



Report Identification Number: SY-17-045

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

Issue Date: Feb 22, 2018

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: 7 month(s)

Jurisdiction: Onondaga
Gender: Female

Date of Death: 09/23/2017
Initial Date OCFS Notified: 09/26/2017

Presenting Information

During the early afternoon of 9/23/2017, the 7-month-old SC, an otherwise healthy child, was found face down and unresponsive on a mattress in the family home. The SC was rushed to the hospital where she later died. The SC had no known medical issues that would cause her death. The SM and SF were listed as alleged subjects with regard to this fatality until the investigation could ascertain otherwise. Additionally, the SM and SF not only had the SC living in squalid conditions, but the 2 yo SS as well. The home was extremely cluttered, with soiled laundry, garbage, and cigarette butts on the home's floors, as well as old food sitting out.

Executive Summary

On 9/23/2017, the Onondaga County Department of Children and Family Services (OCDCFS) received an SCR report regarding the death of the 7-month-old female SC. The fatality investigation was subsequent to an SCR report that was received on the same day, regarding the incident that led to SC's death.

On 9/23/2017, SC was found face down and unresponsive on a mattress on the floor in the family home. The 2 yo SS was sleeping on the same mattress. The parents called 911 at 1:27 PM and attempted to perform CPR until EMTs arrived. SC was transported to the hospital via ambulance. SC was not able to be resuscitated and was pronounced deceased by the hospital physician at 2:16 PM.

A reenactment was conducted at the home with LE and the Onondaga County ME's office. OCDCFS was not present. During the reenactment the parents demonstrated that SC was found face down on the mattress with her head on a pillow and part of the pillow was covering her face and mouth. According to the ME's office dehydration was possible because it was a hot day and the SC was dressed in pajamas and swaddled in an adult comforter. The final autopsy report listed the cause of death as sudden death associated with unsafe sleep environment and the manner of death was undetermined. The LE investigation was closed with no criminal charges filed.

OCDCFS assessed the safety of the SS and interviewed SM, SF and SF's cousin that was in the home at the time of the incident. The BF of the SS was reported to be living in Florida and had no contact with the SS. OCDCFS appropriately added the SS's BF to the case and sent a Notice of Existence (NOE) to his last known address. Reasonable efforts were made to contact him, although were unsuccessful.

OCDCFS contacted multiple collaterals, including LE, EMS, the ME's office, hospital staff and Child Protective Services in Michigan, where the family previously resided. LE, EMS nor the ME noted any signs of physical trauma on the SC's body. The investigation revealed the SC was born 3 weeks early and was small for her age, weighing only 15 lbs., although was a healthy child and was developmentally on target.

OCDCFS substantiated the allegations of IG and DOA/Fatality against the SM and SF regarding SC. It was determined SC was placed on her stomach on a twin sized mattress, which she shared with her SS, and was found with a pillow covering part of her face and mouth. SC was swaddled in an adult comforter on a 90-degree day and was found to be unresponsive. The allegation of IF/C/S was unsubstantiated as the home was observed to meet minimal standards and contained no safety hazards for the CHN.

OCDCFS offered bereavement services, counseling services, and assistance with funeral expenses, although



these services were declined as the family moved out of state during the investigation. Reasonable attempts were made to locate the family to assist them in obtaining bereavement services at the new location, although they were unable to be located.

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:

OCDCFS appropriately Indicated and closed the case.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with case circumstances.

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: 09/23/2017

Time of Death: 02:16 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: 01:27 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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? 30 Minutes

Is the caretaker listed in the Household Composition? Yes - Caregiver 2

At time of incident supervisor was:

Drug Impaired Absent

Alcohol Impaired Asleep

Distracted Impaired by illness

Impaired by disability Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	23 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Other Adult - SS's BF	No Role	Male	34 Year(s)

LDSS Response

OCDCFS began their investigation by contacting the source, reviewing WMS and contacting child support to determine the identity of the SS and to establish her BF. OCDCFS visited the hospital and spoke to the social worker who reported SM and SF appeared appropriate and attentive toward the SS. She had no concerns for the SS and observed no visible marks on SC.

OCDCFS conducted a home visit, where LE and the Forensic Investigator from the ME's office were present and a reenactment had occurred. It was reported there was no evidence of drugs or alcohol in the home and the parents did not appear to be under the influence. The Forensic Investigator observed SC to have no injuries and said she was possibly



dehydrated as it was a hot day and she was in pajamas and swaddled in a comforter. He felt Asphyxia was also possible based on the reenactment. LE reported SC's lips were blue upon their arrival, but she was hot to the touch.

The home was assessed to meet minimal standards and the family's belongings were packed as they planned to move out of state that morning. The home was very hot with no air conditioning and it was 90 degrees outside. A twin sized mattress was observed on the floor with a sheet on it. There was no crib in the home. SM and SF were interviewed and it was learned SM, SF and SF's cousin were in the home with the CHN on the night of 9/22/2017. SF fed SC a bottle around 3:30 AM on 9/23/17 and placed SC on the mattress between 4:00 and 5:00 AM. SF swaddled her in an adult comforter and laid her on her stomach with her head and part of her chest on top of a body pillow, with her head turned to the right. SS was already sleeping on the mattress. SM went to bed around 6:00 AM in the adult bed located in the same bedroom. SF reported he checked on SC every 15-20 minutes, although he later reported he fell asleep around 6:00 AM. SF was awoken by SC making noise around 11:00 AM. SF gave her a pacifier and he went back to sleep. SM awoke shortly after 12:00 PM and when she later checked on her, SC was still swaddled, her face and nose were partially covered by the pillow and she was unresponsive.

SF's cousin was interviewed. He did not know what time he fell asleep and said he was awoken by the commotion of SM finding SC unresponsive. He did not know what happened, he denied any drug or alcohol use in the home and had no concerns for the parents' care of the CHN.

OCDCFS offered bereavement services, counseling and assistance with burial costs. SM and SF did not accept these services. OCDCFS provided safe sleep education, as SM and SF did not appear to be aware of safe sleep guidelines. The family stayed at the PGM's home temporarily, which was assessed to be safe. They then moved to Michigan and lived with MGM for a short period of time, which was confirmed when OCDCFS spoke to MGM on 11/3/2017. MGM stated the family had since moved to another state and would not disclose their address. She had no concerns for the SS. Reasonable efforts were made to locate the family. SM reported SS's BF resided in Florida and was not involved in SS's life. OCDCFS added him to the case as required, mailed a NOE to his last known address and made reasonable efforts to locate and contact him.

OCDCFS obtained records from LE, including photos of the scene, the 911 call, hospital records and the final autopsy report. They attempted to obtain pediatrician records, although were unsuccessful, and spoke to multiple relatives. OCDCFS spoke to CPS in Michigan, where the family resided until a few months prior when they moved to New York State, and there was no prior history reported.

The final autopsy report listed the cause of death as sudden death associated with unsafe sleep environment and the manner of death as undetermined. LE closed their investigation with no criminal charges filed. OCDCFS appropriately indicated the investigation and closed-unable to contact/moved out of jurisdiction.

Official Manner and Cause of Death

Official Manner: Undetermined

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
044021 - Deceased Child, Female, 7 Mons	044023 - Father, Male, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
044021 - Deceased Child, Female, 7 Mons	044023 - Father, Male, 23 Year(s)	DOA / Fatality	Substantiated
044021 - Deceased Child, Female, 7 Mons	044022 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
044021 - Deceased Child, Female, 7 Mons	044022 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
044021 - Deceased Child, Female, 7 Mons	044023 - Father, Male, 23 Year(s)	Inadequate Guardianship	Substantiated
044021 - Deceased Child, Female, 7 Mons	044022 - Mother, Female, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
044024 - Sibling, Female, 2 Year(s)	044022 - Mother, Female, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
044024 - Sibling, Female, 2 Year(s)	044023 - Father, Male, 23 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated

CPS Fatality Casework/Investigative Activities

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

BF of SS was added to the report as required, but was not interviewed after reasonable efforts failed to locate him. Attempts were made to contact the pediatrician and were unsuccessful.

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"/>
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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 children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

OCDCFS offered the family bereavement services, counseling services, and assistance with burial costs. The family moved out of state shortly after SC's death and OCDCFS was unable to locate them to offer services in their new location.

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 provided the SM and SF with information on bereavement services for the SS.

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

Explain:

OCDCFS provided the SM and SF with information on bereavement services and information on burial assistance.



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)
09/23/2017	Deceased Child, Female, 7 Months	Mother, Female, 23 Years	Inadequate Guardianship	Indicated	No
	Deceased Child, Female, 7 Months	Father, Male, 23 Years	Inadequate Guardianship	Indicated	

Report Summary:

SCR report alleged the SM and SF woke up on 9/23/2017 to find the 7-month-old SC not breathing. The SC was in a near death condition. The SM and SF had no explanation for the SC's condition. As a result, the SM and SF were named subjects of the report. The SM and SF were also alleged to be living with the SC in an extremely unsanitary and filthy condition.

Determination: Indicated

Date of Determination: 11/22/2017

Basis for Determination:

OCDCFS appropriately substantiated the allegation of IG against the SM and SF regarding the SC. Upon investigation, OCDCFS found that SC passed away as a result of an unsafe sleep environment. SC was swaddled in an adult comforter and placed on her stomach to sleep on a mattress, on a day that was 90 degrees outside and there was no air conditioning in the apartment. SC was found unresponsive with her face partially covered by a pillow and was pronounced dead at the hospital. The cause of death was noted by the ME to be from unsafe sleep. A home visit was conducted and the home was observed to meet minimal standards.

**OCFS Review Results:**

OCDCFS received a subsequent fatality investigation on the same day, that was investigated concurrently. OCDCFS completed face to face interviews with both parents, conducted a home visit and assessed the safety of the SC and SS. BF of SS was added to the investigation as required, although attempts to locate and interview him were unsuccessful. OCDCFS contacted multiple collaterals and obtained the necessary documentation to support substantiating the allegations. OCDCFS offered the appropriate services to the family. The family moved out of state and reasonable attempts were made to locate them in order to assess ongoing safety of the SS and to offer services in their new location.

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

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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"/>

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