



Report Identification Number: AL-20-003

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

Issue Date: May 06, 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: 2 month(s)

Jurisdiction: Delaware
Gender: Male

Date of Death: 02/04/2020
Initial Date OCFS Notified: 02/05/2020

Presenting Information

On 2/4/20, Delaware County Department of Social Services (DCDSS) learned of the death of the 2-month-old male subject child. There was an open CPS investigation at the time of his death. On 2/5/20, DCDSS notified the Albany Regional Office via the 7065 Agency Reporting Form.

Executive Summary

This fatality report concerns the death of a 2-month-old male child that occurred on 2/4/20. The child was listed on an open CPS case at the time of his death. The investigation began on 1/29/20, after an SCR report was received with concerns that the mother and father were using drugs while caring for the children, and the paternal grandmother was aware and failed to protect the children. There were two surviving siblings, ages 1 and 3 years old who were assessed to be safe in the care of their parents.

An autopsy was completed and the preliminary results stated the cause of death was complications of Kleefstra Syndrome. The autopsy noted the child had significant medical conditions prior to his death, including a pre-existing heart condition and a respiratory infection.

Medical records related to the surviving siblings and the subject child were obtained. There were no concerns related to the care of any of the children. The subject child was diagnosed with Kleefstra Syndrome prior to his death and had a surgical repair of his heart on 1/15/20. The mother brought the subject child to the doctor a week prior to the fatality and he was treated for a stomach virus, cough and runny nose.

Upon learning of the death of the subject child, Delaware County Department of Social Services contacted law enforcement. Law enforcement did not think the death of the child was suspicious or the result of any criminality.

On 2/4/20, Delaware County Department of Social Services conducted a home visit and interviewed the parents together regarding the events leading up to the death of the child. The parents stated on the morning of the fatal incident, the father had left for work and the mother noticed the child was unresponsive, notified the paternal grandmother and called 911. Emergency Medical Services responded and transported the child to the hospital where he was pronounced deceased. The 1-year-old and 3-year-old surviving siblings were assessed to be safe in the care of their parents.

At the time of the fatality, the family had open services with probation, addiction counseling services, public health and a maternal health nurse. The children were all regularly receiving medical care. The mother was receiving medication management for a mental health diagnosis. Both the mother and father were engaged in a suboxone treatment program. Delaware County Department of Social Services made contact with all providers, all of whom had no concerns with the family. The mother was described as very attentive to the needs of the children. Due to the parent's significant substance abuse history, Delaware County Department of Social Services reached out to the parent's addiction services counselors to connect the family to services to prevent any possible relapse.

Delaware County Department of Social Services made diligent efforts to obtain the 911 call, records from first responders, and hospital records. At the time of case closure, law enforcement records were not yet available. Hospital records and Emergency Medical Services records were obtained and noted no concerns for the care of the child.



An abundance of services were offered throughout the investigation, including bereavement, grief counseling and burial expense assistance; however, the family declined them all. Delaware County Department of Social Services appropriately unfounded the allegations against the mother, father and paternal grandmother and closed the case.

PIP Requirement

Delaware County Department of Social Services will submit a PIP to the Albany Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the DCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, DCDSS 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:**
 - **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:

Although this was not a SCR reported fatality, DCDSS conducted a thorough and timely investigation. Safety and risk were accurately assessed. Contact was made with multiple service providers and multiple home visits were made. Appropriate services were offered throughout the case. An appropriate determination was made and the case was closed on time.

- Was the decision to close the case appropriate?** Yes
- Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes
- Was there sufficient documentation of supervisory consultation?** Yes, the case record has detail of the consultation.

Explain:

DCDSS adequately assessed for the safety and risk of the surviving siblings. The family was offered appropriate services. Contact was made with community services providers working with the family to coordinate services and support for the family after the CPS case was closed.

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: 02/04/2020

Time of Death: 08:24 AM

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

Unknown

County where fatality incident occurred:

Delaware

Was 911 or local emergency number called?

Yes

Time of Call:

07:40 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? 3 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	No Role	Male	2 Month(s)
Deceased Child's Household	Father	No Role	Male	28 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	50 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	53 Year(s)
Deceased Child's Household	Mother	No Role	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)

LDSS Response

Delaware County Department of Social Services had an open CPS investigation with the family at the time of the child fatality. The CPS case was opened on 1/29/20, after they received a SCR report with allegations of Inadequate Guardianship and Parent Drug Alcohol Misuse against the mother and the father and allegations of Inadequate



Guardianship against the paternal grandmother related to the subject child and the siblings.

Delaware County Department of Social Services became aware of the fatality on 2/4/20 and notified OCFS on 2/5/20. A home visit was conducted and the mother and father were interviewed together. The mother reported that she got up around 12:00AM to feed the subject child, burped him and then put him back down to sleep on his back. The mother then woke again around 3:00AM, fed the subject child until 4:00AM, and put him back to sleep on his back in his bassinet. The father confirmed these feeding times and reported he left for work between 4:00-4:30AM and kissed the subject child goodbye. At that time, the subject child was breathing. The paternal grandfather reported hearing the subject child fuss at the time the father said goodbye. At about 7:30AM, the 1-year-old sibling was fussing and it woke the mother. The mother went to check on the subject child and said he did not look right. He was lying face up swaddled in his bassinet. The mother ran her fingers under the subject child's chin and he didn't move, one of his eyes was a little open and he was not breathing. The mother ran the subject child upstairs to the paternal grandmother. The paternal grandmother, who was CPR certified, began CPR on the subject child while the mother called 911. The paternal grandmother continued CPR until paramedics arrived. The mother contacted the father to come home. The 3-year-old sibling was in the other room when this occurred. The subject child was transported via ambulance to the Emergency Room, where he was pronounced dead at 8:24AM.

The mother reported that she fed the subject child 4oz every 4 hours and it took him about 30 minutes to eat. The subject child slept in a bassinet and was swaddled in his bassinet the morning of the fatality. The bassinet was at a slight angle due to a recent surgery that made the subject child unable to be flat. The mother reported the child's cardiologist recommended this. The mother and father reported they were aware of and practiced safe sleep guidelines.

At the time of the fatality, the family had open services with addiction counseling services, probation, public health and a maternal health nurse. The parent's signed consents for communication with these providers. These providers were all contacted and reported no concerns for the family. The father had completed addiction counseling services recently, and Delaware County Department of Social Services reached out to the provider to coordinate supportive services for the father in dealing with the loss of his child. The parent's did not appear under the influence of drugs or alcohol during casework contacts. The surviving siblings were assessed to be safe in the care of their parents.

Delaware County Department of Social Services offered appropriate services throughout the case, including bereavement services, grief counseling and assistance with funeral expenses; however, the family declined all services. The CPS investigation was unfounded and closed on 3/12/20.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Coroner

Multidisciplinary Investigation/Review

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

Comments: Delaware County does not have an OCFS approved CFRT.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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 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"/>



Child Fatality Report

Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: There was no removal of any of the other children, as they were not found to be in immediate or impending danger of serious harm.				

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
DCDSS coordinated with services providers so the family had sufficient support in dealing with the loss of their child.
DCDSS offered an abundance of services as a result of the 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? Yes

Explain:
The family was offered grief counseling, support with burial expenses and bereavement services. The family was offered appropriate services; however, declined.

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

Explain:
The family was offered grief counseling, support with burial expenses and bereavement services. The family was offered appropriate services; however, 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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/29/2020	Deceased Child, Male, 2 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 2 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Grandparent, Female, 50 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 2 Months	Father, Male, 28 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 2 Months	Mother, Female, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged that mother and father were both abusing heroin. The mother and father were unable to provide adequate care for their 2-month-old infant while they were under the influence of heroin. The baby only weighed 4 pounds when he was born. The mother didn't know how to handle the child adequately. The mother bounced the child forcefully to the point where she could have injured the child. The paternal grandmother was aware that the parents abused heroin and left the infant alone in the parents care.

Report Determination: Unfounded**Date of Determination:** 03/12/2020**Basis for Determination:**

DCDSS unfounded the allegations of Inadequate Guardianship and Parent Drug Alcohol Misuse against the mother and father and Inadequate Guardianship against the paternal grandmother. The parents submitted to drug screens during the investigation and there were no concerns. The parents were successfully engaged in addiction services counseling. There were no concerns of substance abuse noted during home visits.

OCFS Review Results:

DCDSS conducted a thorough and timely investigation. Although the parents and grandmother were provided with written notice of the SCR report, the record did not reflect the grandfather was notified in writing.

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

Issue:

Failure to provide notice of report

Summary:

Although the parents and grandmother were provided with written notice of the SCR report timely, the record did not reflect the grandfather was notified in writing.

Legal Reference:

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

Action:

Delaware County will mail or deliver notification letters to subjects, parents and other adults named in the report within the first seven days following the receipt of the report.

PIP Requirement:

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



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/07/2018	Sibling, Male, 2 Months	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 2 Months	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Months	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Months	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 29 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Male, 51 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Months	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Months	Grandparent, Female, 49 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Months	Grandparent, Male, 51 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Months	Grandparent, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 49 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 49 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged that on at least one occasion approximately a month ago, the mother and father used an unknown illicit substance to the point of impairment while acting as the caregivers of the 1-year-old and the 6-month-old surviving siblings. The roles of the grandparents were unknown. On 8/30/18, a subsequent report from the SCR alleged that the paternal grandfather sold drugs from the home and abused an opioid while caring for the children. The grandmother and parents were aware of the grandfather's action and failed to intervene. An Additional Information report was received on 9/4/18.

Report Determination: Unfounded**Date of Determination:** 10/19/2018**Basis for Determination:**

The investigation revealed the father did overdose; however, there was no evidence to support the children were



negatively impacted. Furthermore, although the other adults tested positive for substances, they were not observed to be impaired while caring for the children.

OCFS Review Results:

DCDSS spoke to the source, documented a history search and sent timely notification letters. The safety assessments were completed timely; however they were inaccurate. Collateral contacts were made; however, DCDSS did not document addressing concerns the collateral contacts had. There was not enough information gathered throughout the investigation to determine the allegations of Inadequate Guardianship and Parent Drug Alcohol Misuse against the mother.

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

A service provider reported that the mother was using 2-3 bags of heroin daily. There was a voicemail left for the mother inquiring about the information; however, there was no further discussion or follow up regarding this concern. The mother's drug test returned positive for cocaine and fentanyl. The mother admitted to use and there was no inquiry as to impact on the children.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

In addition to conditions enumerated in a report, CPS is required to determine any other condition that may constitute abuse or maltreatment. DCDSS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.

PIP Requirement:

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

Issue:

Adequacy of Documentation of Safety Assessments

Summary:

Despite the safety assessments being completed timely, the safety plan made was not accurately reflected in the safety assessments. There is documentation in the notes that a safety plan was implemented by DCDSS and discussed with the family; however, the safety assessments documented no safety plan was in place.

Legal Reference:

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

Action:

The results of each safety assessment must be accurately documented in the case record to reflect case circumstances regarding safety.

PIP Requirement:

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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01/11/2018	Sibling, Female, 1 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 48 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 28 Years	Internal Injuries	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 26 Years	Internal Injuries	Unsubstantiated	
	Sibling, Female, 1 Years	Grandparent, Female, 48 Years	Internal Injuries	Unsubstantiated	

Report Summary:

An SCR report alleged that the mother, father, paternal grandfather and paternal grandmother failed to provide adequate supervision for the surviving sibling. On 1/6/18, the surviving sibling sustained a dislocation of her elbow. The adults had no explanation for the injury.

Report Determination: Unfounded

Date of Determination: 01/31/2020

Basis for Determination:

The paternal grandmother stated that the surviving sibling tried to jump off the couch, and the paternal grandmother grabbed the child's arm to prevent the fall. The family brought the child to the Emergency Room after the paternal grandmother reported hearing a strange noise from the child's arm when the incident occurred. The child sustained a ligament slip, which was reported to be common in young children. The pediatrician said the explanation for the injury given by the family was plausible. The child was not interviewed due to her age.

OCFS Review Results:

DCDSS completed thorough and timely notes and assessments. Notification letters were sent to the mother, father and paternal grandmother.

DCDSS did not add the paternal grandfather to the investigation or send him the appropriate notifications, despite him residing in the home. The mother reported she was 6 months pregnant and there was no information provided regarding safe sleep recommendations.

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

Issue:

Failure to provide safe sleep education/information

Summary:

DCDSS was aware the mother was pregnant; however, the record does not reflect DCDSS provided safe sleep information to the family.

Legal Reference:

13-OCFS-ADM-02

Action:

DCDSS will provide information on safe sleep guidelines to the parents and caretakers of infants and expecting parents whom they encounter to ensure that parents, caretakers and expecting parents take the steps necessary to provide safe sleeping conditions for children in their care.

PIP Requirement:

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

**Issue:**

Case record contains information that relevant, useful, factual and objective

Summary:

The paternal grandfather was listed on the SCR report as an alleged subject with allegations against him. The grandfather and father were merged due to having the same name. As a result of an improper merge, the allegations were not recorded against him in connections.

Legal Reference:

18 NYCRR 428.1(a) and 18 NYCRR 428.1(b)(1)

Action:

DCDSS will add all home members to the person list and maintain the appropriate allegations. Such information is pertinent to investigations and the review of service needs.

PIP Requirement:

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

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

From 2011-2016, the mother had 2 unfounded cases with allegations of Lack of Medical Care and Inadequate Guardianship, and one indicated case with allegations of Inadequate Guardianship and Parent Drug Alcohol Misuse. These cases were in relation to a surviving sibling.

In 2011, the father had 1 indicated case with the allegations of Inadequate Guardianship and Parent Drug Alcohol Misuse. This case was in relation to a surviving sibling.

From 1996-2003, the paternal grandfather had 2 unfounded cases with the allegations of Lack of Medical Care, Inadequate Guardianship, Lack of Supervision and Parent Drug Alcohol Misuse and 1 indicated case with the allegation of Other. These cases were in relation to the father, paternal aunt and paternal uncle.

From 1996-2003, the paternal grandmother had 1 unfounded case with allegations of Inadequate Guardianship, Lack of Supervision and Parent Drug Alcohol Misuse and 3 indicated cases with allegations of Other, Lack of Medical and Inadequate Guardianship. These cases were related to the father, paternal uncle and paternal aunt.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

11/3/16-1/23/17 The family had an open Prevention case including the mother, father and surviving sibling. CPS made the referral. The case opened due to concerns of substance abuse by the mother and father. The paternal grandmother and paternal grandfather were awarded custody of the surviving sibling, with supervised visits occurring with the parents. The parents were referred to addiction counseling services and were enrolled at case closure.

10/18/18-5/13/19 The family had an open prevention case including the mother, father, paternal grandfather, paternal



grandmother and surviving siblings. The case opened due to the father overdosing and the mother relapsing after a period of sobriety. Both parents had a history of substance abuse. The paternal grandparents were supervising contact with the surviving siblings until the parents re-engaged in addiction counseling services. Both parents were successfully enrolled when they requested their case be closed.

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