



**Report Identification Number: BU-15-019**

**Prepared by: Buffalo Regional Office**

**Issue Date: 4/8/2016**

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

<b>Relationships</b>		
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
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** Erie  
**Gender:** Male

**Date of Death:** 05/15/2014  
**Initial Date OCFS Notified:** 05/27/2015

## Presenting Information

Subject grandmother (SGM) and grandfather (SGF) are the parents of children 8, 6, and 4. Last year, they also had their grandchild subject child (SC) born 3/1/14 in their care. Subject mother and father both have a drug problem and, along with other drugs, they regularly abuse crack, loratab, and soma. They are frequently impaired while caring for their children and were also impaired at times when they were the sole caretakers for SC. The overall quality of care they can provide small children at these times is questionable. On 5/15/14, SC, who was a healthy infant with no medical conditions, suddenly died while alone in the care of SGM and SGF. There is still no explanation for SC's death. SGM and SGF have provided inconsistent explanations for what happened the morning SC died making his death suspicious in nature. The mother of SC had no role.

## Executive Summary

On 05/27/2015, ECDSS received an SCR report with allegations of DOA/Fatality, parent drug/alcohol misuse, and IG against subject grandmother (SGM) and subject grandfather (SGF) pertaining to subject child (SC) and IG, parent drug/alcohol misuse pertaining to SC's Aunts and Uncle ages 8, 6, and 4. This fatality occurred on 05/15/2014 and was previously reported and investigated. Prior OCFS review was completed on 10/29/2014.

The CW initiated the investigation making contact with the source, alleged subjects, and appropriate collateral contacts. The CW made contact with the involved first responders. No conflicting information was reported since the initial investigation. SC was reported as found in his bed face up non-responsive to first responders and resuscitation efforts. ER reported further resuscitation efforts and child pronounced expired. Police filed no criminal charges. Pediatrician, medical providers, and school reported children as up-to-date with no concerns. Ample food was observed and the children reported never missing meals. The home was observed with no safety concerns.

SC's mother was incarcerated during the fatality incident and reported no concerns regarding SC's care during the initial investigation. During this second investigation however, SM reported concerns of SGM having multiple stories regarding the scenario of the fatality and concerns regarding SGM and SGF's use of drugs/alcohol in the home.

The final Erie County Medical Examiner report listed the manner of death as "natural" and cause of death as "acute bronchopneumonia due to upper respiratory infection." Examination noted a "well-cared for male infant with no injuries."

On 07/24/2015, the allegations of DOA/Fatality, parent drug/alcohol misuse, and IG against SGM and SGF were Unfounded. Basis of determination: there is no credible evidence to support the allegations. The fatality was previously investigated in 2014. Final Medical Examiner autopsy states SC died of pneumonia. Subjects and children all denied any drug/ alcohol misuse in the home. During the investigation, the report source denied any concerns regarding subject's drug use or other concerns for the safety of the surviving children in the home. Services were offered and declined. Surviving children appear safe.



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:

It appears that appropriate case and collateral contacts have been made to investigate this fatality report.

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:

The decision to close this case appears appropriate.

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: 05/15/2014

Time of Death: Unknown

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

County where fatality incident occurred: ERIE

Was 911 or local emergency number called? Yes

Time of Call: 08:14 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No



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

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 3 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

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	8 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	6 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	4 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	41 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	32 Year(s)

**LDSS Response**

On 05/27/2015, ECDSS received an SCR report with allegations of DOA/Fatality, parent drug/alcohol misuse and IG against subject grandmother (SGM) and subject grandfather (SGF) pertaining to subject child (SC) and IG, parent drug/alcohol misuse pertaining to SC's aunts and uncle ages 8, 6, and 4. This fatality occurred on 05/15/2014 and was previously reported and investigated. Prior OCFS review was completed on 10/29/2014.

The CW initiated the investigation on 05/27/2015 making contact with the source, alleged subjects, and appropriate collateral contacts. During the course of the investigation, the source of the report denied any drug use concerns or other concerns for the surviving children in the home.

The CW made contact with the involved EMS, fire department, and law enforcement personnel that had responded to the initial fatality incident. No conflicting information was reported since the initial investigation. SC was reported as found in his bed face up non-responsive to first responders and resuscitation efforts. ER reported further resuscitation efforts and child pronounced expired. Police filed no criminal charges. Pediatrician, medical providers, and school reported children as up-to-date with no concerns.

SGM and SGF reported SGF no longer resided in the home. SGF does visit/babysit the children while SGM works three



nights each week. The SGM and SGF denied any drug use or alcohol use to intoxication while caring for the children. SGF tested positive for hydrocodone, but this had been prescribed to him. He was negative for all other tested categories. The children in the home also denied any knowledge of caretaker's drug use in the home or drinking to excess.

SGM and SGF were re-interviewed regarding the details of the fatality incident and they were consistent with their previous reporting during the initial investigation. Ample food was observed and the children reported never missing meals. The home was observed with no safety concerns.

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### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a 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

**Comments:** Erie County CPS conducted the fatality report investigation utilizing their MDT.

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

**Comments:** Erie County does not have a OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
026401 - Deceased Child, Male, 2 Mons	026402 - Grandparent, Female, 41 Year(s)	DOA / Fatality	Unsubstantiated
026401 - Deceased Child, Male, 2 Mons	026402 - Grandparent, Female, 41 Year(s)	Inadequate Guardianship	Unsubstantiated



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026401 - Deceased Child, Male, 2 Mons	026403 - Grandparent, Male, 32 Year(s)	Inadequate Guardianship	Unsubstantiated
026401 - Deceased Child, Male, 2 Mons	026403 - Grandparent, Male, 32 Year(s)	DOA / Fatality	Unsubstantiated
026401 - Deceased Child, Male, 2 Mons	026402 - Grandparent, Female, 41 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
026401 - Deceased Child, Male, 2 Mons	026403 - Grandparent, Male, 32 Year(s)	Parents Drug / Alcohol Misuse	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional information:

Case progress notes appear to be adequately timely and detailed to document the CS's actions and for adequate assessment of risk factors.

## 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"/>



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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 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"/>

**Explain as necessary:**  
 There were no surviving children in the home that were removed as a result of this fatality report/ investigation or for reasons unrelated to this fatality.



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

## 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
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 checked="" 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 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"/>
Additional information, if necessary: N/A							

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? No

Explain:

Counseling services were encouraged for the surviving children, but were declined.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

Counseling services were offered to caregivers, but were declined.

## 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? Yes
- 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)
12/29/2014	8174 - Aunt/Uncle, Female, 5 Years	8171 - Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	No
	8175 - Aunt/Uncle, Female, 3 Years	8171 - Mother, Female, 17 Years	Inadequate Guardianship	Unfounded	
	8174 - Aunt/Uncle, Female, 5 Years	8172 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded	
	8175 - Aunt/Uncle, Female, 3 Years	8172 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded	
	8175 - Aunt/Uncle, Female, 3 Years	8172 - Grandparent, Female, 40 Years	Poisoning / Noxious Substances	Unfounded	
	8174 - Aunt/Uncle,	8171 - Mother, Female,	Poisoning / Noxious	Unfounded	

Female, 5 Years	17 Years	Substances	
8173 - Aunt/Uncle, Male, 7 Years	8172 - Grandparent, Female, 40 Years	Poisoning / Noxious Substances	Unfounded
8173 - Aunt/Uncle, Male, 7 Years	8171 - Mother, Female, 17 Years	Inadequate Guardianship	Unfounded
8173 - Aunt/Uncle, Male, 7 Years	8171 - Mother, Female, 17 Years	Poisoning / Noxious Substances	Unfounded
8175 - Aunt/Uncle, Female, 3 Years	8171 - Mother, Female, 17 Years	Poisoning / Noxious Substances	Unfounded
8173 - Aunt/Uncle, Male, 7 Years	8172 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded
8174 - Aunt/Uncle, Female, 5 Years	8172 - Grandparent, Female, 40 Years	Poisoning / Noxious Substances	Unfounded

**Report Summary:**

Allegations of Inadequate guardianship, Poisoning/Noxious substances, Inadequate guardianship against SGM, unrelated home member, and eighteen year old sibling. Narrative: SGM, SGF, adult sibling, and unrelated home member, abuse prescription pills, marijuana, and crack cocaine while caring for the surviving children. SGF is aware the adults in the home are abusing drugs, but he fails to intervene because he doesn't like SGM's attitude.

**Determination:** Unfounded

**Date of Determination:** 02/24/2015

**Basis for Determination:**

All adults and all children in the home deny any drug use in the home. SGF, adult sibling, and unrelated family member do not reside in the home. Unrelated family member did admit to smoking marijuana, but not in the children's home. The family believes another family member, who is feuding, calling in the anonymous report. The children all attend school on a regular basis and are up-to-date on medical physicals. There is no concern for care of the surviving children.

**OCFS Review Results:**

There are no apparent concerns upon OCFS review.

**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)
01/04/2013	8182 - Mother, Female, 17 Years	8178 - Grandparent, Female, 40 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	8182 - Mother, Female, 17 Years	8178 - Grandparent, Female, 40 Years	Inadequate Guardianship	Unfounded	

**Report Summary:**

An SCR report with allegations of insufficient food/clothing/shelter and inadequate guardianship against SGM. The SC's aunts and uncle were the child victims of the report. Narrative: The home has broken windows, no heat, and general grime throughout.

**Determination:** Unfounded

**Date of Determination:** 02/07/2013

**Basis for Determination:**

There were no broken windows in the living areas, and electric heater was in the home because the home furnace was broken, and the stove was not being used to heat the home. The family later moved to new housing with working utilities prior to case closing.

**OCFS Review Results:**



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

There are no apparent concerns following OCFS review.

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

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

SCR report 9/3/12 with allegations of IG, lack of medical care, and lack of supervision against SGM and SGF. SM (Mother of SC) is the victim of this report. UNF on 9/3/09. Basis of determination was child (SM) was in counseling and on medications as prescribed.

SCR report 5/7/07 with allegations of parent drug/alcohol misuse against SGM and SGF. SM (Mother of SC) was the victim of the report. UNF on 5/24/07. All family members denied drug/alcohol misuse in the home.

SCR report 5/27/05 with allegations of inadequate guardianship and medical neglect against SGM. SM (Mother of SC) was the victim of the report. UNF on 6/21/05. The children had no apparent medical issues. Care of the children was above a minimum degree.

SCR report 3/1/05 with allegations of ed. neglect against SGM. SM (Mother of SC) was the victim of the report. UNF on 3/11/05. The child had 17 excused absences and 11 unexcused absences for illnesses and head lice. The new school reported child was attending regularly.

SCR report on 11/25/98 with allegations of IG against SGM and the bio-father regarding child with chronic head lice and unkempt conditions of the home. SM (Mother of SC) was the victim of the report. IND 1/26/98. The child had head lice for a 2 month period. The family cleaned the home and the child was lice free for 1 month prior to case closing.

## Known CPS History Outside of NYS

There is no known CPS history for this family outside of New York State.

## 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

Subject grandmother, subject grandfather, and subject mother participated in Preventive Services 09/15/2010 through 08/01/2011. Services were offered on several other occasions as the result of CPS contacts and were declined.

### 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

**Additional Local District Comments**

We are pleased that OCFS found that the fatality investigation was conducted appropriately and that there are no required actions related to the fatality. We are equally pleased that OCFS found no required actions related to the investigations conducted during the three year period preceding the fatality. We appreciate the opportunity to partner with OCFS in providing the best possible services to families in our community.

**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