



Report Identification Number: SY-16-020

Prepared by: Syracuse Regional Office

Issue Date: 11/1/2016

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
FM-Foster Mother	SS-Surviving Sibling	

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	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Oneida
Gender: Female

Date of Death: 05/06/2014
Initial Date OCFS Notified: 05/09/2016

Presenting Information

Previous report issued on SC's death (SY-14-010).

On 5/9/16 an SCR report was received by Oneida County DSS (OCDSS) against the BM, BF, and an unrelated household member of C/T/S, DOA/Fatality, and IG regarding the SC and sibling. The report alleged that in the past the BM's boyfriend killed the SC by shaking her. The report also alleged that two weeks prior the BF and an Unrelated household member engaged in a physical altercation while in the presence of the SC's sibling, and the BM was also present. It was alleged at the time of the incident that the sibling was outside in 30 degree temperature in pajamas. The report further alleged that there were times that the sibling was not dressed appropriately for colder weather. Additionally reported that the BM brought in two homeless people to live with her.

Executive Summary

This review concerns an SCR report dated 5/9/16 regarding a child fatality that occurred on 5/6/14. OCFS reviewed the case and Report #SY-14-010 issued on 11/3/14.

In the original 5/6/14 report it was determined that the SC's death occurred while under the care of relatives and the birth parent's were receiving preventive services. OCDSS reported the fatality to OCFS on the required form for the death of a child in an open preventive case. An SCR report was not made as there was no reasonable cause to suspect any abuse/maltreatment.

The SC was born with severe medical issues. On 12/3/13 an SCR report was made against the parents for not properly feeding and providing medical care for the SC, which resulted in hospitalization and pronounced Failure to Thrive. On 12/12/13 a preventive services case was opened after a neglect petition was filed against the parents. On 12/16/13, after providing training to care for her medical needs, the SC was placed in Non-LDSS Custody with the relatives. On 5/6/14 the SC died in the relative's home under hospice care. The death certificate listed the immediate cause of death as "Hypoxic Encephalopathy" and the manner of death was listed as "natural cause". OCDSS spoke with the ME who stated there was no neglect of the SC while in the relative's care and according to the medical provider the SC's medical conditions had taken their natural course. There were no surviving siblings at the time of the SC's death. On 5/22/14 the neglect petition was dismissed as the only child on the petition, and the services case was closed on 9/25/14.

During the investigation of the 5/9/16 report, OCDSS reviewed the previous fatality report and assessed whether there was any new information than was previously reported regarding the SC's death. OCDSS conducted appropriate collateral contacts to verify the circumstances around the SC's death, as well as review hospital and medical provider records. OCDSS found no new evidence related to the fatality during the current investigation. OCDSS unsubstantiated the allegation of DOA/Fatality and C/T/S against the SC's birth parents.

The report also included the allegation of IG against the birth mother and father regarding the one sibling that was born after the SC's death. At the time of the investigation, and resulting from a previously closed preventive services case, the birth parents were actively participating in voluntary community services that was providing child rearing education and support. Through home visits, collateral contacts, and review of pediatric and medical records, OCDSS determined that the sibling was adequately cared for and in good health.



Safety and risk for the sibling was adequately assessed on an ongoing basis throughout the case. The parents admitted to engaging in arguments with a friend they allowed to stay with them, but denied any physical altercations. OCDSS found no LE reports of domestic incidents and were unable to locate the unrelated household member. OCDSS casework activities were commensurate with case circumstances. OCDSS offered bereavement counseling regarding the SC's death, but the BM expressed she would use her current counselor for any MH needs. OCDSS gathered sufficient information to support the determination to unsubstantiate the allegations of IG against the birth parents and the unrelated household member.

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.
- Was the determination made by the district to unfound or indicate appropriate? Yes

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:
OCDSS determined....

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: 05/06/2014

Time of Death: 03:00 PM



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County where fatality incident occurred: ONEIDA

Was 911 or local emergency number called? No

Did EMS to respond to the scene? Unknown

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: Child's diaper was changed and she passed

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	Aunt/Uncle	No Role	Female	53 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	54 Year(s)
Deceased Child's Household	Deceased Child from Child Information Report Section	Alleged Victim	Female	10 Month(s)
Other Household 1	Mother	Alleged Perpetrator	Female	26 Year(s)
Other Household 1	Other Adult	No Role	Female	19 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Stepfather	Alleged Perpetrator	Male	21 Year(s)
Other Household 1	Unrelated Home Member	Alleged Perpetrator	Male	28 Year(s)
Other Household 2	Other Adult	Alleged Perpetrator	Male	24 Year(s)

LDSS Response

OCDSS's response to the actual 2014 fatality is summarized in detail in OCFS Report #SY-14-010.



Regarding the 5/9/16 report, OCDSS reviewed the previously issued fatality report regarding the circumstances around the SC's death in 2014 (SY-14-010), assessed for new information, as well as addressed the current concerns around the care of the SC's sibling (born after the SC's death). OCDSS found no new evidence regarding the fatality that would change the original determination. OCDSS examined evidence and medical records from collateral contacts that was obtained during the 2014 investigation. Home visits were conducted and all parties were interviewed regarding the allegations in the report, with no concerns noted. Although efforts were made, OCDSS was unable to interview one of the unrelated household members, also named as a subject in the report, due to his whereabouts being unknown at the time. OCDSS interviewed the preventive services caseworker that had closed a preventive case a month prior to the 5/9/16 report, as well as a current community services worker, with no concerns identified by either party. Additionally, updated pediatric, medical, and LE checks were made to assess the family's current level of functioning, with no concerns identified. OCDSS observed the SC's sibling was well cared for with food, supplies, and dressed appropriately. The parents admitted the child had been treated for diaper rash and was following pediatric recommendations. Pediatric records were consistent with the parents statements. Safety and risk assessments were completed on an ongoing basis, with supervisory consultations noted during the investigation. At the time of this report OCDSS submitted the case for closure, unsubstantiating all allegations in the report.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
030835 - Sibling, Male, 1 Year(s)	030825 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
030835 - Sibling, Male, 1 Year(s)	030837 - Unrelated Home Member, Male, 28 Year(s)	Inadequate Guardianship	Unsubstantiated
030835 - Sibling, Male, 1 Year(s)	030826 - Stepfather, Male, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
030839 - Deceased Child on Report, Female, 10 Month(s)	030833 - Other Adult - BM Ex-Boyfriend, Male, 24 Year(s)	Choking / Twisting / Shaking	Unsubstantiated
030839 - Deceased Child on Report, Female, 10 Month(s)	030833 - Other Adult - BM Ex-Boyfriend, Male, 24 Year(s)	DOA / Fatality	Unsubstantiated



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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"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
When safety factors were present that placed the surviving	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
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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.

Services Provided to the Family in Response to the Fatality

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



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Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:
 There were no siblings or other children in the household at the time of death. Subsequent to the fatality an SCR report dated 3/23/15 of IFCS and IG was made against the BM and Step father regarding the SC's sibling. Although the report was UNF, since both parents were young, BM has a learning disability, history of trauma, and continue to deal with the loss of the SC, the parents agreed to protective preventive services with a parent aide and counseling. The preventive case was closed 4/7/16

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

Explain:
 Although the birth mother was enrolled in counseling services at the time of the report, OCDSS found she was not actively participating. At the time of this report, OCDSS provided the BM with a referral for bereavement counseling and made a referral to the DV advocacy program.

History Prior to the Fatality

Child Information



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- Did the child have a history of alleged child abuse/maltreatment? Yes
- 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? Yes
- 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? 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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/21/2015	10924 - Sibling, Male, 1 Months	10926 - Stepfather, Male, 20 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	10924 - Sibling, Male, 1 Months	10926 - Stepfather, Male, 20 Years	Inadequate Guardianship	Unfounded	
	10924 - Sibling, Male, 1 Months	10925 - Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	10924 - Sibling, Male, 1 Months	10925 - Mother, Female, 22 Years	Inadequate Guardianship	Unfounded	

Report Summary:

A report was received alleging IFCS and IG against the birth mother and the BF of the SC's sibling (born after SC death). The report alleged the parents were not able to provide the 3 week old sibling with adequate care, and weren't changing his diapers in a timely manner, as a result there were blistering and bleeding rashes, and there were no diapers for the child. The report further alleged the child is not bathed, is dirty, unkempt, and has poor hygiene, the house is unsanitary, with dirty dishes, laundry and garbage everywhere.

Determination: Unfounded **Date of Determination:** 05/21/2015

Basis for Determination:

OCDSS found no credible evidence to support the allegations. The parents and SC's sibling were residing with the PGP's, had a visiting nurse, with no concerns reported. Throughout the INV home visits were conducted and the infant was found to be appropriately dressed, with adequate food, and appeared well cared for by the parents. OCDSS made



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significant collateral contacts to support the finding that the parent's were appropriately caring for the sibling. Due to the SC's death a couple years prior to this report, and upon OCDSS recommendation, the parents agreed to the opening of a preventive services case to provide early childhood education and additional supportive services.

OCFS Review Results:

OCFS review found that the safety and risks were adequately assessed. The case determination was 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)
12/03/2013	11266 - Deceased Child, Female, 10 Months	11267 - Mother, Female, 20 Years	Inadequate Guardianship	Indicated	No
	11266 - Deceased Child, Female, 10 Months	11267 - Mother, Female, 20 Years	Malnutrition / Failure to Thrive	Indicated	
	11266 - Deceased Child, Female, 10 Months	11267 - Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Indicated	
	11266 - Deceased Child, Female, 10 Months	11267 - Mother, Female, 20 Years	Lack of Medical Care	Indicated	

Report Summary:

OCDSS received a report on 12/3/13 alleging IFCS, LMC, and IG against the BM regarding the SC. BM was alleged not complying with administering the SC's medication or providing proper feeding. A neglect petition was filed on 12/10/13 as the child was hospitalized and pronounced Failure to Thrive. OCDSS substantiated all allegations, adding M/FTTH. Preventive services were opened on 12/12/13, after a neglect petition was filed and the SC was placed in non-LDSS relative placement. The relatives received training before the SC was placed in their care. The SC's health deteriorated and subsequently died in the relatives home under the care of hospice on 5/6/14.

Determination: Indicated

Date of Determination: 02/18/2014

Basis for Determination:

OCDSS determined the mother failed to provide proper feedings, removed the SC's feeding tube during the night, and did not follow through with neurology treatment.

OCFS Review Results:

This SCR report and investigation was previously reviewed in the previous fatality report that was issued on 11/3/14. It was determined that OCDSS gathered sufficient information to make the appropriate safety and risk decisions, and the decision to place the SC in OCDSS foster care during the investigation was an appropriate safety intervention. OCFS also found that OCDSS did not meet requirements for home visits and face to face contacts regarding the mother or father, as well as notes on casework activities during the preventive services case opened on 12/12/13. It was noted that the BM was not cooperative. A Corrective Action Plan was issued and approved.

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

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

No CPS history more than 3 years prior to this fatality report.

Known CPS History Outside of NYS

No known CPS history outside NYS



Required Action(s)

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

Yes No

Preventive Services History

As the result of an unsubstantiated report with allegations of IFCS and IG against the birth mother and the father regarding the SC's sibling (born after SC death), OCDSS opened a preventive services case on 5/1/15. Parenting and mental health counseling were provided. On 4/7/16 the preventive case was closed upon the parents request, with active participation and no safety concerns noted by the providers. At the time of case closure the parents agreed to continue with some of the voluntary community services that were already in place, which included infant care and counseling.

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