



## Report Identification Number: SY-19-017

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

Issue Date: Aug 29, 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

<b>Relationships</b>		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
<b>Contacts</b>		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
<b>Allegations</b>		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	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:** 3 month(s)

**Jurisdiction:** Oneida  
**Gender:** Female

**Date of Death:** 04/05/2019  
**Initial Date OCFS Notified:** 04/05/2019

## Presenting Information

An SCR report alleged on 4/5/19, a caregiver did not make an adequate plan for where the 3-year-old sibling or 3-month-old infant would sleep. The two children were placed on the same bed and as a result, the 3-year-old sibling rolled over onto the infant, and the infant subsequently died. There were no visible injuries to the child. The home was dirty with stained rugs, old food on the stove, clothes strewn about and an overwhelming odor of cigarettes. There were empty beer cans and cigarettes accessible to the 3-year-old sibling. The role of the 5-year-old sibling was unknown.

## Executive Summary

This fatality report concerns the death of the 3-month-old female subject child that occurred on 4/5/19. A report was made to the SCR on the same day regarding the death, with additional concerns of an unsuitable living environment for the infant and her 3-year-old brother. The infant and her 3-year-old sibling were in the care of a family friend at the time of the infant's death and she was considered a person legally responsible for the children. A 5-year-old sibling was home with the mother of the children at the time of the fatal incident. The siblings were assessed to be safe in the care of their mother.

Oneida County Department of Social Services (OCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Although an autopsy was performed by the Medical Examiner, the final report was not available at the time this report was written.

The caretaker and another adult were caring for the infant and her 3-year-old brother at the time the infant was found underneath her brother on a queen-sized bed. The caretaker noticed the infant was unresponsive and not breathing. She screamed for the other adult to call 911 and she began resuscitation efforts.

First responders arrived and continued CPR on the infant. The infant was transported to the hospital with the caretaker. The infant was pronounced deceased at 2:55 AM. The other adult temporarily took over caretaking responsibilities for the 3-year-old sibling.

OCDSS gathered information regarding the infant's death from the caretaker, the other adult and the family. OCDSS obtained hospital records and reports from law enforcement and EMS. The school of the 5-year-old sibling was contacted and information was gathered from the pediatricians of the children. The record did not include any concerns for the safety of the children.

Multiple home visits were made to the caregiver's home, as well as the home of the family. Trauma-based services and burial assistance were offered to the family. At the time this report was written, the family had begun to utilize counseling services and accepted burial assistance. OCDSS completed required fatality reports and Safety Assessments timely and accurately, and the casework activity was commensurate with casework activity. The allegations remained undetermined and the investigation remained open at the time this report was written.

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

### Explain:

Casework activity was commensurate with case circumstances.

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

### Explain:

The investigation had not been determined at the time this report was written.

### 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: 04/05/2019

Time of Death: 02:55 AM

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

County where fatality incident occurred: Oneida

Was 911 or local emergency number called? Yes

Time of Call: 02:13 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Mother	No Role	Female	20 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other Adult - Caregiver	Alleged Perpetrator	Female	45 Year(s)
Other Household 2	Father	No Role	Male	21 Year(s)

**LDSS Response**

OCDSS initiated their investigation immediately upon receipt of the SCR report. Within the first 24 hours of the investigation, OCDSS completed a CPS history check, contacted the source of the report and coordinated investigative efforts with law enforcement. The District Attorney and medical examiner were made aware of the death.

On 4/5/19, OCDSS and law enforcement conducted a home visit to the home of the caretaker. She and the other adult who was present at the time of the fatal incident were interviewed. The caretaker said she regularly cares for the two younger children and that it was not uncommon for them to be at her home. The caretaker reported the children falling asleep around midnight, and she carried the infant into her bedroom and placed the infant on her queen-sized bed alongside her 3-year-old sibling. She reported drinking some beer throughout the night, but denied being intoxicated. She checked on the children every 30 minutes. At an unknown time, she went into the bedroom and saw the 3-year-old sibling on top of the infant. She told the sibling he was "sleeping like a maniac" and moved him off the infant. She picked up the infant, noticed she did not "feel right," was unresponsive and not breathing. She screamed, put the child on the floor and began mouth-to-mouth resuscitation.

The other adult recalled the night of the fatal incident identically to the caretaker. The other adult said she called 911 and cared for the 3-year-old sibling when EMS responded and transported the infant and the caretaker to the hospital.

On 4/5/19, the 5-year-old sibling was interviewed at her school. The sibling reported she was not with the infant on the night of her death, but was home with their mother. She said she heard her mother scream after finding out the infant was not breathing. The sibling said it was common for the caretaker to co-sleep with the infant on the bed, and the mother to co-sleep with the infant on a couch. There was a Pack 'N Play at the mother's home, but it was not often used.



On 5/3/19, OCDSS conducted a home visit to the mother’s home. The mother was unaware if the caregiver had safe sleep provisions for the infant, but assumed she did. It was unknown if the mother was aware of safe sleep recommendations. The mother and caretaker spoke around 10:05 PM on the night of the fatal incident and no concerns were noted. The mother learned of the death from law enforcement. She reported she and the 5-year-old sibling were enrolled in counseling.

The investigation revealed the father of the infant was deceased. The mother did not know who the father of the 5-year-old sibling was. On 4/16/19, a home visit was made to the father of the 3-year-old sibling’s home. He did not have concerns for the care or safety of the children.

OCDSS gathered additional information from first responders and hospital records. First responders reported a 911 call was made at 2:13 AM advising an infant was in cardiac arrest. Upon arrival to the home, the infant was pulseless and had bloody fluids coming from her mouth and nose. Hospital records noted the patient “died of suffocation (accidental).” Law enforcement planned no further action in regard to the death.

### 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

**Comments:** The death was referred to the CFRT during the course of the investigation.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
050962 - Deceased Child, Female, 3 Mons	050966 - Other Adult - Caregiver, Female, 45 Year(s)	Inadequate Food / Clothing / Shelter	Pending
050962 - Deceased Child, Female, 3 Mons	050966 - Other Adult - Caregiver, Female, 45 Year(s)	DOA / Fatality	Pending
050962 - Deceased Child, Female, 3 Mons	050966 - Other Adult - Caregiver, Female, 45 Year(s)	Inadequate Guardianship	Pending
050964 - Sibling, Male, 3 Year(s)	050966 - Other Adult - Caregiver, Female, 45 Year(s)	Inadequate Food / Clothing / Shelter	Pending
050964 - Sibling, Male, 3 Year(s)	050966 - Other Adult - Caregiver, Female, 45 Year(s)	Inadequate Guardianship	Pending

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

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

**Explain:**  
The family was offered trauma based services and burial assistance, which were accepted.

**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 safety factors were identified that would require children to be removed from the home.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>





<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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 5-year-old sibling was referred to bereavement counseling, which she was enrolled in at the time this report was written.

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

**Explain:**  
The mother was offered trauma-based services; however, the record reflected she was not attending appointments as scheduled. The family accepted burial assistance.

## 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? 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)
01/03/2019	Deceased Child, Female, 1 Days	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the mother gave birth to the subject child on 01/03/19. The mother's toxicology was positive for marijuana at the time of delivery. The child's toxicology results were pending.

**Report Determination:** Unfounded**Date of Determination:** 03/18/2019**Basis for Determination:**

OCDSS' investigation did not reveal credible evidence to substantiate the allegations against the mother and grandmother. Although the mother admitted to smoking marijuana during her pregnancy, the investigation did not reveal there was a negative impact on the child.

**OCFS Review Results:**

OCDSS contacted the source of the report, made appropriate collateral contacts and conducted a home visit. The interviews with the mother were thorough. Safe sleep information was reviewed with the mother. The Safety Assessments and Risk Assessment Profile were completed accurately.

**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)
10/31/2017	Sibling, Male, 1 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 4 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 5 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 7 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 9 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 11 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 16 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 5 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 7 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 9 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	



Other Child - Cousin, Male, 11 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Male, 16 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Female, 5 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 7 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Female, 9 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 11 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 16 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 1 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Female, 5 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 7 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Female, 9 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 11 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 16 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 16 Years	Aunt/Uncle, Female, 34 Years	Childs Drug / Alcohol Use	Unsubstantiated
Other Child - Cousin, Male, 16 Years	Aunt/Uncle, Female, 34 Years	Sexual Abuse	Unsubstantiated

**Report Summary:**

An SCR report alleged the aunt and mother abused drugs and alcohol to the point of impairment in the presence of their children. When impaired, the adults were violent and aggressive toward one another. The aunt abused drugs and alcohol with the 15-year-old cousin, and he would become aggressive. The aunt allowed the cousin to engage in sexual activity and sell marijuana. The aunt sold marijuana out of the home. The aunt had mental health disorders and made statements reflecting suicidal ideation in the presence of the children, and then struck them. As a result, a child sustained a bloody mouth.

**Report Determination:** Unfounded**Date of Determination:** 01/31/2018**Basis for Determination:**

The investigation was unfounded as credible evidence was not revealed. The family was interviewed and denied



allegations of any physical violence or drug use. The children were observed without any injuries. Collateral contacts did not have concerns about the aunt's mental health affecting parenting.

**OCFS Review Results:**

OCDSS documented thorough interviews with the family and collateral contacts that exceeded best casework practice. A CPS history check was documented, and home visits were made. The Safety Assessments were completed timely and accurately. The RAP was completed and reflected case circumstances. Written notice of the report was not provided timely to all adults and absent parents.

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

**Issue:**

Failure to provide notice of report

**Summary:**

Although written notice of the report was provided timely to the aunt and mother, letters to other adults, including absent parents, were provided more than two months after the due date.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

OCDSS will make diligent efforts to contact absent parents of children named in a report and to provide written notice within 7 days of receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/31/2017	Other Child - Cousin, Male, 15 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - Cousin, Male, 15 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Cousin, Male, 10 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 10 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Cousin, Female, 8 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Female, 8 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - Cousin, Male, 6 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Cousin, Male, 6 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 19 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 19 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Other Child - Cousin, Male, 6 Years	Aunt/Uncle, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin, Male, 15 Years	Aunt/Uncle, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin, Male, 10 Years	Aunt/Uncle, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin, Female, 8 Years	Aunt/Uncle, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Female, 4 Years	Aunt/Uncle, Female, 34 Years	Lacerations / Bruises / Welts	Unsubstantiated
Other Child - Cousin, Male, 15 Years	Aunt/Uncle, Female, 34 Years	Childs Drug / Alcohol Use	Unsubstantiated
Other Child - Cousin, Male, 15 Years	Aunt/Uncle, Female, 34 Years	Educational Neglect	Unsubstantiated
Other Child - Cousin, Male, 10 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 15 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Male, 15 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 10 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 8 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Female, 8 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Other Child - Cousin, Male, 6 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Cousin, Male, 6 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 4 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 1 Years	Aunt/Uncle, Female, 34 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 1 Years	Aunt/Uncle, Female, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

An SCR report was received on 3/31/17 alleged a 15yo cousin was a special education student with over 16 absences and 24 tardy days. The cousin regressed academically as a result. The aunt did not provide reasons for his absences. A subsequent report dated 4/11/17 was consolidated into the investigation. The report alleged the BM and an aunt used drugs in the presence of their children and the aunt became aggressive with the children, causing injuries.

**Report Determination:** Unfounded

**Date of Determination:** 07/28/2017

**Basis for Determination:**

OCDSS did not find credible evidence to support the allegations of IG or EdN regarding the 15yo cousin. During the



investigation, his attendance improved and he passed classes. Interviews with the family did not reveal the adults were abusing drugs, and the aunt had not injured the children. The children were adequately cared for.

**OCFS Review Results:**

The report was initiated timely and the source was contacted. Thorough interviews were conducted with the family and collateral contacts. Casework interviews and follow ups reflected best casework practice. A CPS history check was documented. The Safety Assessments and RAP were completed accurately. Although written notice of the report was provided, some letters were not provided timely, and were not provided for the subsequent report.

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

**Issue:**

Failure to provide notice of report

**Summary:**

Although written notice of the initial report was provided to the adults, some letters were provided more than three months after the due date. Furthermore, the record did not reflect written notice was provided regarding the subsequent report that was consolidated.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(f)

**Action:**

OCDESS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of SCR reports.

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

8/27/13- 11/27/13- IG and LS UnSub regarding SS against BM; PD/AM Sub against BM regarding SS.

8/31/13- 10/25/13 IF/C/S IG, PD/AM, XCP Sub against BF of SS and 11 OC regarding SS and 10 OC.

10/17/13- 11/21/13- IG and CD/A UnSub against two OAs regarding SS and 4 OC.

2/5/15- 5/29/15 IG and LS UnSub against an OA regarding SS and 4 OC.

**Known CPS History Outside of NYS**

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

**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