

Report Identification Number: RO-14-021

Prepared by: Rochester Regional Office

Issue Date: 5/18/2015

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.

NYS Office of Children and Family Services - Child Fatality Report

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
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
CPR-Cardio-pulmonary Resuscitation		
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	MN-Medical Neglect	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-Others	
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		

Case Information

NYS Office of Children and Family Services - Child Fatality Report

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Ontario
Gender: Male

Date of Death: 11/07/2014
Initial Date OCFS Notified: 11/07/2014

Presenting Information

At 3:00 am and 6:00 am the BM fed the SC and put him to bed in his crib. At 8:00am the BM found the SC not breathing the BM called 911 emergency services. The SC was otherwise a normal healthy child. The paramedic attempted to revive the SC but the SC was dead at that time.

Executive Summary

OCDSS received an SCR report on 11/7/14 with allegations of IG and DOA/Fatality regarding the 4 month-old SC. The subject of the report was the BM, the BF, and 2 OC were listed as no role. According to OCDSS documentation the BM fed the SC at 3:00 am and again at 6:00 am then placed the SC in his crib on his back; there was a small blanket in the crib. The BM was bottle feeding in addition to adding baby cereal to the bottle. The BM reported that sometimes the SC would throw up after eating and there was some history of reflux. The BM went into the nursery at 8:00 am and found the SC not moving with vomit all over the crib, his face, and neck. The BM called emergency medical and attempted CPR when the ambulance arrived the SC was taken to the hospital and pronounced dead at 9:00 am.

According to the autopsy report the cause and manner of death are pending.

There are 2 half-siblings ages 9 and 7. OCDSS interviewed the siblings and they reported no concerns. According to the 2 OC, they stated they heard the BM yelling and asking for the phone; when they entered the nursery they saw the SC being held by the BM the SC had vomit on his face and clothing. The 2 OC reported that they are well taken care of by the BM and SF. The 2 OC appeared healthy and interacted well with their parents.

OCDSS received SCR reports on 7/3/08, 11/24/08, 12/13/08, 6/18/10, 5/2/10 6/8/12 and 8/15/11 with allegations of IG, LS and SA regarding the 2 OC. The subjects were the BM and SF. In each event OCDSS conducted an assessment of immediate danger, completed safety and risk assessments and gathered sufficient information to make all determinations for all allegations of abuse and maltreatment. The SCR report of 8/15/11 was indicated for IG and SA against the SF and the case was open for preventive services. All other aforementioned SCR reports were unfounded and closed. There are no corrective actions needed.

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
- Was the decision to close the case appropriate? Yes
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes
- Was there sufficient documentation of supervisory consultation? Yes, the case record notes a consultation took place, but no details noted.

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: 11/07/2014

Time of Death: 09:00 AM

County where fatality incident occurred:

ONTARIO

Was 911 or local emergency number called?

Yes

Time of Call:

Unknown

Did EMS to 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:

- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> 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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

NYS Office of Children and Family Services - Child Fatality Report

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Sibling	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)

LDSS Response

OCDSS received an SCR report on 11/7/14 with allegations of IG and DOA/Fatality regarding the 4 month old SC. The subject of the report was the BM; the BF and 2 OC were named as no role. On 11/7/14 OCDSS interviewed the BM who reported that she fed the SC at 6:00 am. She fed the SC formula and baby cereal then placed him in his crib on his back. She stated that there was a small blanket in the crib but nothing else. The BM further reported that around 8:00 am she was getting the 2 OC ready for school and that the noise usually wakes the SC. The BM did not hear the SC crying so the BM went to check on him. When she got to the room the SC had vomit on his crib, head and neck and was not breathing. The BM picked the SC up and called for her oldest child to call 911. The BM attempted CPR while she waited for the ambulance, when the ambulance arrived they took over CPR and transported the SC to the hospital where he was pronounced dead at 9:00am. OCDSS interviewed the 2 OC who reported a similar account of the morning. The 2 OC children reported that they entered the bedroom when they heard the BM yell; both children reported seeing the SC with vomit on his face and neck. The 2 OC had no CPS concerns and they interacted well with the BM and BF. The BF was not home when the SC was discovered; the BF reported no concerns. The BM and BF stated that the 2 OC would be going to stay with a maternal aunt for a couple of days. So the BM and BF had time to make funeral arrangements.

OCDSS conducted an assessment of immediate danger to the surviving children in the report within 24 hours, completed safety and risk assessments, made all appropriate collateral contacts with law enforcement, doctors, and non-custodial parents, and gathered sufficient information to make determinations for all allegations of abuse and maltreatment. OCDSS offered appropriate services to the family and the BM agreed to enter grief counseling. The SCR report of 11/7/14 was unfounded on 2/17/15 due to no creditable evidence to substantiate the allegations. The family was offered grief counseling and the BM accepted.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

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

NYS Office of Children and Family Services - Child Fatality Report

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
015005 - Deceased Child, Male, 4 Month(s)	015002 - Mother, Female, 34 Year(s)	DOA / Fatality	Unsubstantiated
015005 - Deceased Child, Male, 4 Month(s)	015002 - Mother, Female, 34 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input checked="" 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 safety 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"/>

NYS Office of Children and Family Services - Child Fatality Report

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

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 and 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 siblings/other children in the household removed as a result of this fatality report/investigation?	<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

NYS Office of Children and Family Services - Child Fatality Report

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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"/>
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"/>

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 grief counseling, the BM accepted services for herself and the OC..

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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

NYS Office of Children and Family Services - Child Fatality Report

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"/> Misused over-the-counter or prescription drugs
<input type="checkbox"/> Experienced domestic violence
<input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | <input type="checkbox"/> Had heavy alcohol use
<input type="checkbox"/> Smoked tobacco
<input type="checkbox"/> Used illicit drugs |
|---|--|

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> Drug exposed
<input checked="" type="checkbox"/> With neither of the issues listed noted in case record | <input type="checkbox"/> 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)	Status/Outcome	Compliance Issue(s)
08/16/2011	2044 - Sibling, Female, 9 Years	2043 - Father, Male, 39 Years	Inadequate Guardianship	Indicated	No
	2044 - Sibling, Female, 9 Years	2043 - Father, Male, 39 Years	Sexual Abuse	Indicated	

Report Summary:

The OC lives with her mother during the week and visits with the SF, the BF of the OC, on weekends. While with the SF the OC stated that he put his fingers in her “tashy” (child’s word for her vagina) The child has no bed at the SF's home and is forced to sleep in the same bed as the SF. While in bed with SF he has put his hand in her underwear. OCDSS conducted a joint investigation with the Ontario County Sheriff department. No criminal charges were brought against the SF.

Determination: Indicated **Date of Determination:** 11/21/2011

Basis for Determination:

The SCR report of 8/16/11 was indicated against the SF for sexual abuse and Inadequate Guardianship. The OC was interviewed and she initially made a disclosures that her BF put his fingers in her vagina while she was changing out of her bathing suit. While engaged in therapy it was reported that the OC showed some acting out behaviors that were consistent with a child that had been sexually abused, although the OC recanted her disclosure. OCDSS made all appropriate referrals and the SF and OC engaged in mental health treatment separately. The BM agreed to preventive service so the OC could continue therapy. There were no criminal charges as a result of the allegations.

OCFS Review Results:

OCDSS made appropriate collateral contacts with services providers, police officers, medical providers, therapist and the non-custodial parent. There were no criminal charges filed regarding the SA disclosed by the OC. The home was appropriately assessed for safety and risk and no concerns were noted. OCDSS appropriately indicated the SCR report of 8/15/11 and opened the case for on-going preventive services.

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

NYS Office of Children and Family Services - Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/08/2012	2052 - Sibling, Female, 9 Years	2050 - Mother, Female, 34 Years	Inadequate Guardianship	Unfounded	No

Report Summary:
 The BM took the 9 year-old OC out of mental health treatment last month against a court order and medical advice. The BM had facilitated the child believing that the SF sexually abused her and is engaging in parental alienation of the SF.

Determination: Unfounded **Date of Determination:** 07/11/2012

Basis for Determination:
 The report alleged allegations of IG of the OC by the BM. The BM did take the OC out of mental health services with one provider and engaged in mental health counseling for the OC with a different provider. The BM did continue therapy for the OC as confirmed with a collateral contact.

OCFS Review Results:
 OCDSS made appropriate collateral contacts with services providers, medical providers, and non-custodial parents. The home was appropriately assessed for safety and risk and no concerns were noted. The case was adequately investigated and unfounded and closed on 7/11/12.

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

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

OCDSS received SCR reports on 7/3/08, 11/24/08, 12/13/08, 6/18/09, and 5/2/10 with allegations of Inadequate Guardianship (IG), and Lack of Supervision (LOS) regarding the 2 surviving children, the subjects of the report were the BM and SF.

In each event, OCDSS conducted an assessment of immediate danger to the surviving brother in the report within 24 hours, completed safety and risk assessments, implemented safety plans when needed, gathered sufficient information to make determinations for all allegations of abuse and maltreatment. All SCR reports were unfounded and closed.

The specific information concerning these investigations is not relevant to the circumstances concerning the subject child's death or the assessment of the adequacy of the district's investigation of the current fatality.

Known CPS History Outside of NYS

There is no history of CPS outside of NYS

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

OCDSS received an SCR report on 8/15/11 with allegations of IG and SA regarding the 9 year-old OC. The subject of the report was the SF, the BF to the 9 year-old OC, the BM and 7 year-old OC were listed as no role. The report stated the OC lived with her BM during the week and on weekends went to visit her SF home. While at the SF's home the 9 year-old OC reported that the SF put his fingers in her vagina and that she is forced to sleep in the bed with him. OCDSS conducted a joint investigation with the Ontario County Sheriff Department. The OC child disclosed some SA of her by the SF. The BM and OC agreed to engage in therapy and the report was substantiated for IG and SA on 11/21/11. A preventive services case was open to assist in the payment of therapy.

The BM agreed to engage in counseling for the 9 year-old OC. The SF agreed to supervised visit and engaged in therapy. The family was compliant with counseling services and supervised visits. The preventive services case was closed 6/7/12 because the therapist reported that counseling was no longer necessary for the OC; all agreed that in the future if needed the family would re-engage in therapy.

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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