



Report Identification Number: BU-19-016

Prepared by: New York State Office of Children & Family Services

Issue Date: Aug 22, 2019

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
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
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 year(s)

Jurisdiction: Chautauqua
Gender: Male

Date of Death: 04/09/2019
Initial Date OCFS Notified: 04/09/2019

Presenting Information

An SCR report was received on 4/9/19, which alleged that on the same date, the 5-year-old child passed away. The child was a victim of shaken baby syndrome. The child's father shook the child on 7/10/14, when the child was 6 months old. The child died on 4/9/19 as a result of injuries he sustained by the father.

Executive Summary

Chautauqua County Department of Social Services (CCDSS) received a report from the SCR on 4/9/19, concerning the death of the 5-year-old male child.

During the investigation it was learned the child was a victim of shaken baby syndrome. On 7/10/14, the child was shaken by his father, which resulted in multiple injuries. On the morning of 4/9/19, the machine the child's feeding bag was hooked up to was beeping, which woke the mother. The mother went into the child's room to find the child unresponsive. The mother called 911 and performed CPR until EMS arrived. The child was then transported to UPMC Chautauqua Hospital where he was pronounced dead at 6:02AM.

The child resided with his mother and two siblings. There was an active order of protection at the time of the death against the father due to the incident on 7/10/14 when he assaulted the child. The father lived in a different state at the time of the death and had no contact with the child or his siblings.

Though the final autopsy report had not been received at the time of this writing, preliminary reports were inconclusive. The father was arrested and charged with assault as a result of the 7/10/14 incident. The father plead guilty to reckless assault and sentenced to two years in jail. Additionally, the father was ordered to stay away from the child until 2024.

CCDSS contacted all necessary collaterals and determined there was credible evidence to substantiate the allegations of inadequate guardianship and choking/twisting/shaking against the father based on the evidence from the investigation that occurred as a result of the 7/10/14 incident where the father assaulted the child who was then 6-months-old. CCDSS determined there was not credible evidence to substantiate the allegation of DOA/Fatality against the father as the final autopsy was pending at the time the investigation was concluded and the preliminary findings listed the cause of death as inconclusive. The father had no contact with the surviving siblings and the mother had been appropriate in keeping them safe following the incident on 7/10/14.

PIP Requirement

CCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify action(s) CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

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:

CCDSS completed a thorough investigation prior to closing the case. The casework activity was commensurate with case circumstances.

- 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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	30 of the 66 progress notes were entered a month or more after the event date.
Legal Reference:	18 NYCRR 428.5
Action:	All progress notes will be entered as contemporaneously as possible to their event dates.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 04/09/2019

Time of Death: 06:02 AM

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

Unknown



County where fatality incident occurred: Chautauqua
Was 911 or local emergency number called? Yes
Time of Call: 04:58 AM
Did EMS 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
How long before incident was the child last seen by caretaker? 8 Hours
At time of incident supervisor was:
 Drug Impaired Absent
 Alcohol Impaired Asleep
 Distracted Impaired by illness
 Impaired by disability Other:

Total number of deaths at incident event:
Children ages 0-18: 1
Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother	No Role	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	25 Year(s)

LDSS Response

CCDSS received the report from the SCR on 4/9/19 and coordinated with LE, reviewed the CPS history, and notified the DA's office about the death. Throughout the investigation, collateral contacts were made with the source of the report, personal collaterals for the family, first responders, and various service providers.

Through interviews with the mother, it was learned on the morning of 4/9/19, the child's feeding pump was beeping so the mother went to check on it. The beeping meant the feed bag was empty. Upon going into the room and turning on the lights, the mother said the child was unresponsive. She observed him to be pale and not moving his eyes. The mother reports she started CPR until EMS arrived and took over efforts. The child was then transported to the hospital. The mother said the day leading up to the child's death was typical, but he was congested throughout the day. The mother stated the child was fussy after she put him to bed at 7PM. She gave him a nebulizer treatment at the time she put him to bed. She checked on him one more time at 10PM and did not check on him again until feed pump began beeping around 4:50 the following morning.



CCDSS assessed the safety of the surviving siblings within 24-hours of the death. The siblings were observed to be safe in the care of their mother. Through interviews with the children, additional concerns came up regarding the form of discipline used in the home. CCDSS appropriately addressed the concerns with the mother and determined there was not a current concern and allegations were not added regarding the siblings.

The father was interviewed by phone as he resided out of state. The father reported no contact with the child or siblings since the incident on 7/10/14 in which he was arrested for assaulting the child. The father said there was an active OP against him for the children because of the assault. The father denied having access to any other children.

CCDSS spoke with several medical professionals known to the child. All reported the child was a victim of Shaken Baby Syndrome, which could have played a role in the child's death. Medical professionals reported the child suffered from multiple medical conditions because of Shaken Baby Syndrome. There were no notable concerns in the medical records for the siblings.

In response to the fatality, CCDSS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances and a 24-hour safety plan was adequately implemented. CCDSS provided the family with a multitude of community based services, but it is unknown if these services were utilized. They concluded their involvement at an appropriate time when all necessary information was gathered and services were offered. The mother did not accept a referral for Preventive Services.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050862 - Deceased Child, Male, 5 Yrs	050866 - Father, Male, 25 Year(s)	Choking / Twisting / Shaking	Substantiated
050862 - Deceased Child, Male, 5 Yrs	050866 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
050862 - Deceased Child, Male, 5 Yrs	050866 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
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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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Several progress notes were entered up to two months after the event date.

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 assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input 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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

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

Other, specify: Preventive Services

Additional information, if necessary:

CCDSS offered the mother bereavement services as well as Preventive Services, however, the mother declined these referrals. The mother accepted referrals regarding grief support groups, but it is unknown if she utilized the offered resources.

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:

The mother declined a referral for Preventive Services, but accepted referrals for grief support groups for herself and the siblings.

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

Explain:

The mother declined a referral for Preventive Services, but accepted referrals for grief support groups for herself and the siblings.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? Yes
- Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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02/21/2018	Deceased Child, Male, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
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Report Summary:

The report alleged the subject child had red areas around the interior of his right thigh, and on the lower portion of his right abdomen area. The child had cerebral palsy, he was mentally handicapped, and non-verbal. The child had limited motor skills and he could not have caused the injuries to himself. There were no known medical issues which would have caused the injuries. The child's mother and aunt were the main care providers for the child and were both subjects as a result. The aunt had regular and consistent contact with the child in a care-taking role.

Report Determination: Unfounded**Date of Determination:** 04/20/2018**Basis for Determination:**

CCDSS determined there was no credible evidence to support substantiating the allegations. Collateral contacts were made, which included a home health nurse that was with the child everyday from 7AM to 4PM and she did not have any concerns for the child in the care of his mother or aunt. The pediatrician was also contacted and had no concerns for the care of the child.

OCFS Review Results:

Documentation was commensurate with case circumstances; further, safety assessments were appropriate, though not completed in a timely manner. CCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family. The 7-day safety assessment was not completed until 13 days after the initiation of the investigation. The history check was not completed until 58 days after the receipt of the report.

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

Review of CPS History

Summary:

A review of CPS history was not documented as being completed until 58 days after the onset of the investigation.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, CCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Issue:

Timely/Adequate Seven Day Assessment

Summary:

CCDSS did not complete the 7-day safety assessment until 13 days after the onset of the report.

Legal Reference:

SSL 424(3); 18 NYCRR 432.2(b)(3)(ii)(c)

Action:

CCDSS will complete all safety assessments within the 7-day time frame as requires by regulation.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/17/2017	Sibling, Male, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	No



Deceased Child, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

The mother had two guns in her home. One gun was behind the couch and the other next to the door. Both were accessible to the children. The subject child suffered from Shaken Baby Syndrome and visited the mother on weekends. The mother's home was not conducive to the child's needs. He was sleeping on a queen sized bed with no rails and did not have appropriate equipment for his condition.

Report Determination: Unfounded**Date of Determination:** 12/11/2017**Basis for Determination:**

CCDSS determined there was no credible evidence to substantiate the allegations. The mother did not have guns accessible to the children, however, she had a family member staying at the home that had guns. The guns were not accessible to the children and did not have ammunition in them. The family member removed the guns from the home immediately. The home was observed to be appropriate for all the children, including the medically fragile subject child.

OCFS Review Results:

Safety was established within the appropriate timeframe, and all other documentation was commensurate with case circumstances; further, safety assessments were appropriate. CCDSS completed all necessary casework activity prior to making an accurate determination of allegations, then closed the investigation once all needed services were offered to the family.

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

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

7/18/13-9/05/13:The SCR report was received with allegations that the sibling was violently shook. The situation was ongoing and the child had marks and bruises as a result. The report was UNFOUNDED for IG, C/T/S, and L/B/Ws.

7/11/14-10/7/14:The report alleged the child sustained a subarachnoid hemorrhage and subdural hematoma. The case was INDICATED for the allegations as investigation revealed the father shook the child and then threw a dodge ball at him. The extent of the child's injuries included: subdural hematoma, respiratory failure, retinal hemorrhaging, and liver lacerations. The father admitted to the assault and was arrested. The child and siblings were removed and placed in FC. The mother was IND for IG as she did not have the child seen immediately medically.

3/12/15-3/18/15:The report alleged that the mother had a newborn and had children removed from her care in the past due to abuse/neglect. The report was IND due to a basis of derivative neglect. In order to avoid FC placement for the newborn sibling, a plan was made for the paternal aunt to take the child. The mother had supervised visits with the sibling. A derivative neglect petition was filed for the newborn against the mother and father.

Known CPS History Outside of NYS

There is no known history outside of the state of New York.

Foster Care Placement History

The child and his sibling were placed in foster care on 7/11/14 following an incident when the child was assaulted by his



father. The child suffered subdural hematoma, respiratory failure, retinal hemorrhaging, and liver lacerations. The father admitted to causing the injuries and was arrested as a result. The mother failed to intervene to protect the child. The child and his sibling were placed in foster care as a result. The father was ordered to engage in mental health assessment and services, drug and alcohol assessment and services, domestic violence education, and parenting education. The mother was ordered to engage in mental health assessment and services, domestic violence education and parenting education. Parenting education for the mother included learning about needed services for the child's health and demonstration of an ability to meet and understand his needs. The children were returned to their mother's care on June 17, 2015 after the mother completed the conditions of her court order.

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