



Report Identification Number: SY-16-036

Prepared by: Syracuse Regional Office

Issue Date: 2/8/2017

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	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Broome
Gender: Male

Date of Death: 05/17/2014
Initial Date OCFS Notified: 07/26/2016

Presenting Information

The fatality occurred on 5/17/14 and was re-reported on 7/26/16. The fatality report in 2014 was completed by SRO and documented in Fatality Report SY-14-013.

The fatality narrative states: At or around 8:00pm on 05-17-14 SC was being fed a bottle while in the care of SM and/or SF SC ingested a Cheetos before or after his bottle. It is unknown who gave SC the Cheetos to eat. The SF found SC unresponsive and his feet were blue in color. 911 was contacted and SC was brought to a medical facility in cardiac arrest in private vehicle accompanied by the police. CPR was being administered in route to the medical facility and on arrival, however SC died. The incident is believed to have occurred about twenty minutes prior to arriving at the medical facility. There is a concern that the parents failed to properly supervise SC at the time the incident occurred and their inaction contributed his death.

Executive Summary

The fatality occurred on 5/17/14 and was re-reported on 7/26/16. The fatality report in 2014 was completed by SRO and documented in Fatality Report SY-14-013. The final autopsy report listed the manner of death as, "undetermined circumstances." The immediate cause of death was listed as "cardiopulmonary arrest" due to or as a consequence of "undetermined circumstances" and "alcohol positive on toxicology."

BCDSS reviewed the records previously obtained during the 5/17/14 INV and again investigated the circumstances of the SC death. Safety assessments were completed on the surviving siblings and the family was assessed for services. The 7/26/16 report substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the SM and SF for unsafe sleep and giving the SC cough medication that was not intended for an infant. BCDSS determined that the SF's and SM's care of the SC did not meet a minimum degree and therefore contributed to the maltreatment, and the death, of the SC based on the information gathered during the 5/17/14 report as well as the information gathered during this investigation. BCDSS correctly unsubstantiated the allegations of LS pertaining to the SC, IG pertaining to siblings and LM pertaining to sibling.

Since the 2014 fatality there have been 3 unfounded reports to SCR concerning surviving siblings. Siblings were assessed as safe and the family was receiving community based services.

OCFS reviewed the case records and found that BCDSS appropriately assessed the safety and risk of the surviving siblings. BCDSS also obtained adequate information to determine the report through interviews and relevant collateral contacts.

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 has detail of the consultation.

Explain:

BCDSS made Home Visits, Contacted source and Collaterals.

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: 05/17/2014

Time of Death: 09:09 PM

Time of fatal incident, if different than time of death: 07:50 PM

County where fatality incident occurred: BROOME

Was 911 or local emergency number called? Yes

Time of Call: 07:50 PM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? Yes

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? 10 Minutes



Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 01

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	19 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	01 Year(s)

LDSS Response

The fatality occurred on 5/17/14 and was re-reported on 7/26/16. The fatality report in 2014 was completed by SRO and documented in Fatality Report SY-14-013. The final autopsy report listed the manner of death as, "undetermined circumstances." The immediate cause of death was listed as "cardiopulmonary arrest" due to or as a consequence of "undetermined circumstances" and "alcohol positive on toxicology."

BCDSS conducted an investigation into the allegations and on 11/6/14, BCDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the SF, as well as substantiated the allegation of Inadequate Guardianship against the SM. BCDSS determined that the SF's and SM's care of the SC did not meet a minimum degree and therefore contributed to the maltreatment, and the death, of the SC.

Since the 2014 fatality there have been 3 unfounded reports to SCR concerning the surviving siblings. Siblings were assessed as safe and the family was receiving community based services. Upon receiving the 7/26/16 report BCDSS appropriately assessed the safety of the surviving siblings and reviewed the allegations in the report. It was determined that there were no new allegations and all allegations had been investigated and addressed during the 5/17/14 investigation. BCDSS obtained adequate information to determine the 7/26/16 report through interviews and relevant collateral contacts. BCDSS reviewed the records previously obtained during the 5/17/14 INV and again investigated the circumstances of the SC death. Safety assessments were completed on the surviving siblings and the family was assessed for services. BCDSS also obtained updated medical records, contacted family members and obtained reports from community service providers to assess the family's current level of functioning. At the case determination, the surviving children were assessed safe and the family was working with community service providers and no new services or interventions were necessary upon the determination of this report. The 7/26/16 report substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the SF, as well as substantiated the allegation of Inadequate Guardianship against the SM based on the information gathered during the 5/17/14 report as well as the information gathered this investigation.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause



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Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

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

Comments: Investigations were conducted by both BCDSS and the Binghamton Police Department. Each agency consulted the other, but did not conduct the investigation jointly.

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

Comments: Investigations were conducted by both BCDSS and the Binghamton Police Department. Each agency consulted the other, but did not conduct the investigation jointly.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032443 - Deceased Child, Male, 6 Mons	032447 - Mother, Male, 23 Year(s)	Lack of Supervision	Unsubstantiated
032443 - Deceased Child, Male, 6 Mons	032445 - Father, Male, 19 Year(s)	Inadequate Guardianship	Substantiated
032443 - Deceased Child, Male, 6 Mons	032445 - Father, Male, 19 Year(s)	Lack of Supervision	Unsubstantiated
032443 - Deceased Child, Male, 6 Mons	032447 - Mother, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
032443 - Deceased Child, Male, 6 Mons	032447 - Mother, Male, 23 Year(s)	DOA / Fatality	Substantiated
032443 - Deceased Child, Male, 6 Mons	032445 - Father, Male, 19 Year(s)	DOA / Fatality	Substantiated
032446 - Sibling, Male, 01 Year(s)	032447 - Mother, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
032446 - Sibling, Male, 01 Year(s)	032447 - Mother, Male, 23 Year(s)	Lack of Medical Care	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"/>



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All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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household?				
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"/>

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

Due to the subject child sibling's young age, no immediate needs were present in response to the fatality. BCDSS provided the parents with a written list of bereavement and counseling services. The surviving children were determined to be safe and the family is working with community service providers.

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? N/A

Explain:

Due to the subject child sibling's young age, no immediate needs were present in response to the fatality.

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

Explain:

BCDSS provided the parents with a written list of bereavement and counseling services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment?** No
- Was there an open CPS case with this child at the time of death?** No
- Was the child ever placed outside of the home prior to the death?** No
- Were there any siblings ever placed outside of the home prior to this child's death?** No
- Was the child acutely ill during the two weeks before death?** Yes

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



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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)
11/10/2015	11971 - Sibling, Male, 3 Years	11969 - Other - unrelated home member, Male, 21 Years	Inadequate Guardianship	Unfounded	No
	11971 - Sibling, Male, 3 Years	11969 - Other - unrelated home member, Male, 21 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11971 - Sibling, Male, 3 Years	11967 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	11971 - Sibling, Male, 3 Years	11967 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11971 - Sibling, Male, 3 Years	11970 - Father, Male, 20 Years	Inadequate Guardianship	Unfounded	
	11971 - Sibling, Male, 3 Years	11970 - Father, Male, 20 Years	Parents Drug / Alcohol Misuse	Unfounded	
	11971 - Sibling, Male, 3 Years	11967 - Mother, Female, 25 Years	Lack of Supervision	Unfounded	

Report Summary:

SM, SF and unrelated home member smoke marijuana and use ecstasy on regular basis while sibling is in their care. The adults are not able to provide adequate care to the child as a result of their drug use.

Determination: Unfounded**Date of Determination:** 01/11/2016**Basis for Determination:**

Allegations of IG, PDAM, and LS are Unfounded. SM and SF deny drug use and both tested negative on drug screens. BCDSS did not observe drug paraphernalia in the home.

OCFS Review Results:

Complete INV. Casework contacts, Home Visits and Collaterals contacted. Complete Safety and Risk Assessments completed.

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)
04/22/2015	11961 - Sibling, Male, 3 Years	11966 - Father, Male, 20 Years	Burns / Scalding	Unfounded	No
	11961 - Sibling, Male, 3 Years	11966 - Father, Male, 20 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SF burned SC sibling on back of neck with a cigarette. As a result SC sibling sustained a red, circular burn mark.



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Determination: Unfounded **Date of Determination:** 06/25/2015

Basis for Determination:
SM and SF report that SC sibling was burned when an ember sparked from their bonfire and landed on SC siblings coat and neck. The burn was the size of a pen cap and was consistent with circumstances. SC sibling is not verbal. The child determined by BCDSS as safe.

OCFS Review Results:
Complete INV. Casework contacts, Home Visits and Collaterals contacted. Complete Safety and Risk Assessments completed.

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)
05/17/2014	12961 - Deceased Child, Male, 6 Months	12964 - Father, Male, 19 Years	DOA / Fatality	Indicated	No
	12961 - Deceased Child, Male, 6 Months	12963 - Mother, Female, 24 Years	Inadequate Guardianship	Indicated	
	12961 - Deceased Child, Male, 6 Months	12964 - Father, Male, 19 Years	Inadequate Guardianship	Indicated	

Report Summary:
At approximately 8:03 pm, SC died of an unknown cause. SF was caring for the SC at the time and had fed the baby a bottle of oatmeal and water. He had propped the baby up and had the baby feed himself. Meanwhile SF went back to playing video games with sibling. SC turned blue and stopped breathing. SM was at work at the time. SC had no known pre-existing health issues therefore the death is suspicious.

Determination: Indicated **Date of Determination:** 11/06/2014

Basis for Determination:
SF is being indicated for having the SC in an unsafe sleep situation. SF placed SC on a soft adult size mattress with soft blankets propping him to his side and the child was given a large amount of formula and cereal mixture at this same time. The investigation determined that the SF and SM failed to exercise a minimum degree of care and the SC had been given cough medication on a regular basis for the last two weeks, by both SM and SF in a manner not prescribed by a physician.

OCFS Review Results:
Complete INV. Casework contacts, Home Visits and Collaterals contacted. Complete Safety and Risk Assessments completed.

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

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

There is no CPS history in New York state more than three years prior to the fatality that involved the subject child, the child's sibling, or the adults as subjects.

Known CPS History Outside of NYS

Before the SC's birth in November 2013, the SM, the SF and the SC's older sibling resided in Florida. On 9/10/13, Polk County DSS in Florida, received a "Child In-Home Investigation"



alleging Family Violence Threatens Child regarding the SC's older sibling. The SM was named as a "Parent in Home" and the SF was listed as a "Significant Other," because he was the parent substitute to the SC's sibling. The report stated the SF and the SM argued in the home, the SF grabbed the SM by the neck in the presence of the SC's sibling, and the SF was arrested. The report also stated that in the past the SF put his hands on the SM and shoved her. The record documented a home visit, an interview with the SM and an observation of the SC's sibling whom was determined safe. There is no documentation of an interview with the SF, of an assessment of sleeping arrangements, or of the SM being counseled on safe sleep. There is no documentation of collateral contacts made. The SM moved to Binghamton, NY with the SC's sibling. A courtesy contact was conducted and no concerns were noted. The SF remained in Florida. The investigation was unsubstantiated on 10/30/13, "...as there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect."

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