



Report Identification Number: SY-15-043

Prepared by: Syracuse Regional Office

Issue Date: 6/15/2016

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
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
CPR-Cardio-pulmonary Resuscitation		
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-Others	
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		

Case Information



Report Type: Child Deceased
Age: 26 day(s)

Jurisdiction: Jefferson
Gender: Male

Date of Death: 12/23/2015
Initial Date OCFS Notified: 12/23/2015

Presenting Information

On 12/23/15 the SCR registered a subsequent report alleging the SC had been brought to the hospital on 12/23/15 in full cardiac arrest. The mother had contacted 911 while the SF gave the SC CPR. The SC had blood smeared on his face and the SF also had blood on him. Upon arrival at the home, EMS suctioned “a lot” of blood out of the SC’s airway. EMS transported the SC to the hospital where he was pronounced dead. The SC was allegedly an otherwise healthy infant and had been co-sleeping with the SM and SF. The four siblings, ages 5, 4, 2 and 1, were also named in the report with an unknown role.

Executive Summary

The report involved the death of a 26 day-old infant. On 12/23/15, the SC was brought to the hospital via EMS where he was pronounced dead at 8:52 A.M. The SC was found unresponsive by the SM in the parent’s queen sized bed where he had been put to sleep at approximately 2 A.M. in the supine position without any blankets. The SC was positioned between the SM and SF when he was found unresponsive. A report was registered with the SCR on 12/23/15 with allegations of IG and DOA/Fatality against the SM and SF regarding the SC. The household consisted of the SC, SM, SF, and three siblings’ ages 5, 4, 2, and 1. The Final Autopsy Report listed the Cause of Death as “Suffocation due to overlay due to co-sleeping” and the Manner of Death an “Accident”.

LDSS obtained pertinent information that included the final autopsy report, toxicology reports, hospital records, and LE records. LDSS also made numerous pertinent collateral contacts and conducted adequate safety and risk assessments for the surviving siblings. On 4/21/16 LDSS completed their investigation and unsubstantiated the allegations of IG and DOA/Fatality against the SM and SF and referred the family to community based services. LE also conducted an investigation into the death of the SC and, at the time of the closure of the SCR report, had not filed criminal charges.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.



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- Was the determination made by the district to unfound or indicate appropriate? No

Explain:

LDSS conducted appropriate safety and risk assessments throughout the life of the case.

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:

N/A

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	OCFS assessment of the case circumstances has determined that the allegations should have been substantiated and the report indicated. Along with the aggravating circumstances of the sleep environment that included the SC sleeping between two adults, one of which was of large stature, as well as the autopsy report of causation of suffocation due to overlay due to co-sleeping, the family had also been provided safe sleep information in the past and had access to a safe sleep environment for the SC.
Legal Reference:	18 NYCRR 432.2(b)(3)(iii)(c)
Action:	LDSS will create and implement a plan that will address the need for appropriate application of statute when determining a sleep related death. LDSS may refer to 13-OCFS-LCM-01 for guidance.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/23/2015

Time of Death: 08:52 AM

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

County where fatality incident occurred: JEFFERSON

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to 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:



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- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

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

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	26 Day(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	4 Year(s)

LDSS Response

Upon receipt of the SCR report, LDSS immediately conducted a safety assessment of the surviving siblings and found them safe in the care of the SM and SF. The LDSS investigation revealed that on 12/23/15 at approximately 2:00 A.M., the SM fed the SC and then placed him supine next to her on a queen sized bed, and then fell asleep. The SC was wearing a sleeper and was not covered with blankets. At approximately 2:22 A.M. the SF went to sleep in the same bed with the SC lying between him and the SM. At approximately 8:18 A.M. the 4 year-old sibling woke up the SM who immediately found the SC unresponsive in the supine position, with blood around his eye. The SM woke up the SF and told the SF he had rolled over on the SC then called 911 while the SF gave the SC CPR. The SM and SF thought the SF had accidentally "elbowed" the SC during the night, causing the SC to bleed. LDSS learned that the SC had blood around his mouth and that the SF had blood on the back of his t-shirt. On 12/23/15, LDSS confirmed with LE that the SC's injuries were the result of accidental overlay. A preliminary autopsy, and subsequently the final autopsy report, confirmed the SC died as a result of suffocation due to accidental overlay due to co-sleeping. Also in the bedroom during the evening and morning was the SC's 1 year-old sibling who slept in a crib in the bedroom. Although the SC had a bassinet in the parents' bedroom, the SC frequently slept in the bed with the SM and SF.

LDSS learned that the SF had been prescribed an apnea machine to use while sleeping but he did not use it on the evening of the incident. The SF suffered no negative consequences as a result of not using the machine, and subsequently gave the machine back to the doctor. LDSS also learned that the SF had been prescribed medication since approximately 1998 for a



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medical condition, and had taken two pills at 8 A.M. and two pills at approximately 4 P.M. The SF also drank two beers at approximately 4 P.M. but reported he was not intoxicated or drowsy from the alcohol and prescription drugs. The SF reported his weight as approximately 300 pounds and stated that due to his weight the beer did not cause him any negative effects, and neither had his prescribed medication due to his tolerance for the medication. The SF had also last smoked marijuana on 12/20/15. The SM admitted she took one of the SF’s prescribed medication on 12/22/15 for an injury, and also smoked marijuana at approximately 11:00 A.M. on that day. The SM and SF took a urine screen on 12/23/15 which both tested positive for drugs, however there was no indicator that either parent was impaired leading up to and/or at the time of the SC's death.

LDSS conducted a home visit; interviewed the siblings who were able to be interviewed; interviewed the SM and SF; and made appropriate and timely collateral contacts that included LE, the ME’s office; relatives; the siblings’ pediatrician; and the siblings’ school. LDSS also provided a drug and alcohol evaluation for the SM and SF which determined both had “drug use” but not “drug abuse”. LDSS also attempted to contact the SF’s physician to get a medical opinion on the potential effects of the drugs and alcohol the SF used on 12/22/15 however; the attempts were unsuccessful. LDSS also referred the family to grief counseling and provided two Pack N Plays to the family for the two youngest siblings. A safety plan had been put in place at the onset of the investigation for the siblings to stay with the MA until further information could be gathered to adequately assess their safety. Although the safety plan was implemented for the evening of 12/23/15, LDSS determined the safety plan was not necessary as they subsequently gathered sufficient information that the SC’s death was accidental from co-sleeping.

LDSS unsubstantiated the allegations and unfounded the report, however OCFS assessment of the case circumstances has determined that the allegations should have been substantiated.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external 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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
028229 - Deceased Child, Male, 26 Days	028230 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
028229 - Deceased Child, Male, 26 Days	028230 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
028229 - Deceased Child, Male, 26 Days	028231 - Father, Male, 48 Year(s)	DOA / Fatality	Unsubstantiated



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Days			
028229 - Deceased Child, Male, 26 Days	028231 - Father, Male, 48 Year(s)	Inadequate Guardianship	Unsubstantiated

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



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

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality



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

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:

LDSS provided two Pack N Plays to the family for the two youngest siblings as the initial safety plan at the onset of the investigation was for the siblings to stay with the MA until further information could be gathered to adequately assess their safety. LDSS also referred the two oldest siblings to grief counseling.

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

Explain:

LDSS offered grief counseling services to the SM and SF and, upon request, LDSS also connected the SM and SF to a specified counselor of their choice to receive this service. LDSS also referred and ensured the SM and SF received a substance abuse evaluation.

History Prior to the Fatality



Child Information

Did the child have a history of alleged child abuse/maltreatment? No
Was there an open CPS case with this child at the time of death? No
Was the child ever placed outside of the home prior to the death? No
Were there any siblings ever placed outside of the home prior to this child's death? Yes
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)	Status/Outcome	Compliance Issue(s)
06/26/2015	9263 - Sibling, Male, 5 Years	9262 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded	Yes
	9271 - Sibling, Male, 2 Years	9262 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded	
	9272 - Sibling, Male, 9 Months	9262 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded	
	9263 - Sibling, Male, 5 Years	9261 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	9271 - Sibling, Male, 2 Years	9261 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded	
	9263 - Sibling, Male, 5 Years	9261 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	9264 - Sibling, Female, 4 Years	9261 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	9271 - Sibling, Male, 2 Years	9261 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded	
	9264 - Sibling, Female,	9262 - Father, Male, 46	Inadequate	Unfounded	

4 Years	Years	Guardianship	
9264 - Sibling, Female, 4 Years	9261 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded
9272 - Sibling, Male, 9 Months	9261 - Mother, Female, 24 Years	Inadequate Guardianship	Unfounded
9272 - Sibling, Male, 9 Months	9261 - Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unfounded

Report Summary:

On 6/26/15, LDSS received 3 SCR reports (2 initial reports with one appropriately merged into the first initial report, and a duplicate report) all concerning that the BM used marijuana to the point of passing out and leaving the SC's siblings, then ages 5,4,2, and 10 months, unsupervised, and that the SF could no longer care for them. At the time the reports were made, LE was at the home as the SF had called for assistance as he felt he could no longer care for the siblings due to a medical condition.

Determination: Unfounded

Date of Determination: 12/29/2015

Basis for Determination:

LDSS learned from the SF that the allegations against the SM were not true and that he only made up the allegations because he was upset with the SM for moving out of their residence. LDSS, along with LE, determined that the SM was not under the influence of drugs or alcohol and was able to adequately care for the siblings. In addition, no evidence was found that drug use was occurring in the home. LDSS provided a Pack N Play for appropriate sleeping arrangements for the then 9 month-old sibling as the SM and the siblings moved to the PGF's residence. Prior to the closure of the report, the SM and SF reunited. LDSS determined that the SM and SF had reconciled their issues and the siblings were safe in the care of both parents. The last face to face contact LDSS had with the family was on 10/16/15.

On 12/23/15, the SM and SF admitted to LDSS they used marijuana every few days but did not use it while supervising the siblings. According to the SM, either the SF, while not under the influence of marijuana, or the MA, supervised the siblings when she used marijuana. The SF also confirmed that the SM did not supervise the siblings while under the influence of drugs. On 12/29/15, LDSS appropriately unsubstantiated the allegations against both parents and closed the report as no credible evidence was found that either the SM or SF were unable to care for the siblings or had a drug or alcohol problem that impacted their ability to adequately care for the siblings.

OCFS Review Results:

On 6/26/15 LDSS immediately assessed the safety of the siblings. However, LDSS did not make face to face contact with the family between 6/26/15 and 10/16/15, in spite of supervisory directives to do so back in 8/15. In addition, LDSS's first contact with the SF did not occur until 10/16/15.

During the home visit that occurred on 10/16/15, although a Safe Sleep pamphlet had originally been provided to the SM on 6/26/15 concerning the then 10 month-old sibling, a safe sleep needs assessment was not conducted regarding the impending birth of the SC.

On 12/23/15, upon receipt of the DOA/Fatality SCR subsequent report, LDSS learned of the SC's birth and subsequently added him to the report with no role.

The majority of the progress notes were entered approximately 6 months after each event occurred, and the case was not closed until almost 6 months after receipt of the report with no rationale documented for the delay.

The determination was completed, and the investigation was approved and closed, more than 6 months from the time of receipt of the SCR report.



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LDSS appropriately unsubstantiated the allegations and unfounded the report.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

The majority of the progress notes were entered approximately 6 months after each event occurred, and the case not closed until almost 6 months after receipt of the report with no rationale documented for the delay.

Legal Reference:

18 NYCRR 428.5(a) and (c)

Action:

LDSS will create and implement a plan that addresses the need for timely documentation of progress note entry.

Issue:

Timeliness of Determination

Summary:

The determination was completed, and the investigation was approved and closed, more than 6 months from the time of receipt of the SCR report.

Legal Reference:

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

Action:

LDSS will create and implement a process that will address timeliness of determinations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/10/2014	9243 - Sibling, Male, 4 Years	9241 - Mother, Female, 23 Years	Other	Unfounded	No
	9245 - Sibling, Male, 1 Years	9241 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	9246 - Sibling, Male, 2 Months	9241 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	9243 - Sibling, Male, 4 Years	9242 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded	
	9244 - Sibling, Female, 3 Years	9242 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded	
	9244 - Sibling, Female, 3 Years	9242 - Father, Male, 46 Years	Other	Unfounded	
	9245 - Sibling, Male, 1 Years	9242 - Father, Male, 46 Years	Other	Unfounded	
	9246 - Sibling, Male, 2 Months	9242 - Father, Male, 46 Years	Other	Unfounded	
	9243 - Sibling, Male, 4 Years	9241 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded	
	9244 - Sibling, Female,	9241 - Mother, Female,	Other	Unfounded	

3 Years	23 Years		
9246 - Sibling, Male, 2 Months	9241 - Mother, Female, 23 Years	Other	Unfounded
9245 - Sibling, Male, 1 Years	9242 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded
9246 - Sibling, Male, 2 Months	9242 - Father, Male, 46 Years	Inadequate Guardianship	Unfounded
9244 - Sibling, Female, 3 Years	9241 - Mother, Female, 23 Years	Inadequate Guardianship	Unfounded
9245 - Sibling, Male, 1 Years	9241 - Mother, Female, 23 Years	Other	Unfounded
9243 - Sibling, Male, 4 Years	9242 - Father, Male, 46 Years	Other	Unfounded

Report Summary:

The report alleged that the SM and SF were overwhelmed and unable to care for the sibling's then ages 4, 3, and 1 years, and 1 month-old. On 12/15/14 LDSS received a subsequent report with the allegations of OTH that requested a court ordered investigation. LDSS appropriately consolidated the SCR report into the 11/10/14 initial SCR report.

Determination: Unfounded

Date of Determination: 01/05/2015

Basis for Determination:

LDSS learned that the SM had moved out of the home and left the siblings with the SF who became stressed in caring for the 4 siblings on his own. Concerns were also raised that the SM had allowed the siblings to be around a level 3 SO whom she had moved in with. Although LDSS had some information that the siblings had been in the presence of the SO prior to the SCR report, no credible evidence was found that the siblings were abused or neglected as a result of the brief encounters they had. The parents developed and implemented a schedule between the two of them to ensure adequate care for the siblings and subsequently obtained a custody and visitation order under Article 6 of the FCA. Family Court also ordered no contact with the SO and siblings.

OCFS Review Results:

LDSS conducted appropriate safety and risk assessments and made appropriate collateral contacts, that included LE who had been called to the home at the onset of the investigation, as well as the SF's probation officer as he was still under their supervision due to the incident that led to the neglect petition that was filed in 10/13. In addition, LDSS contacted the PA who confirmed she could be a resource to the siblings. LDSS appropriately unsubstantiated the allegations against the SM and SF and unfounded the report. LDSS referred the family to appropriate community based services that included child care.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/08/2013	9234 - Sibling, Female, 2 Years	9236 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	No
	9235 - Sibling, Male, 4 Months	9236 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	9234 - Sibling, Female, 2 Years	9232 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	
	9233 - Sibling, Male, 3	9236 - Mother, Female,	Inadequate	Indicated	



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Years	22 Years	Guardianship	
9233 - Sibling, Male, 3 Years	9232 - Father, Male, 45 Years	Inadequate Guardianship	Indicated
9235 - Sibling, Male, 4 Months	9232 - Father, Male, 45 Years	Inadequate Guardianship	Indicated

Report Summary:

The subsequent report alleged extensive physical violence between the SM and SF and referenced the physical assault in the previous SCR report. The report alleged the SM and SF violated a stay away OOP as the SM allowed the SF to stay at her home with the siblings, then ages 3, 2 and 4 months, for a couple of days after the SF was released from the hospital on 10/28/13. In addition, it was also alleged the SM violated the OOP as she allowed the SF to watch the 3 year-old sibling at his house for approximately 8 hours. The mother was subsequently arrested for violating the stay away OOP.

Determination: Indicated

Date of Determination: 11/20/2013

Basis for Determination:

LDSS substantiated the allegations against the SM and SF as they determined that they violated the stay away OOP on numerous occasions. Based on the parents' failure to comply with the stay away OOP, LDSS determined the siblings were not safe in the care of the SM and placed the 3 siblings into foster care on 11/8/13.

OCFS Review Results:

LDSS conducted adequate safety and risk assessments; made adequate collateral contacts; and appropriately substantiated the allegations against the SM and SF, and indicated the report. In addition, LDSS safety interventions were determined to be appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
10/09/2013	9225 - Sibling, Female, 2 Years	9222 - Father, Male, 45 Years	Lack of Supervision	Indicated	No
	9225 - Sibling, Female, 2 Years	9223 - Mother's Partner, Male, 25 Years	Inadequate Guardianship	Indicated	
	9224 - Sibling, Male, 3 Years	9222 - Father, Male, 45 Years	Lack of Supervision	Indicated	
	9225 - Sibling, Female, 2 Years	9222 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	
	9224 - Sibling, Male, 3 Years	9222 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	
	9224 - Sibling, Male, 3 Years	9223 - Mother's Partner, Male, 25 Years	Inadequate Guardianship	Indicated	

Report Summary:

LDSS received a subsequent report that alleged the SF left the siblings, then ages 3 and 2, unsupervised on the side of a street while he went across the street and assaulted the SM's boyfriend who then stabbed him with a knife. The SM was present at the time of the incident.

Determination: Indicated

Date of Determination: 10/28/2013

Basis for Determination:

LDSS Sub the allegations against the SF, SM, and the SM's boyfriend, and indicated the report as they determined that the 2 siblings were left alone and crossed a busy street by themselves as well as witnessed the assault. In addition, LDSS

determined the SF coached and videotaped the 2 year-old calling the SM profane names. LDSS filed a neglect petition under Article 10 of the Family Court Act (FCA) and the family was placed under court ordered supervision. A stay away OOP was issued for all of the siblings against the SF and the SM's boyfriend.

OCFS Review Results:

LDSS conducted an adequate investigation and made appropriate safety and risk assessments. They interviewed the SM, SF, and SM's boyfriend, and made appropriate collateral contacts. The SM's boyfriend was alleged to be the birth father of the then 4 month-old, however paternity had not been established and the SF was named on the birth certificate. LDSS appropriately filed a neglect petition and opened a services case for the family, that also included the SM's boyfriend. LDSS added the SM's boyfriend to the report and substantiated the allegations of IG against him concerning the 2 oldest siblings even though the SM's boyfriend was not a person legally responsible for the siblings. LDSS appropriately added the then 4 month-old to the report.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/15/2013	9211 - Sibling, Male, 3 Years	9206 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	No
	9212 - Sibling, Female, 2 Years	9206 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	
	9211 - Sibling, Male, 3 Years	9205 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	9212 - Sibling, Female, 2 Years	9205 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
	9213 - Sibling, Male, 2 Months	9206 - Father, Male, 45 Years	Inadequate Guardianship	Indicated	
	9211 - Sibling, Male, 3 Years	9206 - Father, Male, 45 Years	Parents Drug / Alcohol Misuse	Indicated	
	9212 - Sibling, Female, 2 Years	9205 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated	
	9213 - Sibling, Male, 2 Months	9205 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated	
	9211 - Sibling, Male, 3 Years	9205 - Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Indicated	
	9212 - Sibling, Female, 2 Years	9206 - Father, Male, 45 Years	Parents Drug / Alcohol Misuse	Indicated	
	9213 - Sibling, Male, 2 Months	9205 - Mother, Female, 22 Years	Inadequate Guardianship	Indicated	
9213 - Sibling, Male, 2 Months	9206 - Father, Male, 45 Years	Parents Drug / Alcohol Misuse	Indicated		

Report Summary:

The report alleged the SM and SF used “crack” and marijuana; the SF abused prescription medication and had overdosed in the past; and both were unable to adequately care for the siblings, then ages 3,2, and 2 months, as a result. In addition, the SF threatened to kill the SM and siblings while under the influence of drugs. On 9/30/15 a subsequent SCR report with the allegations of IG and PD/AM was received and appropriately consolidated into the initial report.



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Determination: Indicated **Date of Determination:** 10/22/2013

Basis for Determination:
LDSS unsubstantiated the allegation of PD/AM against both parents as no credible evidence was found that the parents were unable to adequately care for the siblings due to their marijuana use. LDSS substantiated the allegation of IG against both parents due to the parents' unstable living arrangements and both parents continually leaving the siblings with the other parent and stating they know longer could care for the siblings; constantly arguing in the presence of the siblings; and having numerous domestic disputes which led to LE involvement. LDSS found no credible evidence the SF threatened to kill the SM or siblings.

OCFS Review Results:
LDSS conducted an adequate investigation that included adequate safety and risk assessments, and adequate collateral contacts. LDSS appropriately substantiated the allegation of IG and appropriately unsubstantiated the allegations of PD/AM against both parents, and indicated the report. During the investigation LDSS provided a Safe Sleep pamphlet and reviewed the content with the parents.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/07/2013	9203 - Sibling, Male, 3 Years	9201 - Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unfounded	No
	9203 - Sibling, Male, 3 Years	9201 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	
	9203 - Sibling, Male, 3 Years	9201 - Mother, Female, 22 Years	Internal Injuries	Unfounded	
	9203 - Sibling, Male, 3 Years	9201 - Mother, Female, 22 Years	Lack of Supervision	Unfounded	

Report Summary:
The report alleged the then 3 year-old sibling fell out of a window, approximately 6 ft., causing him to sustain an abrasion on his arm and a hematoma to his head. The SF was allegedly asleep in the same room in which the incident occurred and the SM was in another room tending to the then 2 year-old sibling. The allegations of II, IG, LBW and LS, were listed against the SM and SF concerning the 3 year-old. On 5/8/13, LDSS received a SCR report with additional information that reported the 3 year-old had sustained a skull fracture as a result of the incident and that there was no indication that the accident could have been foreseen or prevented.

Determination: Unfounded **Date of Determination:** 07/02/2013

Basis for Determination:
LDSS determined the incident was an accident as the SM had left the 3 year-old alone for approximately 2 minutes in order to get a drink for the 2 year-old, and that the SF was napping in the bedroom in which the incident occurred. During that brief time the 3 year-old climbed onto a box that was located near the window, but not underneath it; pushed on the screen which then partially opened; and then fell out of the 2nd story window. No credible evidence was found that either parent should have been aware of the 3 year-old's ability to do this as he had never attempted to climb on the box or open the window which was 36" above the floor.

OCFS Review Results:
LDSS conducted an adequate investigation that included adequate safety and risk assessments; interviews with the SM and SF; and appropriate collateral contacts made including LE and the hospital. LDSS appropriately unsubstantiated the allegations against the SF and SM and unfounded the report.

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



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

The family was known to the SCR and LDSS. Between 2/8/06 and 12/17/07 the SM was named in 4 reports as an alleged maltreated child, two of which were indicated. Between 3/24/10 and 10/5/12 the SM was named as a subject in 4 reports, all of which were unfounded. Between 5/19/06 and 10/5/12 the SF was named as a subject in 2 SCR reports, both of which were unfounded, and was also named as an other household member in 3 other SCR reports, one of which was indicated and the other 2 unfounded. The reports between 3/24/10 and 10/5/12 involved both parents concerning the sibling(s). These report were regarding the allegations of IG, XCP, and OTH.

Known CPS History Outside of NYS

No known CPS history outside of NYS.

Services Open at the Time of the Fatality

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

N/A

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History



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The SC's siblings, then ages 3 and 2, and 4 month old, were placed into foster care on 11/8/13 after the SM and SF violated a stay away OOP for the siblings regarding the SF. The siblings were placed in a certified foster home and were subsequently discharged from foster care on 8/21/14 to the SM and SF as they had successfully completed services.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/11/2013	Adjudicated Neglected	Return to Parent
Respondent:	028230 Mother Female 24 Year(s)	
Comments:	On 11/12/13 LDSS filed a modification of the original petition as the children were placed in foster care due to the SM's violation of an OOP. In addition, at the time of disposition, the siblings were on a trial discharge with both parents.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
10/11/2013	Adjudicated Neglected	Return to Parent
Respondent:	028231 Father Male 48 Year(s)	
Comments:	On 11/12/13 LDSS filed a modification of the original petition as the children were placed in foster care due to the SM's violation of an OOP. In addition, at the time of disposition, the siblings were on a trial discharge with both parents.	

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
11/03/2014	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	An Article 6 petition ordered joint custody of the siblings to the SM and SF, with their physical residence with the SF. It also ordered visitation for the SM and ordered the SM's boyfriend not to have contact with the siblings.	

Criminal Charge: Endangering the welfare of a child Degree: NA

Date Charges Filed:	Against Whom?	Date of Disposition:	Disposition:
10/09/2013	Subject father	Unknown	unknown



Comments: The SF was charged with EWOC concerning the then 3 and 2 year-old siblings for leaving them unsupervised on a street, which they subsequently crossed alone and witnessed a physical assault between the SF and the SM's boyfriend.

Have any Orders of Protection been issued? Yes

From: 10/11/2013 **To:** 07/25/2015

Explain:
There were OOPs for the SM and SF for the siblings. The OOPS originally were for no contact with the SF. As the family progressed in services the OOPs were modified to allow contact for reunification.

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

Explain: We recommend LDSS create and implement a plan that will address the need for caseworkers and supervisors to follow through with all supervisory directives given to caseworkers during the course of an investigation.

We recommend LDSS create and implement a plan that addresses the need for caseworkers to conduct a safe sleep needs assessment when there is an impending birth in an open CPS investigation.

We recommend LDSS create and implement a plan that addresses the need for caseworkers to identify the birth of an infant during an open CPS investigation within a timely manner so that a safety and risk assessment can be completed as well as a safe sleep needs assessment.