



Report Identification Number: SY-20-006

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

Issue Date: Jul 13, 2020

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	ASTO-Allowing Sex Abuse to Occur	



Case Information

Report Type: Child Deceased
Age: 1 month(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 02/09/2020
Initial Date OCFS Notified: 02/09/2020

Presenting Information

An SCR report alleged that on the morning of 2/9/20, the 1-month-old female subject child was found by her mother and father in her pack and play on her stomach, unresponsive and not breathing. The child was fed by her father at approximately 6:00AM and then put back to sleep for a couple of hours. When the parents found the child, they began CPR and called 911. The child was pronounced deceased at her home at 8:32AM. There were no visible injuries to the deceased child and there were no concerns about the condition of the child's body or the child's surroundings. The pack and play the deceased child had been sleeping in was not believed to have anything in it. The parent's had no explanation for the child's death. The deceased child was otherwise healthy. Therefore, the child's death was considered suspicious.

Executive Summary

This fatality report concerns the death of the 1-month-old female subject child that occurred on 2/9/20. A report was made to the SCR on the same date concerning the child's death, with allegations of Inadequate Guardianship and DOA/Fatality against the mother and father of the child. There were two surviving siblings, a 1-year-old and 9-year-old, who were assessed to be safe in the care of their parents.

Oneida County Department of Social Services (OCDSS) coordinated investigative efforts with law enforcement, the Child Advocacy Center and the District Attorney's Office. At the time this report was written, law enforcement did not find any criminality related to the death of the subject child. An autopsy was performed and the official cause of death was unexplained sudden death of an infant and the manner of death was undetermined.

The mother and father were jointly interviewed and reported that on 2/9/20, at approximately 6:00AM, the father fed the subject child a bottle and then put her to sleep in a portable crib, on her side, with the bottle propped in the child's mouth. The family was sleeping in the living room because there was a shooting at the home the week prior and the parents felt safer with everyone in the same room. A couple of hours later, the parents found the subject child face down, blue and unresponsive in the portable crib. The father called 911 and resuscitation efforts were made until EMS arrived. The child was pronounced deceased at 8:32AM and taken out of the home by the medical examiner.

OCDSS assessed the home for safety and there were concerns enumerated related to a shooting that occurred at the home a week prior to the fatality. Due to the fatality and concerns related to the criminal activity at the home, the father of the 9-year-old sibling petitioned for custody of his child and it was granted. As a result of the father's petition, a court ordered investigation was ordered and consolidated with the fatality SCR report. Visitation with the mother and 9-year-old was permitted, but was not allowed to occur at the case address per instruction of the Judge. OCDSS found the 9-year-old to be safe in the care of her father.

The parents and 1-year-old sibling moved into the grandmother's apartment until the family could obtain safe housing. The father of the 1-year-old was interviewed and reported no concerns for the care of his child with the mother. The father of the subject child had two other children who resided with their mother, and OCDSS determined they were safe in her care. It was further determined that these children did not have visitation with their father.

Bereavement services and financial assistance were offered to the family and mental health services were offered for the



9-year-old sibling. The sibling was enrolled in services during the investigation. The investigation had not yet been determined at the time this report was completed.

PIP Requirement

For issues identified in historical cases, OCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS 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?** Unable to Determine
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** Unable to Determine

Explain:

Casework activities were commensurate with best casework practice guidance from the CPS manual.

Was the decision to close the case appropriate? Unknown

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 Safety and Risk Assessments were completed accurately. Numerous contacts were made with the family and collaterals. The family was offered appropriate services and the 9-year-old sibling was enrolled in mental health counseling during the investigation.

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: 02/09/2020

Time of Death: 08:32 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:

08:24 AM

Did EMS respond to the scene?

Yes

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

No

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? 2 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	Female	1 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Other Adult - Father of 1yo sibling	No Role	Male	24 Year(s)
Other Household 2	Other Adult - Father of 9yo sibling	Alleged Perpetrator	Male	30 Year(s)

LDSS Response



Upon receipt of the SCR report on 2/9/20, OCDSS initiated their investigation and coordinated efforts with law enforcement, notified the District Attorney's Office, conducted a CPS history check and spoke to the source. The safety of the 1yo and 9yo siblings was assessed and it was determined they were safe in the care of their parents.

OCDSS spoke to the first responders related to the fatality. LE provided information that the SF had fed the SC around 5:45AM and then put the child to sleep on her side in a portable crib. The portable crib was observed to be bowed in the middle, causing it to be elevated. At the time this report was written, LE had not found any criminality related to the death of the subject child. LE had been to the home a week prior to the fatality due to a shooting at the residence where multiple shots were fired from the street into the family home. EMS were called to the residence as a result of the shooting, as it caused dry wall to fall, which landed on the SC.

The SM and SF were interviewed together and reported that on 2/9/20, around 2:00AM, the SM bottle fed the SC and put her to sleep. The SF fed the SC around 5:45AM and put her to sleep on her side in a portable crib. A couple of hours later the parents found the SC face down in the portable crib and unresponsive. The SM called 911 at 8:24AM and the parents alternated providing CPR to the child. EMS and the FD responded. The SC was pronounced deceased at the home at 8:32AM and taken out of the home by the ME. The family had slept in the living room due to the shooting that occurred at the home the week prior. The 1yo sibling was home when the fatality occurred and the 9yo sibling was at a friend's home.

The parents reported the SC had been born one month premature with a positive toxicology for marijuana. The SC was growing steadily and did not have any medical concerns or illnesses. The parents were aware of safe sleep practices, and had been provided information on safe sleep guidelines by OCDSS when the SC was born. OCDSS questioned the parent's about drug or alcohol use which they denied. The parents did not appear to be under the influence of drugs or alcohol during casework contacts.

The 9yo sibling was interviewed at her father's home. The sibling was not present when the death of the SC occurred and was not able to provide any information related to the fatality. The sibling reported the SC slept in a bassinet but then switched to a portable crib and would sleep on her stomach. The sibling expressed fear of returning to the home due to the shooting that occurred.

The father of the 9yo petitioned for custody of his child as a result of his concerns for her safety in the care of the mother. The father was granted temporary residential custody and the mother was provided visitation. Per instruction of the Judge, visitation was not allowed to occur at the mother's home due to concerns of criminal activity. As a result of the father's petition, a COI was ordered and consolidated with the fatality SCR report. The 9yo was assessed to be safe in her father's care. The 1yo sibling stayed with his father following the fatality. The father of the 1yo was interviewed and reported no concerns for his child in the care of the mother. At the time this report was written, the 9yo remained with her father and the 1yo had returned to the care of the SM at the maternal grandmother's residence. The SF had two other children who resided with their mother and were assessed to be safe in her care. It was determined that there was no contact between the SF and his two other children.

OCDSS offered the family bereavement services and financial assistance; however, the family declined. The 9yo sibling was offered mental health services, which her father enrolled her in during the investigation. The CPS investigation remained open at the time this report was written.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner



Multidisciplinary Investigation/Review

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

Comments: The Child Advocacy Center investigator and District Attorney's Office were notified of the death and OCDSS collaborated with their local law enforcement agency regarding the investigation.

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

Comments: OCDSS indicated in their 24 Hour and 30 Day Fatality Summary Reports that a referral would be made to their Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
053522 - Sibling, Female, 9 Year(s)	053523 - Mother, Female, 26 Year(s)	Other	Pending
053522 - Sibling, Female, 9 Year(s)	053533 - Other Adult - Father of 9yo sibling , Male, 30 Year(s)	Other	Pending
053526 - Deceased Child, Female, 1 Month(s)	053523 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending
053526 - Deceased Child, Female, 1 Month(s)	053523 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
053526 - Deceased Child, Female, 1 Month(s)	053524 - Father, Male, 30 Year(s)	DOA / Fatality	Pending
053526 - Deceased Child, Female, 1 Month(s)	053524 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>	<input checked="" 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"/>



Child Fatality Report

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 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"/>

Explain:
The family was offered appropriate services throughout the investigation. The surviving sibling was enrolled in mental health services during the investigation.

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?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
02/13/2020	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	The father of the 9-year-old sibling filed for custody as a result of concerns enumerated in the CPS investigation. A court ordered investigation and a subsequent SCR report with the allegations of "Other" was made. The father was granted temporary custody and the mother was given visitation. Per instruction by the Judge, visitation was not allowed to occur at the mother's home due to the shooting that occurred there.	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 OCDSS offered the family bereavement services, financial assistance, resources in locating an apartment, a drug and alcohol assessment and mental health services for the 9yo sibling.

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:
 Mental health services were offered for the 9-year-old surviving sibling and she was enrolled in mental health services during the investigation.

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

Explain:
 Bereavement services and financial assistance were offered to the family, which they declined.

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

Infant was born:

- Drug exposed With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record



CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/25/2019	Deceased Child, Female, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Days	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged that the mother gave birth to the subject child on 12/24/19. The mother tested positive for cannabis at the time of delivery. It was unknown if the child tested positive at that time. The role of the other family members were unknown.

Report Determination: Unfounded

Date of Determination: 01/24/2020

Basis for Determination:

The mother was interviewed and admitted to the use of marijuana while pregnant with the subject child. The mother reported she used marijuana in lieu of her prescription pain medication for nausea and pain associated with pregnancy. The mother denied her use was in the presence of the surviving siblings. There were no drugs or drug paraphernalia observed during home visits. Medical records were reviewed and demonstrated that the subject child was a healthy newborn. The subject child did test positive for marijuana and did not experience any withdrawal symptoms. OCDSS determined there was no impact of the mother's marijuana use on the children.

OCFS Review Results:

OCDSS completed a history check, sent notifications and called the source. They completed thorough interviews with all the adults and children and spoke to collateral contacts to gather pertinent information. They provided safe sleep guidance, completed a plan of safe care with the family, made contact with a mental health agency regarding the plan and made the mother aware of who would be following up with her regarding the plan. OCDSS conducted a complete and thorough investigation, provided notifications on time and made an appropriate determination.

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)
07/17/2019	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged that on at least one occasion, the mother had smoked marijuana until the point of impairment in the presence of the then 1-year-old sibling. The mother left drug paraphernalia and actual marijuana easily accessible and within reach of the sibling. The mother may have been selling cocaine from her home. The role of the father was unknown.

Report Determination: Unfounded

Date of Determination: 08/28/2019

Basis for Determination:

The mother was interviewed and denied the allegations. In addition, the mother appeared sober and coherent during casework contacts and there were no drugs or paraphernalia visible in the home. The 9-year-old sibling was interviewed and made no disclosures regarding the allegations or any other forms of maltreatment/abuse. An interview occurred with a collateral contact who denied any concern the mother abused drugs.

OCFS Review Results:

OCDSS documented a history check, spoke to the source and sent notification letters timely. OCDSS attempted a home visit to the mother's residence on 7/17/19 to no avail. Another home visit was not made until 7/19/19. There were



opportunities to assess for immediate safety with a neighbor, the source and a paternal grandmother which were not utilized. There was not sufficient information gathered to assess the safety of the maltreated child within 24 hours.

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

Issue:

Timely/Adequate 24 Hour Assessment

Summary:

OCDSS attempted a visit to the mother's home on 7/17/19 without success. Another home visit was not made until 7/19/19. There were opportunities to assess for immediate safety concerns with a neighbor, a PGM and the source, which were not utilized. There was not sufficient information gathered to assess the safety of the maltreated child within 24 hours.

Legal Reference:

SSL 424(6);18 NYCRR 432.2(b)(3)(i)

Action:

OCDSS will adequately assess safety of children respective to case circumstances within 24 hours of each SCR report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/24/2018	Sibling, Female, 7 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 7 Years	Mother, Female, 25 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 7 Years	Mother, Female, 25 Years	Other	Unsubstantiated	
	Sibling, Female, 7 Years	Other - Father to sibling , Male, 28 Years	Other	Unsubstantiated	

Report Summary:

An SCR report alleged that on 5/22/18, the mother got angry and hit the then 7-year-old sibling multiple times in the legs. The sibling sustained dot sized black and blue marks on her left leg, along with a larger black and blue bruise on her right leg. That was the first time the mother caused injury to the child. The role of the father was unknown.

Report Determination: Unfounded

Date of Determination: 05/23/2019

Basis for Determination:

OCDSS found that there was some credible evidence related to the allegations but there was not a preponderance of evidence after an administrative review.

OCFS Review Results:

OCDSS completed a history check, called the source, completed thorough interviews with all the adults and children and spoke to numerous collateral contacts to gather pertinent information. OCDSS conducted a complete and thorough investigation and provided notifications on time. OCDSS found there was some credible evidence related to the allegations; however, there was no discussion documented with the family regarding the determination and referrals for services. In an administrative review, the indicated determination was overturned.

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

Issue:

Failure to offer services

Summary:

OCDSS determined that there were safety concerns with the then 7yo sibling being in the care of her mother and there were controlling interventions in place to mitigate those concerns. The child expressed fear of going home and a



collateral contact reported concerns for the child. There were service needs identified for the child and OCDSS did not offer services.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

Based on the investigation and evaluation conducted, OCDSS will offer to the family such services for its acceptance or refusal as appear appropriate for a child, family, or both.

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

From 2009-2013, the father had indicated allegations of Inadequate Guardianship and Lack of Supervision and unfounded allegations of Educational Neglect, Inadequate Guardianship and Lack of Supervision. Cases were regarding surviving siblings who reside outside of the home and unrelated children.

From 2012-2016, the mother had unfounded allegations of Inadequate Guardianship, Parent Drug/Alcohol Misuse and Lack of Supervision. Cases were regarding the 9yo sibling and an unrelated child.

During the year of 2016, the father of the 9yo sibling had unfounded allegations of Lacerations, Bruises and Welts and Inadequate Guardianship. Cases were regarding the 9yo sibling and unrelated children.

Known CPS History Outside of NYS

There was 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