



Report Identification Number: SY-17-023

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

Issue Date: Nov 16, 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	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 06/11/2017
Initial Date OCFS Notified: 06/11/2017

Presenting Information

On 6/11/2017, the SCR received a report alleging that the 5-month-old SC passed away while in the care of the other adult (OA), at an unknown time. The SC (twin A) was born prematurely at 7 months' gestation, and was in the Pediatric Care Unit (PICU) for 3 months. The SC had no pulse when the OA found the SC. The OA was a person who had regular and consistent contact with the SC in a care taking role. Due to there being no plausible explanation for the SC's death, a report was registered against the OA as being the sole caretaker of the SC at the time of the death. The roles of the SS (twin B), the SM and the BF were unknown at the time of the reported fatality.

Executive Summary

On 6/11/2017, Onondaga County Department of Social Services (OCDSS) received three reports about this death from the SCR over a two-day period. OCDSS appropriately added all relevant family members and allegations for the SS and the SC for INV, before closing additional reports as duplicates. These reports were subsequent to an open child protective investigation that began on 5/17/2017, alleging PD/AM and IG for the SS and the SC against the SM and the MGM.

The OA reported that she had agreed to care for the SC (twin A) for an extended period, knowing that she did not have adequate sleeping arrangements for the SC. The OA gave a statement to LE that she had placed the SC to sleep on pillows and a blanket on her bed for three hours without checking on the SC. The OA returned to check on the SC three hours later and found the SC face down and unresponsive. The OA stated she immediately began CPR and yelled for her partner to call 911. Her partner placed the call to 911 at 3:33 pm. Subsequently the ambulance arrived and transported the SC to the hospital where the SC was pronounced dead at 4:08 pm.

A joint investigation was conducted by OCDSS and LE. OCDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. The SM had a known history of drug/alcohol misuse. The SM had also been charged with and pleaded to assault 2nd for stabbing a relative while caring for the SS. OCDSS had already referred SM to preventive services, mental health services and a treatment evaluation, due to the 5/17/17 INV. OCDSS offered bereavement referrals and assistance with burial expenses.

In the first 24 hours of the investigation, OCDSS assessed the safety of the SS (twin B) and a safety plan was made with the PGF and the SM agreed to the plan. There were no other children in the care of the OA and SM. Safe Sleep was discussed with the PGF as part of the plan and OCDSS provided the PGF with a pack and play.

The SM failed to comply with the safety plan and the services previously offered. OCDSS filed an Article 10 neglect petition and the SS was placed in foster care.

At the time of the writing of this report, the manner and cause of death were pending. The decedent was a 6-month-old female with a reported history of breathing issues. The autopsy revealed a small for age infant with no evidence of external or internal injuries. No criminal charges were filed and no arrests were made.

OCDSS Sub the allegations of DOA/fatality, LS and IG against the OA for the SC. OCDSS Sub the allegations of DOA/fatality, LS, IF/C/S, PD/AM, IG for the SC against the SM and Sub the allegations of IFCS, LS, PD/AM, LM and IG for the SS against the SM. The SC was born premature and was medically fragile. The OA had been educated on safe



sleep and admitted to not following safe sleep practices on a regular basis. Given the SC fragile state required more supervision, by her own admission, and the presence of aggravating factors, the OA failed to provide the minimum degree of care for the SC by leaving the SC unattended in an unsafe sleep environment. The SM was aware the OA did not have appropriate sleeping arrangements for the SC and did not provide the appropriate supplies to the OA for the care of SC. The SM admitted to using illegal drugs and alcohol on a regular basis which impacted her ability to care for the SS, leaving the SS and the SC with multiple caretakers for extended periods of time without checking on their care. The SM failed to on numerous occasions to get the appropriate medical care for the SS and the SC or to follow through with doctor's appointments or recommendations.

OCDSS Unsub the against the MGM and the MGGM for the SS and SC. There was no evidence that the MGM was under the influence while caring for the chn. The MGGM never had either child in her care.

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

Explain:

OCDSS made the appropriate determination and the case was IND and remained opened at the time of the determination.

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:

OCDSS appropriately determined the INV the case remained open-CPS required.

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: 06/11/2017

Time of Death: 04:08 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:

03:33 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 3 Hours

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

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	5 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	46 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Month(s)
Other Household 1	Father	No Role	Male	21 Year(s)
Other Household 2	Other - great grandmother	Alleged Perpetrator	Female	73 Year(s)
Other Household 3	Other - Other Adult	Alleged Perpetrator	Female	56 Year(s)
Other Household 3	Other Adult - not related	No Role	Male	51 Year(s)

LDSS Response

The investigation revealed the SM had dropped the SC off to the OA on Friday around noon. The SM visited with the SC on Saturday and observed she was alert and smiling at the SM. The SM left the SC in the care of the OA. The OA reported



that she had put the SC had her bed around noon on Sunday. She reported she had lain the SC propped on two pillows with a blanket. The OA reported the apartment was hot because she had been cooking. The OA said she went to get the SC at 3:30 pm and found the SC face down on the blanket and unresponsive. The OA called to her partner to call 911, while she performed CPR. EMS responded to the home and transported the SC to the hospital where the SC was pronounced dead at 4:08 PM. The OA did not have a crib for the SC. There was a pack and play but it was broken.

OCDSS completed a 24-hour safety assessment and safety plan of the SS (twin B). The SM agreed to the PGF caring for the SC and the PGF was interviewed and the home environment was observed and deemed safe. Safe Sleep was discussed with the PGF as part of the plan and OCDSS provided the PGF with a pack and play. The BF was out of state working but spoke with OCDSS and said he would be returning to NY to the PGF's home.

All appropriate collateral contacts were made and an SCR history, criminal and WMS system checks were completed and reviewed. OCDSS interviewed all family members. OCDSS made home visits during the investigation and offered referrals for grief counseling to all parties. OCDSS had significant contact with the LE, ME, pediatrician and the SS's medical specialist. The autopsy results were still pending at the time of the writing of this report and no arrests were made.

The SM initially agreed to the safety plan and services that were offered by OCDSS and did not follow through. Due to SM's continued substance abuse and failure to comply with the safety plan or provide medical care for the SS, an Article 10 neglect petition was filed. The SS was placed in foster care until the BF returned to NY and the Family court placed the SS with him. The BF filed an Article 6 custody petition, which was pending.

OCDSS Sub the allegations of DOA/fatality, LS and IG against the OA for the SC. The OA admitted to not following safe sleep practices on a regular basis. The SC was medically fragile and required supervision. The OA failed to provide a minimum degree of care for the SC, by leaving the SC unattended in an unsafe sleep environment. The SC was found unresponsive, face down on a blanket.

OCDSS Sub the allegations of DOA/fatality, LS, IF/C/S, PD/AM, IG for the SC against the SM and Sub the allegations of IFCS, LS, PD/AM, LM and IG for the SS against the SM. The SC was born premature and was medically fragile. The SM was aware of the situation at the OA's home and did not provide the appropriate supplies to the OA for the care of SC. The SM admitted to using illegal drugs and alcohol on a regular basis which impacted her ability to care for the SS. The SM failed to provide and follow through with needed medical care for the SS and the SC. The report was IND and the SS remained with the BF and supervised visits with the SM were ordered by Family court Judge.

OCDSS Unsub the against the MGM and the MGGM for the SS and SC. There was no evidence that the MGM was under the influence while caring for the chn. The MGGM never had either child in her care.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or 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
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	Lack of Medical Care	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	Lack of Medical Care	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041646 - Other - Other Adult, Female, 56 Year(s)	Inadequate Guardianship	Substantiated
041621 - Deceased Child, Female, 5 Mons	041646 - Other - Other Adult, Female, 56 Year(s)	DOA / Fatality	Substantiated
041621 - Deceased Child, Female, 5 Mons	041646 - Other - Other Adult, Female, 56 Year(s)	Lack of Supervision	Substantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	Lack of Supervision	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041642 - Grandparent, Female, 46 Year(s)	DOA / Fatality	Unsubstantiated
041621 - Deceased Child, Female, 5 Mons	041648 - Mother, Female, 21 Year(s)	Lack of Supervision	Substantiated
041643 - Sibling, Male, 5 Month(s)	041645 - Other - great grandmother, Female, 73 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041643 - Sibling, Male, 5 Month(s)	041648 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
041643 - Sibling, Male, 5 Month(s)	041642 - Grandparent, Female, 46 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
041643 - Sibling, Male, 5 Month(s)	041642 - Grandparent, Female, 46 Year(s)	Inadequate Guardianship	Unsubstantiated
041643 - Sibling, Male, 5 Month(s)	041648 - Mother, Female, 21 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
041643 - Sibling, Male, 5 Month(s)	041648 - Mother, Female, 21 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
041643 - Sibling, Male, 5 Month(s)	041642 - Grandparent, Female, 46 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated



Child Fatality Report

041643 - Sibling, Male, 5 Month(s)	041645 - Other - great grandmother, Female, 73 Year(s)	Inadequate Guardianship	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 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"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: N/A				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
06/21/2017	Adjudicated Neglected	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	041648 Mother Female 21 Year(s)	
Comments:	The BF applied for and was granted custody under the Article 6 on 9/11/2017. The SM was adjudicated neglectful with a disposition of Article 6 to a relative placement (non-foster care). Joint custody was awarded to the BF and the PGF. By the Family court order through the Article 6 the SM was to have supervised visits only with the SS. The PGF or the SF will supervise the visits with the SM.	



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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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 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:
The SS was removed from the SM's care placed in foster care. Subsequently, was placed with the BF pending further Family Court proceedings.

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

Explain:
OCDSS offered bereavement services to all family members and burial assistance was offered.

History Prior to the Fatality

Child Information

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? 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)
05/17/2017	Sibling, Male, 5 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	No
	Deceased Child, Female, 5 Months	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 5 Months	Grandparent, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Deceased Child, Female, 5 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Male, 5 Months	Grandparent, Female, 56 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Male, 5 Months	Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	Deceased Child, Female, 5 Months	Grandparent, Female, 56 Years	Inadequate Guardianship	Unfounded	
	Sibling, Male, 5 Months	Grandparent, Female, 56 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SCR report received on 5/17/2017 alleging that SM and MGM were using drugs and alcohol daily while caring for the 4-month-old twins. On 5/10 or 5/11/2017, the SM stabbed a relative three times, at the MGGM's home. The adults were drinking and the SS was present when this occurred. The SC was in the care of the upstairs neighbor at the time of the incident.

Determination: Indicated **Date of Determination:** 06/15/2017

Basis for Determination:

The allegations of IG and PD/AM were Sub against the SM for the SS and the SC. The SM did stab a family member



three times in the presence of the SS. The SM failed to provide a minimum degree of care by using illegal drugs to the point that it negatively impacted her decisions and behavior. This impacted her ability to properly supervise and protect the SS and the SC. The allegations of IG and PD/AM were Unsub against the MGM. There was no credible evidence to support the allegations. The MGM admitted to consuming alcohol on her own time but not while the SS and the SC were in her care. The MGGM never provided care for the SS or the SC.

OCFS Review Results:

OCFS found that OCDSS made the appropriate determination based on the information gathered during the investigation.

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)
03/01/2017	Sibling, Male, 5 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	No
	Deceased Child, Female, 5 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unfounded	

Report Summary:

SCR report received on 3/1/2017, alleging that, the SM prematurely gave birth to twins (the SS and the SC) on 12/30/2016. The SM was discharged from the hospital and had only been to see the SS and the SC six times since giving birth. The SM did not have a place for her the SS and SC to live. She did not have any supplies or provisions for the twins. The SS was due to be discharged and would require special care due to premature birth. The SM's whereabouts were unknown at the time of the report. BF's role was unknown.

Determination: Unfounded

Date of Determination: 03/17/2017

Basis for Determination:

The allegations of IG were Unsub against the SM for the SS and the SC. At the time of the twins' discharge, the SM had had an argument with the MGM and chose to leave the home with no immediate plan. Upon CPS intervention, the SM returned to live with the MGM. The twins were successfully discharged to her care. The twins were receiving home medical services from the VNA. The SM also enrolled with Healthy Family Services which would commence upon completion of VNA services. Both chn had been seen for routine medical treatment as scheduled. There no other services needed and the case was UNF and closed.

OCFS Review Results:

OCFS found that OCDSS made the appropriate determination based on the information gathered during the investigation.

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)
03/18/2015	Other - Unrelated child, Male, 10 Months	Other Adult - friend, Female, 56 Years	Inadequate Guardianship	Unfounded	No
	Other - Unrelated child, Male, 10 Months	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	
	Other - Unrelated child, Male, 10 Months	Mother, Female, 21 Years	Lack of Medical Care	Unfounded	
	Other Child - not related, Female, 5 Years	Mother, Female, 21 Years	Educational Neglect	Indicated	
	Other Child - not related, Male, 2 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated	



Child Fatality Report

Other - Unrelated child, Male, 10 Months	Mother, Female, 21 Years	Inadequate Guardianship	Indicated
Other Child - not related, Female, 5 Years	Mother, Female, 21 Years	Inadequate Food / Clothing / Shelter	Indicated

Report Summary:

SCR report received alleging the unsafe living conditions. The Other adult (the caretaker of the SC named in the fatality INV) was aware of the situation but was not making a plan for the unrelated chn (1-year-old) in her care at the time this report was made.

Determination: Indicated**Date of Determination:** 05/22/2015**Basis for Determination:**

Upon further investigation it was determined that the other adult listed on the report was not a person legally responsible for the child (1-year-old). The allegations of IG and IF/C/S were Unsub against the other adult.

OCFS Review Results:

OCFS found that OCDSS made the appropriate determination based on the information gathered during the investigation.

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)
11/14/2014	Other Child - Unrelated child, Male, 6 Months	Other Adult - Other Adult, Female, 56 Years	Inadequate Guardianship	Far-Closed	No

Report Summary:

A FAR case was opened on 11/14/14 with concerns that other adult (listed as a subject in child fatality INV) had a baby living with her and had no appropriate place for the child to sleep, and was struggling to meet the child's needs. There was also concerns that the other adult had mental and medical issues of her own and she may not have been an adequate care taker. It was determined that the baby was no relation to the other adult and the baby's BM was in jail. The other adult was provided with a pack and play for the baby and other supplies. Upon the BM's release from jail the FAR case was closed. The BM and her children had an active preventive case.

OCFS Review Results:

OCFS found that OCDSS made the appropriate referral to FAR and followed established protocols.

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

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

April 4, 2011-Allegations of IG and SA were Unsub against the MGM for the SM as a child.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Preventive Services History

There is no record of Preventive Services 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.



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

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