



**Report Identification Number: BU-15-007**

**Prepared by: Buffalo Regional Office**

**Issue Date: 5/19/2016**

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
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	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-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:** 2 month(s)

**Jurisdiction:** Allegany  
**Gender:** Female

**Date of Death:** 02/12/2015  
**Initial Date OCFS Notified:** 02/08/2015

## Presenting Information

On 2/8/15 father put pillows near the baby's face while she was sleeping. The baby was discovered not breathing and with blood coming out of her nose. Two unrelated home members called an ambulance and the baby was taken to the hospital in cardiac arrest. Tests at the hospital indicated old rib fractures and lack of oxygen getting to the brain. The baby died today, 2/12/15 and it is suspected that she suffocated. The roles of the unrelated home members, the baby's mother, and the four-year-old child of the unrelated home members are unknown. Mother has another child who was living with relatives - details not known.

## Executive Summary

This case involves a four-month-old child originally from Niagara County. The father took the baby from Niagara and left the mother in about December of 2014, moving to his ex-girlfriend's mother's home in Allegany County whom he considers "foster" parents of a sort because of his past involvement with their daughter.

On 2/8/15 between 2:30 and 3:00am the father claimed he was feeding the child and child "bumped" her nose on his chin causing a small nosebleed. Very little blood was found to substantiate that claim upon medical examination. The father claimed he then moved the baby to a bed he called a "bassinette" which was more of a jumper seat and not appropriate for sleep. The father claimed he then noticed the child was unresponsive and awakened the "foster" parents. The "Foster" mother conducted CPR and paramedics were called.

The child was taken to Jones Memorial Hospital, stabilized and then transferred to Strong Memorial Hospital in Rochester, NY. The child was maintained on life support until life support was discontinued on 2/12/15, at which time the child expired.

A skeletal survey conducted on the child after death showed old healing rib fractures from some time after the child's birth to seven days prior to the incident. No explanation was found for these injuries. The child was a C-section birth with no complications noted in the record, but mother was rumored to be a heavy drinker. There were suspicions regarding father's use of alcohol as well during investigation as a vodka bottle was found in the father's room following the child's death. Neither of the "foster" parents with whom the father resided for two months observed the father to be abusing any drugs or alcohol, but the mother claimed father used marijuana and other drugs.

Safe sleep was discussed with the father as little as three days prior to the event (2/5/15) by Allegany County Department of Social Services (ACDSS) when a courtesy home visit was conducted by ACDSS at the request of Niagara County Department of Social Services (as mother was open on a CPS case in Niagara County at the time of the child's death).

Autopsy results are Cause and Manner of Death: Undetermined.

## 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:

N/A

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 has detail of the consultation.

Explain:

N/A

Required Actions Related to the Fatality

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

<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	After the discovery of old rib fractures in the subject child the Allegany County Department of Social Services failed to attempt to locate the father to address the allegations.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2
<b>Action:</b>	The Allegany County Department of Social Services must attempt to locate and speak with subjects of reports regarding allegations reported and those that surface during the course of investigation.
<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	After the discovery of old rib fractures in the subject child the Niagara County Department of Social Services failed to address or document the allegations with the mother named as a subject in the report.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2
<b>Action:</b>	The Niagara County Department of Social Services must speak with subjects of reports regarding allegations reported and those that surface during the course of investigation.



# NYS Office of Children and Family Services - Child Fatality Report

<b>Issue:</b>	Overall Completeness and Adequacy of Investigation
<b>Summary:</b>	The Allegany Department of Social Services did not gather collateral information from the medical examiner's office regarding preliminary results of the autopsy of the subject child.
<b>Legal Reference:</b>	SSL 424.6; 18 NYCRR 432.2(b)(3) and 18 NYCRR 432.2
<b>Action:</b>	The Allegany Department of Social Services must gather collateral information from the medical examiner's office regarding preliminary results of the autopsy of the subject child or document attempts to obtain such.

## Fatality-Related Information and Investigative Activities

### Incident Information

**Date of Death:** 02/12/2015

**Time of Death:** 12:12 PM

**Date of fatal incident, if different than date of death:** 02/08/2015

**Time of fatal incident, if different than time of death:** 03:00 AM

**County where fatality incident occurred:**

ALLEGANY

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

03:00 AM

**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:**

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

**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:** Unknown if they were impaired.

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Month(s)



# NYS Office of Children and Family Services - Child Fatality Report

Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Other Child	No Role	Male	4 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	43 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	49 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	33 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)

## LDSS Response

The Allegany County Department of Social Services (ACDSS) initiated the fatality investigation immediately and made appropriate initial contacts with the Niagara County Department of Social Services (NCDSS) where the mother and surviving half-sibling resided to ensure the safety of the half-sibling. NCDSS made appropriate contacts with the mother to plan for the surviving half-sibling's safety. Additionally, ACDSS made contact with the unrelated home members with whom the father was residing to ensure the safety of the home members' four-year-old son who resided with the father and subject child at the time of the fatal event leading the child's demise.

Throughout the investigation, the Allegany County Department of Social Service's involvement with the family was consistent and diligent efforts were made to connect the household members and the mother with appropriate bereavement resources by both ACDSS and NCDSS. Safety and risk assessments were completed appropriately and the Department made appropriate contacts with law enforcement, medical providers and household members to complete the investigation. Criminal charges and/or neglect proceedings were not initiated as a result of this child's death and were not required based on findings.

The CPS report of February 12, 2015 was determined on March 30, 2015. The allegations of DOA/Fatality, Inadequate Guardianship, Choking/Twisting/Shaking, Malnutrition Failure to Thrive, Parent's Drug and Alcohol Misuse, Lack of Medical Care, and Fractures were substantiated against the mother. The father was indicated similarly and additionally for Lacerations/Bruises/Welts and Internal Injuries. The father admitted to sleeping with the infant, resulting in the two-month-old subject child's death. Additionally, healing rib fractures were found on the subject child and were determined to be between birth and more than 7 days prior to the date of the fatal event on February 8, 2015.

The autopsy performed on by the Monroe County Medical Examiner's Office determined the Cause and the Manner of Death to be Undetermined.

## 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)?**No



# NYS Office of Children and Family Services - Child Fatality Report

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

## SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Fractures	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Choking / Twisting / Shaking	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	DOA / Fatality	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Internal Injuries	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Choking / Twisting / Shaking	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Fractures	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Lacerations / Bruises / Welts	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Malnutrition / Failure to Thrive	Substantiated
026861 - Deceased Child, Female, 2 Mons	027004 - Father, Male, 25 Year(s)	Lack of Medical Care	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Lacerations / Bruises / Welts	Substantiated
026861 - Deceased Child, Female, 2 Mons	027008 - Mother, Female, 33 Year(s)	Malnutrition / Failure to Thrive	Substantiated

## CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to
--	-----	----	-----	-----------



# NYS Office of Children and Family Services - Child Fatality Report

				<b>Determine</b>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner / Coroner	<input type="checkbox"/>	<input checked="" 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"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Record did not reflect any attempts to speak with the medical examiner regarding cause of death or findings prior to determination.

**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"/>
<b>Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------



# NYS Office of Children and Family Services - Child Fatality Report

danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
---	--	--	--	--

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

Explain as necessary:  
N/A

### 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	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



# NYS Office of Children and Family Services - Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input 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 checked="" 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:**  
 Record reflected suspicions of drug/alcohol use by parents for which discussion/services would have been warranted.

**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:**  
 Subject child's half-sibling was placed as a safety plan with the mother's approval with friends to ensure the child's safety during investigation.

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

**Explain:**  
 Grief counseling

## History Prior to the Fatality

## Child Information



# NYS Office of Children and Family Services - Child Fatality Report

- 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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? 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)	Status/Outcome	Compliance Issue(s)
04/05/2012	8812 - Sibling, Male, 1 Months	8811 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	Yes
	8812 - Sibling, Male, 1 Months	8811 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8812 - Sibling, Male, 1 Months	8813 - Father, Male, 29 Years	Inadequate Guardianship	Unfounded	

### Report Summary:

The mother and friends were alleged to be sniffing cocaine. The report alleged they were too impaired to care for the infant surviving half-sibling. The father reported leaving the mother and friends while under the influence of drugs with the infant because he was not supposed to be out at that hour or at her residence due to parole restrictions placed on him.

**Determination:** Unfounded

**Date of Determination:** 08/03/2012

### Basis for Determination:

Several visits to the home found mother to be coherent and sober each time and no signs of drugs or alcohol were noted. The Niagara County Department of Social Services (NCDSS) checked with the infant's doctor who had no concerns regarding the mother's care of the child.

### OCFS Review Results:

NCDSS appropriately made home visits to the residence and assessed the safety of the child during these visits. NCDSS also contacted the child's pediatrician who reported no problems with the mother's care of the child. The mother was noted to be co-sleeping with the infant during the investigation and NCDSS took appropriate steps to assist the mother in retrieving a bassinet for the child and counseling her about the dangers of unsafe sleeping practices. NCDSS failed to



# NYS Office of Children and Family Services - Child Fatality Report

address the allegations against the biological father of the surviving half-sibling also named in the report.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

Niagara County Department of Social Services failed to address allegations from intake made against the biological father of the children.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

The Niagara County Department of Social Services must address all allegations with subjects of reports identified by the State Central Registry (SCR) when the subject is a household member or biological parent.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
06/27/2012	8964 - Sibling, Male, 3 Months	8962 - Unrelated Home Member, Female, 30 Years	Lack of Supervision	Unfounded	Yes
	8964 - Sibling, Male, 3 Months	8962 - Unrelated Home Member, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8964 - Sibling, Male, 3 Months	8963 - Unrelated Home Member, Male, 30 Years	Lack of Supervision	Unfounded	
	8964 - Sibling, Male, 3 Months	8963 - Unrelated Home Member, Male, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8964 - Sibling, Male, 3 Months	8966 - Father, Male, 32 Years	Inadequate Guardianship	Unfounded	
	8964 - Sibling, Male, 3 Months	8961 - Mother, Female, 30 Years	Lack of Supervision	Unfounded	
	8964 - Sibling, Male, 3 Months	8961 - Mother, Female, 30 Years	Lack of Medical Care	Unfounded	
	8964 - Sibling, Male, 3 Months	8961 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unfounded	

**Report Summary:**

The mother was living with a friend and her paramour in a home where drugs were sold. It was alleged that all in the home were abusing marijuana and crack/cocaine and that others frequenting the residence were doing so also. The home was reported to be saturated in crack/marijuana smoke which the surviving half-sibling was breathing. It alleged that the adults in the home were too impaired to supervise the child and that the child was lactose-tolerate and the mother was failing to provide such to the child. It also alleged that, while the father was aware of the issues, he had done nothing to take action to address the concerns.

**Determination:** Unfounded

**Date of Determination:** 08/03/2012

**Basis for Determination:**

No evidence of drug use was found in the home following casework visits to the residence and interview with the mother and friend residing in the home. No paramour was found to be residing in the home. The Niagara County Department of Social Services (NCDSS) contacted the surviving half-sibling's pediatrician who noted no concerns with the mother's care of the child.



# NYS Office of Children and Family Services - Child Fatality Report

**OCFS Review Results:**

NCDSS appropriately made home visits to the residence and assessed the safety of the child during these visits. NCDSS also contacted the child's pediatrician who reported no problems with the mother's care of the child. The mother was noted to be co-sleeping with the infant during the investigation and NCDSS took appropriate steps to assist the mother in retrieving a bassinet for the child and counseling her about the dangers of unsafe sleeping practices. NCDSS failed to address the allegations against the biological father of the surviving half-sibling also named in the report.

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

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

Niagara County Department of Social Services failed to address allegations received at intake against the biological father of the subject child.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(iii)(b)

**Action:**

The Niagara County Department of Social Services must address all allegations with subjects of reports identified by the State Central Registry (SCR) when the subject is a household member or biological parent.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/17/2012	8976 - Sibling, Male, 6 Months	8974 - Mother, Female, 30 Years	Inadequate Guardianship	Far-Closed	No
	8976 - Sibling, Male, 6 Months	8974 - Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Far-Closed	
	8976 - Sibling, Male, 6 Months	8975 - Mother's Partner, Male, 25 Years	Inadequate Guardianship	Far-Closed	
	8976 - Sibling, Male, 6 Months	8975 - Mother's Partner, Male, 25 Years	Parents Drug / Alcohol Misuse	Far-Closed	

**Report Summary:**

This report alleged that the father and mother of the subject child sold marijuana from the home and used marijuana in the presence of the then six-month-old surviving half-sibling, blowing smoke in the child's face. During the time of the Department's involvement, no inappropriate drug activity was reported/observed and the Department assisted the mother in connecting with financial assistance to maintain her utilities and counseling services due to family strife from the pending death of a step-father and dissension between she and the biological father of the child. The family was also assisted in moving and obtaining alternate housing.

**OCFS Review Results:**

During the time of the Department's involvement, no inappropriate drug activity was reported/observed and the Department assisted the mother in connecting with financial assistance to maintain her utilities and counseling services due to family strife from the pending death of a step-father and dissension between she and the biological father of the child. The family was also assisted in moving and obtaining alternate housing.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
--------------------	-------------------	------------------------	---------------	----------------	---------------------



# NYS Office of Children and Family Services - Child Fatality Report

10/16/2012	8972 - Sibling, Male, 6 Months	8971 - Mother's Partner, Male, 27 Years	Lacerations / Bruises / Welts	Unfounded	No
	8972 - Sibling, Male, 6 Months	8970 - Mother, Female, 30 Years	Inadequate Guardianship	Unfounded	
	8972 - Sibling, Male, 6 Months	8971 - Mother's Partner, Male, 27 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
 The report alleged that subject child's father had bit the face of the two-year-old surviving sibling, resulting in a bite mark on the child. It also reported that the mother did not intervene to protect the two-year-old surviving sibling.

**Determination:** Unfounded **Date of Determination:** 02/25/2013

**Basis for Determination:**  
 No evidence was found that the subject child's father had bitten the surviving half-sibling. A small mark was noted on the child's face and the mother had an explanation for the injury consistent with the mark which did not resemble a human bite. The child's pediatrician reported no concerns with the child's care by the mother or boyfriend (subject child's father).

**OCFS Review Results:**  
 The Niagara County Department of Social Services (NCDSS) spoke with both the mother and the subject child's father regarding the allegations of the report and assessed the care of the surviving half-sibling. Collateral information was obtained from previous providers who had worked with the mother to ensure that she could maintain appropriate housing and utilities, as this presented as an issue for the mother during the investigation. All assessments were completed appropriately and on time during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/26/2013	8968 - Mother's Partner, Male, 16 Years	8967 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	No
	8969 - Sibling, Male, 1 Years	8967 - Mother, Female, 31 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	8969 - Sibling, Male, 1 Years	8967 - Mother, Female, 31 Years	Lacerations / Bruises / Welts	Unfounded	
	8969 - Sibling, Male, 1 Years	8967 - Mother, Female, 31 Years	Parents Drug / Alcohol Misuse	Unfounded	
	8968 - Mother's Partner, Male, 16 Years	8967 - Mother, Female, 31 Years	Sexual Abuse	Unfounded	
	8969 - Sibling, Male, 1 Years	8967 - Mother, Female, 31 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**  
 The report alleged that subject child's father and the mother were striking the surviving half-sibling and that subject child's mother was aware but not intervening to protect the child. It further alleged that the subject child's mother was drinking regularly and using her food stamps for alcohol resulting in a lack of food in the home. It also alleged that the surviving half-sibling had several black and blue marks on his buttocks, lower back, and forehead and that the child was missing meals and was hungry. It was alleged that the subject child's father (mother's boyfriend) was only 16 and having sex with the mother as well.

**Determination:** Unfounded **Date of Determination:** 06/27/2013



**Basis for Determination:**

Home visits to the residence found no evidence of alcohol abuse and the home was always appropriately maintained with adequate food and clothing for the surviving half-sibling. One small bruise was noted on the child during the investigation and it was determined developmentally expected given the child's age and current status learning to walk. The child appeared well care for during casework contacts. The father was determined to be 23 at the time of the report ruling out any sexual abuse by the mother.

**OCFS Review Results:**

The Niagara County Department of Social Services made appropriate visits to the residence to assess the safety of the child and ascertained that adequate food and shelter was available to the family. They explored the allegations of suspicious bruising reported on the surviving half-sibling and the injuries were found to be consistent with the child's developmental age. All assessments were completed appropriately and on time.

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

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

A report in May of 2011 was received in Allegany County regarding the female unrelated home member (FUHM) residing in the household alleging Child's Drug and Alcohol Misuse and Inadequate Guardianship regarding a teen-age family member residing with her at that time and Inadequate Guardianship and Parent's Drug and Alcohol Misuse regarding her two-year-old child. The report alleged that the FUHM was under the influence of narcotic pain killers rendering her unable to provide appropriate care to the two-year-old and that she was allowing the teen-age family member to use the pain killers as well. The report was unfounded after investigation and the teen-age family member was moved to another family member's home.

A report in August of 2011 was received in Niagara County involving the subject child's mother as a subject of a report while living with her brother and wife. The report alleged domestic violence by the father towards his wife and mother (grandmother) who resided in the home and named the mother of the subject child because she was one of several adults living in the household at the time the report was made. Allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship were substantiated against the father and Inadequate Guardianship was substantiated against his wife as well. Allegations against the mother of the subject child were unsubstantiated in this investigation.

**Known CPS History Outside of NYS**

N/A

**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



# NYS Office of Children and Family Services - Child Fatality Report

<b>Issue:</b>	Appropriateness of allegation determination
<b>Summary:</b>	Niagara County Department of Social Services failed to address the allegations named against the biological father in two reports involving the mother and surviving half-sibling prior to the subject child's death.
<b>Legal Reference:</b>	18 NYCRR 432.2(b)(3)(iii)(c)
<b>Action:</b>	The Niagara County Department of Social Services must address all allegations with subjects of reports identified by the State Central Registry (SCR) when the subject is a household member or biological parent.

## 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.

## Casework Contacts

	Yes	No	N/A	Unable to Determine
<b>Were face-to-face contacts with the child in the child's placement location made with the required frequency?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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