



Report Identification Number: RO-16-012

Prepared by: Rochester Regional Office

Issue Date: Aug 02, 2017

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		
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-Cardiopulmonary 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	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



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 11/16/2007
Initial Date OCFS Notified: 07/24/2016

Presenting Information

According to the SCR report received on 11/16/17 by Chemung County Department of Social Services (CCDSS), around 3:00am that morning the biological mother (BM) smothered the subject child (SC) with a pillow for punishment because the SC would not stop crying. As a result, the SC died. The biological father (BF) and BM failed to seek emergency medical treatment until 5:00am. The SC had blood coming from his nose and appeared limp. At the time of the report BM and BF had the SC's clothing cluttered all over the home. There was growing mold in the home and the BM and BF were using the kitchen stove for heat. The BF took the SC to the grandmother's home who started CPR and more blood came out of the SC's nose. There were no other visible injuries. The BF took the SC to the maternal grandmother's (MGM) home and she called 911. Law Enforcement (LE) and an ambulance arrived. The SC was taken to the hospital where he was pronounced deceased.

Executive Summary

This fatality report concerns the death of a two-month-old male that occurred on 11/16/07. The Medical Examiner (ME) could not directly corroborate or exclude a homicidal death by asphyxiation in such a young infant as the SC. The ME further stated that even with the report of a confession by the BM that the death was caused by a purposeful asphyxiation, the final autopsy cause and manner of death was undetermined. CCDSS received an SCR report because of the SC's death. The SC's death was previously investigated by CCDSS in 2007 (please see "CPS-Investigative History More Than Three Years Prior to the Fatality" for further information) and OCFS completed the 92-07-020 fatality report regarding the death.

On 11/16/07, between 1:00am and 1:30am the SC woke up. The BM fed him a bottle and changed his diaper. The SC had severe diaper rash and as a result of this began to cry. The BM became frustrated because she was tired and under a lot of stress and couldn't get the SC to stop crying. While trying to get the SC back to sleep, the BM was lying next to him on the couch. She placed a pillow over his head and held down on the pillow with her left arm. The SC's crying started to quiet down so she removed the pillow. He then began crying again and she placed the pillow over his head and held the pillow down for about 3-5 minutes with her left arm. The SC stopped crying so she removed the pillow from his head. The BM noticed blood coming from the SC's nose and could tell he was not breathing. The BM cleaned the blood from the SC's nose then took the SC upstairs to the BF. The BF took the child and ran to the maternal grandmother's home where she called 911. Law enforcement (LE) and the ambulance arrived at approximately 3:30am and the SC was taken to the hospital where he was pronounced dead at 3:56am on 11/16/07. The BM later admitted to LE she suffocated the child.

After the SC's death in 2007, the siblings were removed and placed in foster care. They were subsequently placed in Article 6 custody of the maternal aunt. As of 7/24/16, the children remained in the care of the maternal aunt. CCDSS conducted a safety assessment of the children at the maternal aunts' home and found them safe in her care.

CCDSS investigated and found no new or different information from the previous investigation in 2007. In 2007, the BM confessed to suffocating the SC with a pillow and causing the rug burn on the SC's stomach. The BM was arrested, incarcerated, and charged with 2nd degree murder. The BM was found guilty of 2nd degree murder and remained incarcerated for five to 15 years as of the date of this report. In 2007, CCDSS also found evidence the parents struck the children with a belt, engaged in DV in the children's presence and did not safely heat the home.



On 8/26/16, CCDSS appropriately indicated and closed the case. The parents were the subjects and the alleged maltreated children were the SC, the 12yo sister, and the 14yo brother; the siblings were nine years younger at the time of the incident. The allegations of DOA/Fatality and Internal Injuries were substantiated against the BM. The allegations of ICFS and IG were substantiated against both parents regarding all children. The allegations of LOMC against the parents and ECP against the BM were unsubstantiated.

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, and made appropriate collateral contacts. Service needs were adequately assessed and appropriate services were offered when necessary. CCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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.

Explain:

NA

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: 11/16/2007

Time of Death: 03:59 AM

County where fatality incident occurred:

Chemung

Was 911 or local emergency number called?

Yes

Time of Call:

03:30 AM

Did EMS to 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

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other: Mother had fed child and changed diaper. Child wa

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

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	43 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	14 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	12 Year(s)

LDSS Response

During the course of this investigation, CCDSS interviewed or attempted to interview all appropriate individuals. The children have been living with the maternal aunt since 2008. CCDSS appropriate assessed safety and risk with no concerns noted. They assessed for the need for services for the children and the aunt, as well as the BF. The homes were found to be appropriate.

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**Comments:** This case was reviewed by the CFRT when the SC died in 2007.**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	Lack of Medical Care	Unsubstantiated
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	Internal Injuries	Substantiated
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	Excessive Corporal Punishment	Unsubstantiated
039461 - Deceased Child, Male, 2 Mons	039481 - Mother, Female, 35 Year(s)	DOA / Fatality	Substantiated
039483 - Sibling, Male, 14 Year(s)	039481 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
039483 - Sibling, Male, 14 Year(s)	039481 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
039484 - Sibling, Female, 12 Year(s)	039481 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated
039484 - Sibling, Female, 12 Year(s)	039481 - Mother, Female, 35 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

CPS Fatality Casework/Investigative Activities

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



and staff) who were present that day (if nonverbal, observation and comments in case notes)?				
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"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to
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				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:
 This is report from a fatality of 2007. The children were removed from the family in 2007 and placed in foster care, however, at the time of this report, the children were living with the maternal aunt.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?
 Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/19/2007	Adjudicated Abused	Foster Care Placement to Continue
Respondent:	039481 Mother Female 35 Year(s)	
Comments:		

Criminal Charge: Murder Degree: 2			
Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
02/07/2008	Biological Mother	08/18/2008	Guilty
Comments:	The BM confessed to suffocating the SC with a pillow and was arrested, tried and convicted of Murder in the second degree.		

Have any Orders of Protection been issued? Yes	
From: 11/20/2007	To: Unknown
Explain: An Order of Protection was granted by the Chemung County Family Court prohibiting the subject child's mother from having contact with the surviving siblings.	

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

After the fatality in 2007, services were provided. In 2016, no service needs were identified.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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
- 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 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)	Status/Outcome	Compliance Issue(s)
07/24/2016	Other Child - Half Sibling, Male, 2 Years	Father's Partner, Female, 24 Years	Inadequate Guardianship	Unfounded	No
	Other Child - Half Sibling, Male, 2 Years	Father, Male, 43 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Other Child - Half Sibling, Female, 2 Days	Father, Male, 43 Years	Inadequate Guardianship	Unfounded	
	Other Child - Half Sibling, Male, 2 Years	Father, Male, 43 Years	Inadequate Guardianship	Unfounded	

Report Summary:

The BF has a history of physically assaulting the mother in the presence of the 2 year-old half-sibling. The father drinks alcohol and smokes marijuana to the point of impairment at which point he physically assaults his paramour. On 7/22/16 the BF hit the paramour while holding the 2-year-old half-sibling. The BF is also selling marijuana and leaves it accessible to the 2-year-old.

Determination: Unfounded

Date of Determination: 09/23/2016

Basis for Determination:

CCDSS determined there was no evidence of DV related issues between the BF and his paramour, nor was there any evidence that of ongoing drug use by the BF in the home. Although there were some concerns of the BF drinking alcohol, there was no evidence that he became intoxicated while being the sole caretaker for the children. As a result of the information gathered, CCDSS unsubstantiated all allegations and closed the investigation on 9/23/16.

OCFS Review Results:

CCDSS conducted an adequate assessment of immediate danger to all children named in the report within 24 hours, completed adequate safety and risk assessments, and made appropriate collateral contacts. Service needs were adequately assessed and appropriate services were offered when necessary. CCDSS gathered sufficient information and appropriately determined each allegation of abuse and maltreatment.

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

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

On 10/19/07, CCDSS received an SCR report alleging the BM hit the 14yo brother with a belt leaving a bruise. CCDSS found evidence to support this and planned with the parents about appropriate punishments. On 11/16/07, the SC died while the case was open.

The 11/16/07 SCR report alleged the BM punched the SC in the face and he died. He had dried blood in his nose, a bruise on his face and a cut on his stomach. The SC gained weight and had severe diaper rash but did not receive medical care. The 14yo brother had high lead levels and behavior problems but was not receiving treatment/counseling. There were concerns of DV between the parents.

The BM confessed to suffocating the SC with a pillow and causing the rug burn on the SC's stomach. The BM was arrested, incarcerated, and charged with 2nd degree murder. CCDSS found evidence the parents struck the children with a belt, engaged in DV in the children's presence and did not safely heat the home. Thus, the siblings were placed in foster



care.

CCDSS indicated both SCR reports and a case was opened for services. The parents were the subjects and the alleged maltreated children in some or all the reports were the SC, the 12yo sister, 14yo brother, 22yo half-sister and 24yo half-brother; who were nine years younger at the time. The allegation of DOA/Fatality was substantiated against the BM. The remaining allegations of ICFS, IG, ECP, LOMC, and LABW were substantiated against one or both subject regarding some or all the children

Known CPS History Outside of NYS

There was no CPS history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services 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