:

CCDSS completed all necessary investigation requirements and gathered sufficient information to make a determination.

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

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

In 2009, the 12-year-old other child had one unfounded case with allegations of IG and XCP. The allegations were against his mother (paternal grandfather's partner).

In 2014, the 13-year-old maternal aunt had one indicated case with allegations of LBW, XCP and IG. The allegations were against the paternal grandfather for the maternal aunt.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Preventive Services History

An Article 10 abuse/neglect petition was filed in Family Court against the paternal grandfather for the maternal aunt. The initial hearing was held on 3/24/14, the PGF did not make an admission and the case was adjourned to 4/25/14. The PGF was to comply with the court ordered service plan pending further orders of the court. On 4/25/14, Family Court was adjourned regarding this matter for a pre-trial hearing on 7/16/14. On 8/4/14, the PGF was granted an Adjournment in Contemplation of Dismissal with no admission. The PGF agreed to the service plan for up to one year. The PGF was ordered not use physical abuse on the maternal aunt, take parenting classes that focused on age appropriate discipline and to complete an anger management program. The PGF successfully completed parenting classes and an anger management program. He fully cooperated with CCDSS and learned to use age appropriate punishment for the maternal aunt. The court ordered services ended and the case was closed with no additional services needed.

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