



Report Identification Number: SY-19-002

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

Issue Date: Jun 20, 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: 11 day(s)

Jurisdiction: Oswego
Gender: Female

Date of Death: 12/03/2018
Initial Date OCFS Notified: 01/07/2019

Presenting Information

A 7065 Reporting Form was submitted which stated on 12/3/18, the infant (SC) died due to complications from birth. The infant's death occurred during an open CPS investigation.

Executive Summary

This fatality report concerns the death of an 11-day-old female infant (SC) that occurred on 12/3/18. The infant died during an open CPS investigation that was received by Oswego County Department of Social Services (OCDSS) on 6/12/18 with concerns unrelated to the fatality. OCDSS did not learn of the death until 1/3/19; therefore, a completed 7065 Report Form was not completed and sent to OCFS until 1/4/19. An autopsy was not performed on the child, nor was a Death Certificate obtained. Medical records noted a preliminary cause of death as "Hypoxic-Ischemic Encephalopathy."

On 1/3/19, OCDSS discovered the mother gave birth to the child on 11/22/18, and the child was born two weeks premature with numerous severe medical complications. The child was admitted to an intensive care unit upon birth due to swelling in the brain and was given a very poor prognosis. The child tested positive for brain death, and the parents made the decision to remove medical intervention. The child died at the hospital on 12/3/18.

The parents were interviewed surrounding the child's birth and death, and OCDSS obtained the medical records related to such. The child had three siblings, ages 5, 3, and 1 year old. OCDSS assessed the safety of the siblings and the home, and noted no concerns. OCDSS learned the child's death was not due to any type of abuse or neglect, and therefore did not rise to the level of needing to be reported to the SCR. The record did not reflect if services were offered to the family in response to the child's death. OCDSS closed their initial investigation on 3/27/19.

PIP Requirement

OCDSS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) OCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

OCDSS gathered limited information regarding the circumstances surrounding SC's death.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

This case was open for 9 months, and there were large gaps in casework activity throughout. The safety/risk of the surviving siblings was not assessed on an ongoing basis, and limited information was gathered surrounding BM's pregnancy and the death of SC. The case record did not reflect if any services were offered to the family prior to case closure.

Required Actions Related to the Fatality

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

Issue:	Failure to offer services
Summary:	The record did not reflect if any services were offered to the family in response to the SC's death.
Legal Reference:	SSL §424(10);18 NYCRR 432.3(p)
Action:	OCDSS will offer families available services that are appropriate for the child(ren), the family, or both, prior to case closing.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/03/2018

Time of Death: Unknown

Date of fatal incident, if different than date of death:

11/22/2018

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

Unknown

County where fatality incident occurred:

Oswego

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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: Hospitalized.

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



At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	No Role	Female	11 Day(s)
Deceased Child's Household	Father	No Role	Male	30 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Other Adult - BF of SS	No Role	Male	30 Year(s)
Other Household 1	Other Adult - BF of SS's Girlfriend	No Role	Female	29 Year(s)

LDSS Response

On 1/4/19, OCDSS submitted a completed 7065 Reporting Form to OCFS regarding the death of SC, which occurred on 12/3/18. At the time of SC's death, there was an ongoing CPS investigation, which began on 6/12/18. This investigation began prior to the birth of SC, and the allegations were regarding the 3yo SS, unrelated to the fatality.

On 1/3/18, OCDSS completed a home visit in response to the passing of SC. The case record noted the last contact OCDSS had with the family was 11/8/18, so it was unclear how OCDSS learned of the fatality or why they did not learn of SC's death until one month after it occurred. On the date of this home visit, OCDSS assessed the safety of the 1yo sibling as well as the home environment; no concerns were noted. OCDSS then spoke with the mother and father. The parents informed OCDSS the mother went into labor on 11/22/18, and SC was born two weeks premature. The parents explained there were complications during labor, and both the mother and SC stopped breathing for 8 minutes. The mother stated SC was hospitalized due to swelling in her brain. She explained SC was considered brain dead, and passed away on 12/3/18; SC never left the hospital.

On 1/4/19, OCDSS met with the 5 year old sibling at school. The caseworker did not ask the sibling about SC. The sibling did not express any safety concerns during the interview.

On 1/15/19, OCDSS received medical records from the hospital regarding SC. The records noted SC presented to the Neonatal Intensive Care Unit for "management of hypoxic ischemic encephalopathy," and received extensive medical treatments in the days following her birth. The record noted SC's respiratory status declined significantly over the course of 36 hours, and she had a poor prognosis. The parents made the decision to cease life-saving measures.

On 1/28/19, OCDSS assessed the safety of the 3 year old sibling and noted no concerns.

OCFS was informed by OCDSS that an autopsy was not completed and a death certificate was not obtained; however, medical records received noted a preliminary cause of death as "Hypoxic-Ischemic Encephalopathy."

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: Hospital physician

Multidisciplinary Investigation/Review

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

Comments: The record does not reflect that this fatality was reviewed by the Oswego County Child Fatality Review Team.

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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

Progress notes regarding the fatality were entered contemporaneously. OCDSS received medical records from the hospital pertaining to SC's birth and death.

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

Explain:
The record did not reflect if any services were offered to the family.

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"/>

Explain as necessary:
No children needed to be removed as a result of the fatality.

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	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral



Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input 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:

The record did not reflect if any services were offered to the family in response to the SC's death.

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:
OCDSS encouraged the parents to follow up with grief counseling referrals that were given to them by hospital staff.

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

Explain:
OCDSS encouraged the parents to follow up with grief counseling referrals that were given to them by hospital staff.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No



Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With 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)	Allegation Outcome	Compliance Issue(s)
06/12/2018	Sibling, Male, 3 Years	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 3 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 30 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

This report was received with concerns BM had a history of violence toward the 3yo SS, and there was an OP in place against BM. The report alleged on the weekend of 6/9/18, BM struck the SS and the SS sustained a bruise and swelling as a result. The roles of the father, step-mother and other children were unknown.

Report Determination: Unfounded

Date of Determination: 03/27/2019

Basis for Determination:

OCDSS interviewed the parents and verbal children, as well as followed up with collateral sources. OCDSS did not find evidence to support the allegations. During this investigation, SC was born and died 11 days later. OCDSS unfounded and closed the case.

OCFS Review Results:

Many progress notes were entered more than one month past event dates. The 7 Day Safety assessment was completed late, as was the CPS history check. There was no casework activity from 8/15/18 to 11/8/18, and 11/8/18 to 1/3/19.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7 Day Safety Assessment was completed 6 days late.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

Within seven days of receiving a report, OCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm.

Issue:



Overall Completeness and Adequacy of Investigations

Summary:

There was no casework activity from 8/15/18 to 11/8/18, and 11/8/18 to 1/3/19.

Legal Reference:

SSL 424.6 and 18 NYCRR 432.2(b)(3)

Action:

OCDSS will review and adhere to regulations regarding casework practice. OCDSS will complete collateral and familial contacts, address all potential areas of concern with all relevant parties, and adequately monitor any on-going concerns when it is necessary to remain involved.

Issue:

Review of CPS History

Summary:

The CPS history review was completed 8 days late.

Legal Reference:

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

Action:

Within 1 business day of a report, OCDSS must review all SCR records of prior reports, including legally sealed reports, involving the subject of the report, the allegedly abused or maltreated child, or the child's sibling, and, for indicated reports, must also review prior reports pertaining to other children in the household or other persons named in the report, and document such.

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

Most progress notes were entered more than one month past their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

OCDSS will enter progress notes contemporaneously as events occur.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/12/2017	Sibling, Female, 4 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This report was received with concerns that while the father was returning the siblings to the mother after visitation, the mother became aggressive and threatened the father and his fiance with a knife. The report further alleged the mother damaged the father's car, and the father took out a tire iron to defend himself; all of this occurred while the siblings were present.

Report Determination: Indicated

Date of Determination: 10/04/2017

Basis for Determination:

OCDSS completed a thorough investigation into the allegations. Interviews and home visits were completed, and the safety of the children was assessed regularly. Appropriate collateral sources were contacted, and services were offered to the family. The mother was charged with endangering the welfare of a child. OCDSS appropriately substantiated the allegations and closed the case.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/13/2017	Sibling, Female, 3 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Other Adult - BF of SS, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

This report was received with concerns the biological father of the siblings repeatedly punched the mother in the presence of the children. The report alleged the siblings' father had attacked the mother on multiple occasions, and the children also engaged in violent physical fights; the parents had little control over the children.

Report Determination: Unfounded

Date of Determination: 05/25/2017

Basis for Determination:

OCDSS interviewed the mother and biological father of the siblings. OCDSS attempted to interview the siblings; however, due to their ages, was unsuccessful. OCDSS obtained information from collateral sources, including LE records. Safe sleep education was provided and community-based services were offered to the family. OCDSS found no evidence to support the allegations and appropriately unfounded and closed.

OCFS Review Results:

The RAP was inaccurate regarding the mother's recent homelessness. Aside from this, the allegations were investigated fully.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

RAP question #4 asks if there was "current or recent history of...unstable housing; or no housing." At the start of the investigation, the mother and siblings were homeless. This RAP question should have been answered "yes," but was answered "no."

Legal Reference:

18 NYCRR 432.2(d)

Action:

OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

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

11/2008: UNF allegations of LM against CHN's step-mother regarding an unrelated child.

Known CPS History Outside of NYS



There was no known CPS history outside of NYS.

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