



Report Identification Number: SY-17-006

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

Issue Date: Jul 07, 2017

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: 2 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 02/26/2017
Initial Date OCFS Notified: 02/26/2017

Presenting Information

On 2/26/2017 an SCR report was received by the Onondaga County Department of Children and Family Services (OCDCFS) regarding the death of the 2-month-old male SC. The report alleged that around 11:00 AM on 2/26/2017 the male caretaker gave the SC his routine soy formula in a bottle. Approximately one hour later, the caretaker put the SC down for a nap unsecured in a car seat. The car seat was inclined at 45 degrees and the caretaker placed a blanket over the SC's body leaving his face exposed. Approximately one hour later the caretaker discovered that the SC was not breathing while lying in the car seat. The caretaker called 911 at 12:36 PM. EMS transported the SC to the hospital and the SC was pronounced dead at the hospital at 1:13 PM. The caretaker and the PGM were in the home at the time of the incident. The caretaker and PGM were unable to provide an explanation for the death of the SC. The SC was an otherwise healthy child with no pre-existing medical conditions.

Executive Summary

On 2/26/2017 an SCR report was received by OCDCFS regarding the death of the 2-month-old male SC. OCDCFS had an open SCR report that was received on the same day, alleging that the SC was found not breathing and the caretaker did not seem overly concerned. The BM and female parent substitute (PS) resided with BM's 2 sons ages 23 months (SS) and 2 months (SC), as well as PS's 13-year-old son and 2 daughters, ages 11 and 4. BM and PS denied that the BF had any role in caring for the SC and he was not interviewed during this investigation, although attempts were made. PS's brother was the BF of the SS. SS's BF resided with his partner (other adult (OA)) and the PGM of the SC. The OA regularly babysat the SC and SS while the BM worked.

The BM reported that the SC had been colicky since birth and had his formula changed to due to spitting up, otherwise he was a healthy baby. BM said she dropped the SC and SS off at the SS's BF's home on the evening of 2/25/2017 to be babysat overnight by the OA. The OA reported that he had the children since Wednesday, 2/22/2017 and that the BM and PS had brought over supplies for the children on Saturday, 2/25/2017. The OA reported he gave the SC a bath and put him to bed in his infant car seat, where SC usually slept in his home. None of the adults were aware that the car seat was not a safe sleep environment. The OA originally reported that he rolled up a blanket and placed it around the SC's head for support. Upon further questioning the OA denied that he placed a blanket around the SC's head, stating he covered the SC's body with the blanket and tucked it in around him. The OA said he put the car seat on the floor in his bedroom where he could see the SC from the bed where he was sleeping. He reported the SC was up throughout the night and had eaten, then burped, as usual. He said the SS was asleep in SC's bassinet in the same bedroom and slept all night. He reported about an hour after the SC's last feeding he awoke to find the SC not breathing with his head turned to the left. He began CPR immediately and called 911 at 12:37 PM. The SC was transported to the hospital and pronounced deceased by the ER physician at 1:10 PM.

The SS and the PS's children were assessed to be safe. Both the case address, as well as the incident address where the SS's BF, OA and SC's PGM reside were assessed to be safe with appropriate supplies for the SC. The OA's bedroom was observed to contain an infant car seat, bassinet on the floor, baby chair, and a large adult bed. The PGM stated that she was in the home at the time but was in her bedroom sleeping and unaware of the incident until EMS arrived. The PGM denied that she had any caretaking responsibilities for the SS or SC nor had any concerns for their care by any of the adults. OCDCFS provided the BM, PS, and OA information on bereavement services and for



obtaining assistance with funeral costs.

The final autopsy report stated that the death of the SC, "to a reasonable degree of medical certainty, is ascribed to vascular anomalies of the aortic arch with a vascular ring. Given the circumstances surrounding this death as currently known, the manner of death is natural". The case was pending closure as Unfounded at the time of the writing of this report.

The SS's BF was not interviewed, although attempts were made. The PGM stated that he comes and goes and he is not always home. OCDCFS did not further question the inconsistencies of the timeframe the SC and SS were with the OA. OCFS review resulted in a citation for adequacy of documentation of safety assessment. OCDCFS will submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of receipt of this report. This PIP will identify what action(s) the Regional Office has taken, or will take, to address the cited issue. For citations where a PIP is currently implemented, OCDCFS will review the plan(s) and revise as needed to further address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? N/A
- Was the safety decision on the approved Initial Safety Assessment appropriate? No

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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

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

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

Explain:

The 24 hour safety assessment had safety decision 2 identified with no safety factors chosen to support this. The decision should have been no safety factors exist at this time as there were no safety factors identified for the SS and PS's children. The case had yet to be determined and remained open for investigation at the time of the writing of this report.

Required Actions Related to the Fatality

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



| | |
|-------------------------|--|
| Issue: | Adequacy of Documentation of Safety Assessments |
| Summary: | The 24 hour safety assessment identified no safety factors and safety decision 2 was chosen. No safety factors present at this time should have been chosen as there were no safety factors identified for the SS and PS's children. |
| Legal Reference: | 18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b) |
| Action: | OCDCFS will accurately complete the required safety assessments for the children residing in the home and all surviving siblings. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 02/26/2017

Time of Death: 01:10 PM

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

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

12:37 PM

Did EMS to 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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 1 Hours

Is the caretaker listed in the Household Composition? No

At time of incident supervisor was:

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality



| Household | Relationship | Role | Gender | Age |
|----------------------------|------------------|---------------------|--------|-------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 2 Month(s) |
| Deceased Child's Household | Mother | No Role | Female | 26 Year(s) |
| Deceased Child's Household | Mother's Partner | No Role | Female | 29 Year(s) |
| Deceased Child's Household | Other Child | No Role | Female | 4 Year(s) |
| Deceased Child's Household | Other Child | No Role | Male | 13 Year(s) |
| Deceased Child's Household | Other Child | No Role | Female | 11 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 23 Month(s) |
| Other Household 1 | Father | No Role | Male | 18 Year(s) |
| Other Household 2 | Father | No Role | Male | 26 Year(s) |
| Other Household 2 | Grandparent | Alleged Perpetrator | Female | 48 Year(s) |
| Other Household 2 | Other Adult | Alleged Perpetrator | Male | 29 Year(s) |
| Other Household 3 | Father | No Role | Male | 32 Year(s) |

LDSS Response

Upon receiving the SCR report LE was contacted and it was learned that there was another child in the home when the incident occurred. A home visit was immediately conducted at the address of the incident to locate and assess the safety of the SS. The BM, PS, PGM, and OA were seen. The SS was at the BM and PS's home. A home visit was conducted at that address and the SS was observed to be healthy, clean and free from marks and bruises. BM and PS were grieving and unwilling to conduct an interview at this time or to allow an assessment of the inside of their home. The DA's office and OCFS were informed of the fatality.

On 2/27/2017 LE shared that there was "nothing remarkable" regarding the home or the scene and that the incident address was observed to contain appropriate sleeping arrangements and appropriate supplies for the SC and SS. OCDCFS spoke to the fire department and attempted to speak to ER staff. The ME Investigator stated that the autopsy had been completed and there was "nothing specific" and test results were still pending. It was learned that the OA was watching the SC and SS while the BM worked. The SC was placed in a car seat with a blanket rolled around his head and was found unresponsive.

A home visit was conducted at the BM and PS's home. Information was provided on bereavement services and the SICD resource center as well as information regarding assistance with funeral costs. The BM was interviewed and stated the last time she saw the SC was on Saturday, 2/25/2017, when she dropped him and the SS off at the SS's BF's home. She stated the SC was lactose intolerant and allergic to soy and had been colicky but was doing much better. The BM reported that the SC's BF was not involved with the SC. It was learned that PS had 3 children that also resided in the home. PS was interviewed and she did not allow access to her children until the next day as they were grieving. The OA was interviewed. He stated that he fed the SC his bottle, burped him and placed him in his infant car seat to sleep. He placed the car seat in his bedroom and in view of his bed where he was sleeping. He rolled up a blanket and put it around the SC's head for support. He stated that the SS was also asleep in the bedroom in the SC's bassinet, as the SS was still small. About an hour later he awoke to find the SC not breathing, with his head turned to the left. He began CPR and called 911.

The case address was assessed to have no safety concerns on 2/28/2017. Appropriate sleeping arrangements were observed for the SC, SS and PS's 3 children. The 4 children were observed on this date with no concerns noted. A home visit was then conducted at the SS's BF's home where the incident occurred. An adult bed, infant car seat, baby chair and bassinet were observed in the OA's bedroom and supplies for the SC and SS. The bassinet was placed on the floor and appeared to



be large enough for the SS. The PGM, who resided in the home, was interviewed. She said she was sleeping in her bedroom when the incident occurred. She was not aware of the incident until LE arrived. She denied that she had any caretaking responsibilities for the SS or SC.

OCDCFS reviewed CPS history for all subjects, household members and parents that resided at the case address and incident address. OCDCFS received and reviewed ER, birth records and pediatric records for the SC, the 911 call, EMS records, LE records, ME's autopsy report, pediatrician records for the SS and PS's 3 children and MH records for the PS. OCDCFS spoke to the school and the PS's two oldest children were interviewed at school. The 24-hour safety assessment incorrectly listed safety decision 2. The BF's of the SS and the SC were not interviewed, although attempts were made. Inconsistencies in when the children were dropped off to the OA was not followed up on. The final autopsy revealed the SC died from "vascular anomalies of the aortic arch with vascular ring". The case remained open for investigation.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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 |
|---------------------------------------|--|-------------------------|--------------------|
| 036082 - Deceased Child, Male, 2 Mons | 038581 - Other Adult - SS's BF's Partner, Male, 29 Year(s) | Inadequate Guardianship | Pending |
| 036082 - Deceased Child, Male, 2 Mons | 038581 - Other Adult - SS's BF's Partner, Male, 29 Year(s) | DOA / Fatality | Pending |
| 036082 - Deceased Child, Male, 2 Mons | 037988 - Grandparent, Female, 48 Year(s) | DOA / Fatality | Pending |
| 036082 - Deceased Child, Male, 2 Mons | 037988 - Grandparent, Female, 48 Year(s) | Inadequate Guardianship | Pending |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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

Additional information:

The BF's of the SC and SS were not interviewed, although attempts were made.

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 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|

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"/> |
| Explain as necessary: The risk assessment was appropriate and needed services were explored and offered. | | | | |

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

Other, specify: Preventive Services

Additional information, if necessary:
 OCDCFS provided the BM, PS, and OA information on bereavement services and SICD resource center. BM was also provided with information on obtaining assistance with funeral costs. Case documentation did not reflect if these services were utilized. The PS's 13-year-old was enrolled in counseling at school. OCDCFS offered the BM Preventive services, which she said she would consider.

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:
 OCDCFS referred the SS and the PS's 3 children for bereavement services. The 13-year-old began counseling at school.

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

Explain:
 OCDCFS referred the BM, PS and the OA for bereavement services. OCDCFS provided the BM and PS with information on the SICD resource center and offered assistance with funeral costs. These services were declined by the BM and PS.

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? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:

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

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|--|--|-------------------------|----------------|---------------------|
| 02/26/2017 | 16641 - Deceased Child, Male, 2 Months | 17021 - Other Adult - BF of SS's Partner, Male, 29 Years | Inadequate Guardianship | Pending | No |
| | 16641 - Deceased Child, Male, 2 Months | 16663 - Grandparent, Female, 48 Years | Inadequate Guardianship | Pending | |

Report Summary:

SCR report alleged on 2/26/2017 at approximately 12:37 PM a 911 call was made stating that the 2-month-old SC was not breathing. When EMS responded the OA answered the door holding the SC in his arms. He did not seem overly concerned and indifferent to the situation. The SC was last seen alive an hour previous to the 911 call when the SC was given a bottle. This was suspicious given the SC's age. The SC had no pre-existing medical conditions nor did the SC present with any injuries. The PGM was also home during this time. The parents were not believed to be home during this time and they had an unknown role.

Determination: Undetermined**OCFS Review Results:**

The OA, PG, BM, PS and the 2 older children were interviewed. The BFs of the SC and SS were not interviewed, although attempts were made. All four children were assessed to be safe. OCDCFS did not follow up on inconsistencies in the timeframes the SS and SC were with him. OCDCFS reviewed CPS history and the 7 day safety assessment was completed accurately and on time. Collateral contacts were made with the pediatrician, school, ER, LE, first responders and PS's MH counselor. Bereavement and other services were offered to the parents. The final autopsy report revealed the cause of death was a medical cause. The report was pending to be unfounded at the time of the writing of this report.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

SCR report 5/16/2013 for IG against PGM regarding her 16-year-old, tracked FAR.
 SCR report 10/10/2008 IND for IG against PGM regarding her 17, 14, 11, 9 and 4-year-old. Remained opened for Preventive Services, closed 3/31/2009 due to non-compliance.
 SCR report 12/28/2006 UNF for IG against PGM regarding her 13 and 8-year-old and L/B/W regarding 8-year-old.
 SCR report 11/16/2000 IND for IG against PGM regarding her 9-year-old.
 SCR report 6/19/1998 IND for IG against PGM regarding her 12, 7, 4, and 2-year-old.



SCR report 11/14/2013 for IG against PS regarding her children, 10, 8 and 1, tracked FAR.
 SCR report 9/14/2012 for IG and L/B/W against BF of SS regarding his nephew (PS's 7-year-old child), tracked FAR.
 SCR report 8/10/2010 for IG against PS regarding her 5 and 7-year-old children, tracked FAR.
 SCR report 3/23/2008 IND for IG and UNF for IF/C/S against PS and BF regarding their 5 and 2-year-old children.
 Opened for Preventive Services (closed 10/06/2008).
 SCR report 4/04/2007 UNF for IG against PS regarding her 4-year-old child. Subsequent SCR report 7/06/2007 IND for LMC against PS and BF regarding their 1-year-old child.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.

Required Action(s)

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

Yes No

Preventive Services History

PS and her children had Preventive Services from 11/18/11-8/06/2012 as a result of a referral due to homelessness, attendance issues for the children and behavioral/emotional issues for the children. Closed due to PS being non-responsive and unwilling to meet.

PS and her children had Preventive Services from 5/30/2008-10/06/2008, due to IND SCR report for IG. Closed when the safety concerns had been addressed. The family Preservation Program was completed and parent aide reported progress in parenting.

PS, her children and their BF had Preventive Services from 9/7/2007-3/14/2008 as a result of an IND SCR report for IG and LMC. Both parents needed parenting assistance. Closed as PS and the BF no longer wanted services.

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

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

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