



Report Identification Number: SY-21-010

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

Issue Date: Aug 09, 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: 2 month(s)

Jurisdiction: Broome
Gender: Female

Date of Death: 02/13/2021
Initial Date OCFS Notified: 02/13/2021

Presenting Information

On 2/12/21, around 9:00 PM, the father fell asleep on the couch while he was holding the 2-month-old female subject child. The father woke up around 4:45 AM and found the child unresponsive, not breathing, and had a blue hue to her skin. The father called 911 and started to administer CPR. EMS arrived and transported the child to the hospital where she was pronounced deceased at 5:45 AM on 2/13/20. The cause of death was smothering. It was unknown where the mother was at the time of the incident. The roles of the mother, and siblings, ages 3 and 6 years were unknown.

Executive Summary

This fatality report concerns the death of the 2-month-old female subject child that occurred on 2/13/21. An SCR report was made the same day alleging the father co-slept with the child and woke to find the child unresponsive and not breathing. The SCR report alleged the child died as a result of smothering. At the time of her death, the child resided with her parents and her siblings, ages 3 and 7 years. The siblings were assessed to be safe in the care of the parents.

Broome County Department of Social Services (BCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. The law enforcement investigation was closed without criminal charges. An autopsy was performed, and the pathologist concluded the death of the child was a result of overlay due to an unsafe sleep environment.

The parents said they shared a sleeping surface with the child and the siblings despite having been educated on safe sleep guidelines and had a bassinet for the child to utilize. The parents said the family had two queen-sized beds pushed together that they were sleeping on. The father found the child unresponsive and called 911 while the mother performed CPR. The child was transported to the hospital where she was pronounced deceased at 5:37 AM.

BCDSS gathered collateral information from the hospital, family members, and the siblings' school. Family members and the school did not have concerns for the parents' ability to care for the children and reported the parents provided excellent care to the children.

BCDSS offered the family bereavement services and mental health counseling, which were accepted. The eldest sibling was offered services through the school's social worker; however, the 7-year-old sibling had speech delays and it remained unknown if she benefitted from the services. At the time this report was written, BCDSS had not made a determination regarding the allegations and the investigation remained open.

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? N/A

- 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? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

Although the county had enough information to make their determination, the investigation remained open at the time this report was written.

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:

At the time this report was written, the investigation remained open.

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: 02/13/2021

Time of Death: 05:37 AM

County where fatality incident occurred: Broome

Was 911 or local emergency number called? Yes

Time of Call: Unknown

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
- 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? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

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	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

LDSS Response

On 2/13/21, BCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, BCDSS contacted the source of the report, coordinated investigative efforts with law enforcement, notified the district attorney's office of the death and documented a CPS history check.

BCDSS conducted a home visit to the paternal grandmother's home as she was caring for the children at the time the SCR report was received. The children were observed and noted to be safe and comfortable with the paternal grandmother. The paternal grandmother heard from the father that he fed and burped the child prior to falling asleep with the child on his chest. When the father woke, the child was in the crook of his arm and the child was blue. The grandmother did not have concerns for the care or safety of the children.

Law enforcement shared information they gathered prior to BCDSS' involvement. The parents reported they slept with their children on two queen-sized mattresses that were pushed together. Law enforcement noted the child died as a result of overlay due to unsafe sleep practices and no criminal charges were filed.

BCDSS interviewed the parents in the home. The mother said she was asleep in bed with the children when the father came home from work around 12:00 AM. The mother woke to hear the father screaming that the child was not breathing. She began to administer CPR and the father called 911. The father smoked marijuana on the way home from work at approximately 11:45 PM and reported he was not impaired. Around 12:00 AM, he checked on the children. The child was moving around on the bed and he started playing on his phone. The child began fussing and he asked the mother, who was asleep, when the child was last fed. The mother was unable to recall this. The father fed the child around 2:30 AM and burped her. The father noticed the child was falling asleep, so he laid her on the bed in between the parents and the father fell asleep. The case record did not document the position of the child when she was placed to sleep by the father. The father later woke up and used the bathroom. When he came back from the bathroom, he checked on the children and found



the child laying on her side. The child’s body was limp. The child was unresponsive and not breathing. The parents said they were aware of safe sleeping guidelines and a bassinet was available for the child; however, they thought their children were safer sleeping together. BCDSS created a safety plan with the parents that the father would not be the sole caregiver for the children if he had smoked marijuana, and the children were deemed safe.

The 7-year-old sibling had developmental delays and was unable to provide information. The 3-year-old sibling said the child went in an ambulance after the police came to the home. The sibling said he saw the father crying and the mother was on the floor patting and pressing on the child’s stomach. The sibling stated the family sleeps in the same bed and the child did not return from the hospital.

EMS responded and transported the child to the hospital where she was pronounced deceased. Information gathered from the hospital noted the father reported he fell asleep on the couch with the child in his arms at 9:00 PM and woke around 4:45 AM and discovered the child unresponsive and called 911. The hospital reported the child was in the crook of the father’s arm and that she was smothered; however, the parents’ statements did not corroborate this information.

BCDSS obtained the autopsy report and death certificate. The pathologist noted the circumstances surrounding the death revealed the death was most likely a result of overlay due to an unsafe sleep environment. The death certificate reflected the same information.

BCDSS offered services including bereavement counseling and mental health counseling to the family. The services were accepted. The investigation remained open at the time this report was written.

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: Other physician

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

Comments: The death was referred to the Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057516 - Deceased Child, Female, 2 Mons	057518 - Father, Male, 32 Year(s)	Inadequate Guardianship	Pending
057516 - Deceased Child, Female, 2 Mons	057518 - Father, Male, 32 Year(s)	DOA / Fatality	Pending

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



Child Fatality Report

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:

The siblings did not need to be removed as a result of the fatality investigation.

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

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:

The 7-year-old sibling was offered counseling through the school's social worker.

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

Explain:

The parents were offered and accepted bereavement services and mental health counseling. The record did not reflect funeral assistance was offered to the family or if the family would have qualified for the assistance.

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)
10/20/2020	Sibling, Female, 7 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 7 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 7 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Father, Male, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the father smoked marijuana while in the presence of the 7-year-old sibling. This was an ongoing concern. The child smelled like marijuana on a regular basis. On 10/20/2020, the father smoked marijuana in the car where there was no ventilation and the windows were closed. The mother was aware and failed to intervene.

Report Determination: Unfounded**Date of Determination:** 11/18/2020**Basis for Determination:**

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were unsubstantiated against the parents regarding the siblings. The investigation did not reveal the siblings were negatively impacted by the parents' actions or inactions. The father had a medical marijuana card and used marijuana for pain management. The father stated the sibling was dismissed early from school without prior notice and he had smoked that day. The father denied smoking in the car and denied being under the influence of THC when he picked the child up from school. The Investigation Conclusion Narrative did not note the basis for determining the allegations against the mother.

OCFS Review Results:

The investigation was initiated timely and the source of the report was contacted. A CPS history check was completed. The parents were interviewed together, and their interview was documented. An additional call was made to the mother to inquire about DV concerns as the parents disclosed having a history and referred the mother to services if needed. Appropriate collateral contacts were made. The Risk Assessment Profile and Safety Assessments were completed with accuracy.

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)
07/23/2019	Sibling, Female, 5 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Father, Male, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged on 7/13/19, the father picked the mother up from work. On the way home, the parents got into an argument in the car in the presence of the now 3 and 7-year-old siblings. When the father pulled the car into the driveway, he got out of the car and pulled the mother out of the car. The father slapped the mother in her face in the presence of the children. There were prior verbal and physical altercations with police involvement. The mother declined to press charges against the father.

Report Determination: Unfounded**Date of Determination:** 08/26/2019**Basis for Determination:**

The allegation of Inadequate Guardianship was substantiated against the parents. The investigation revealed the parents were in a physical altercation in the presence of the children. The mother admitted to slapping the father and the father “mushed” her head with his hand. Although BCDSS substantiated the allegations, a fair preponderance was not found during administrative review and the determination was overturned.

OCFS Review Results:

The investigation was initiated timely and a CPS history check was documented. The source was contacted. The Safety Assessments and Risk Assessment Profile were completed accurately. A home visit was interviewed and the parents and collateral contacts.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

5/23/14- 6/23/14 The mother was unsubstantiated for IG of the now 7-year-old sibling.

1/18/15- 2/19/15 The father was unsubstantiated for IG regarding the now 7-year-old sibling.

11/5/17- 1/31/18 The father was substantiated for IG regarding the siblings.

Known CPS History Outside of NYS

There was no known CPS 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