



Report Identification Number: SY-17-057

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

Issue Date: Jun 12, 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: 1 month(s)

Jurisdiction: Oswego
Gender: Male

Date of Death: 12/29/2017
Initial Date OCFS Notified: 12/29/2017

Presenting Information

On 12/29/17, at approximately 9:30AM, the SM was laying in the bed with the one-month-old SC beside her, and she was breast feeding him. The BF had left for work. At some point, while breast feeding the child, the SM fell asleep. When the SM awoke, she found the SC had vomited all over her and was unresponsive. The SM called 911 at 10:18AM. The SC had no preexisting medical conditions and was an otherwise healthy child. The roles of the BF and the other children were unknown.

Executive Summary

Oswego County Department of Social Services (OCDSS) received an SCR report on 12/29/2017, with allegations of DOA/fatality and IG against the SM for the one-month-old SC. The SC died from unknown causes and was an otherwise healthy child. An SCR and criminal history check were completed and reviewed. Based on the reviewed SCR history, OCDSS appropriately addressed possible alcohol and drug misuse with the parents. The parents denied any misuse of substances.

The ME performed an autopsy and the cause was sudden death associated with unsafe sleep and manner of death was undetermined. The ME's findings also stated there were no obvious signs of abuse or maltreatment.

LE closed their case based on the final autopsy results; no criminal charges were pursued in relation to the fatality. LE listed the death as accidental.

OCDSS assessed the safety of the SC's four SSs and their households. OCDSS found the SSs were safe and there were no safety concerns found in their homes. None of the SSs lived with the SM and the BF. The SM had no children in her custody at the time of the reported fatality. OCDSS interviewed the BF, the SM, the BM of the 13yo SS, MGM and the BF's of the SSs. OCDSS requested and reviewed all pertinent medical records of the SC. OCDSS also completed all safety assessments and child fatality reports timely and accurately.

OCDSS offered the family bereavement/grief counseling and burial assistance. The MGM accepted the referral for bereavement services for the two SS in her custody. The BM of the 13yo SS had her in counseling. The BF of one of the SS had sole custody of that child and that child did not visit with the SM and never had contact with the SC. OCDSS offered referrals for bereavement counseling for that child as well.

OCDSS Sub the allegations of IG against the SM for the SC. Based on interviews with collaterals and all members of the household it was learned that the SM breast fed the SC on a regular basis while lying down in her bed. The SM had a bassinet and a portable crib, and by her own admission was educated about safe sleep. There was some credible evidence based the above mentioned interviews and the final autopsy results the cause of death was associated with unsafe sleep. The SM failed to provide a minimum degree; she placed the child in imminent risk of harm by co-sleeping with the child on a regular basis, even though she had been educated on the dangers of co-sleeping. She failed to provide the child with a safe sleep environment, even though she had a bassinet and a portable crib for the child to sleep in. OCDSS indicated and closed the case with community based services. At the time of the case closing the SM was engaged in bereavement counseling with the two SS in the custody of the MGM.

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 continued to assess the safety of all the SS and offer services and support to all family members prior to the closing of the case.

Was the decision to close the case appropriate? Yes

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

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

Explain:

OCDSS conducted a thorough investigation and continued to offer support to all family members.

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: 12/29/2017

Time of Death: 11:33 AM

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

Unknown

County where fatality incident occurred:

Oswego



Was 911 or local emergency number called?

Yes

Time of Call:

10:18 AM

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? 2 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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	Male	1 Month(s)
Deceased Child's Household	Father	No Role	Male	37 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Other Household 1	Other Adult - bf of ss	No Role	Male	40 Year(s)
Other Household 1	Sibling	No Role	Male	9 Year(s)
Other Household 2	Other Adult - bf of ss	No Role	Male	31 Year(s)
Other Household 3	Other Adult - BM of SS	No Role	Female	34 Year(s)
Other Household 3	Sibling	No Role	Female	13 Year(s)
Other Household 4	Sibling	No Role	Female	13 Year(s)
Other Household 4	Sibling	No Role	Female	11 Year(s)

LDSS Response

OCDSS conducted a joint investigation with LE. Upon receipt of the SCR report on 12/29/17, OCDSS conducted interviews with the SM and the BF at their home. At the time of the home visit, OCDSS confirmed that the four SSs ages 13yo, 13yo, 11yo and 9yo all were in the care and custody of relatives and did not reside in the SM's home. However, three of the four SSs had regular visitation with the SM and the BF. The two 13yo and the 11yo were visited at the time of the incident. The parents reported the events of the morning leading up to the death of the one-month-old SC. The SM told OCDSS that she would feed the SC every two hours and last saw her son alive between 7:30AM and 8:00AM that morning. The SM and the BF said that he was up that morning and was playing with the SC before he left for work. He



said the SC was cooing and happy when he left for work. The SM said she then breast fed the SC in bed and she fell asleep. The SM said she awoke at 10:00AM and the SC was lying on his back on the bed and was unresponsive. The SM said she carried the SC into the living room where the 13yo SS was and told her to call 911. The SM performed CPR until EMS arrived.

OCDSS appropriately questioned the parents about safe sleep. The SM said she was educated on safe sleep and OCDSS observed a bassinet and portable crib in the home. The parents had all necessary supplies for the SC and there were no observable safety concerns in the home.

OCDSS interviewed all the SS and the three that were present in the home gave similar accounts of the events of that morning. The 13yo SS (the BF's daughter) was the one who called 911 and was with the SC and the SM until EMS arrived. It was learned through interviews with all family members and collaterals able to provide information about the care of the SC, stated that the SM co slept with the SC on a regular basis. OCDSS assessed the safety of the homes where the SSs resided and there were no safety concerns for the SSs. The 13yo and the 11yo SS were in Kinship Guardianship with the MGM and had been in her care since 2014. The 13yo SS, the daughter of the BF was in the custody of her mother. The 9yo SS resided with his father and his father had sole custody of him.

OCDSS appropriately offered all family members bereavement counseling. The MGM accepted the referrals and had the 13yo and the 11yo SS in counseling. The BM of the 13yo SS (the BF child) had her in counseling through school. The BF of the 9yo SS declined the referrals and would seek counseling if his son on his own if needed.

OCDSS obtained and reviewed all medical records pertaining to the death and of the SC as well as the SC's care. There were no concerns for the care of the SC. OCDSS obtained and reviewed records from LE, EMS and all first responders. OCDSS continued to offer support and services throughout their case involvement.

The ME's final report stated the cause of death was sudden death associated with unsafe sleep and the manner remained undetermined. There were no arrests.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046541 - Deceased Child, Male, 1 Mons	046542 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated
046541 - Deceased Child, Male, 1 Mons	046542 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated



CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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
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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"/>

Explain as necessary:

There were no other children who lived in the household at the time of the reported fatality. The SM had three other children. Two of the SS reside with the MGM who has custody. One SS lives with his father who has custody and does not visit with his mother. The BF of the SC had another child who resides with her mother in another household. OCDSS assessed the safety of all of these children and made arrangements for home visits and interviews with all of the children.

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 checked="" 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 checked="" 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"/>				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

OCDSS offered bereavement referrals for all of the SS who resided in separate households.

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

Explain:

OCDSS offered referrals for bereavement services for all family members and their households. OCDSS offered assistance with obtaining burial costs for the family.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? No
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome

 With neither of the issues listed noted in case record

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)
05/27/2016	Other Child - sibling to the SS, Male, 4 Years	Other Adult - no relation, Female, 60 Years	Inadequate Guardianship	Unfounded	No
	Sibling, Female, 12 Years	Other Adult - no relation, Female, 60 Years	Inadequate Guardianship	Unfounded	
	Other Child - sibling to the SS, Male, 4 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Other Child - sibling to the SS, Male, 4 Years	Mother, Female, 33 Years	Lack of Medical Care	Unfounded	
	Sibling, Female, 12 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unfounded	
	Other Child - sibling to the SS, Male, 4 Years	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unfounded	
	Other Child - sibling to the SS, Male, 4 Years	Other Adult - no relation, Female, 60 Years	Lacerations / Bruises / Welts	Unfounded	
	Other Child - sibling to the SS, Male, 4 Years	Other Adult - no relation, Female, 60 Years	Lack of Medical Care	Unfounded	

Report Summary:

The BM and other adult were aware that the SS was sexually abused by her BF in the past. However, they continue to allow the SS to visit with her BF. The BM and the OA were aware that the other child frequently had rashes and hives all over his body and they fail to get him medical attention when needed. The OC frequently had suspicious bruises above his eyes, on his cheeks and on his hips.

Determination: Unfounded**Date of Determination:** 07/20/2016**Basis for Determination:**

OCDSS Unsub the allegations of IG, L/B/W and LMC against the BM for the SS and the OC. There was no credible evidence to support the allegations. OCDSS interviewed the children and observed the home environment and there were no noted safety concerns. The BF of the SS had no history of sexually abusing the SS and the SS had not made any disclosures to OCDSS. All appropriate collaterals were contacted and there were no safety concerns for the SS or the OC. The case was UNF and closed no services required.

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)
12/28/2015	Sibling, Female, 11 Years	Stepmother, Female, 32 Years	Inadequate Guardianship	Unfounded	No



Report Summary:

On 12/20/2015, the SM punched the BF on the arm for unknown reasons. This incident occurred in the presence of the SS. The SS was not injured. The BM of the SS had an unknown role.

Determination: Unfounded

Date of Determination: 02/12/2015

Basis for Determination:

OCDSS interviewed the SS and all other household members. There was no credible evidence that the SS was impacted by the SM hitting the BF. OCDSS contacted appropriate collaterals about the care of the SS and there were no concerns for the SS in her BM's home. The allegation of IG against the SM was unfounded and closed. The SS only visits with the SM and the BF. The SS lives with her BM and the BM had a safety plan in place with the SS. The BM and the SS had a code word that the SS would use if she wished to be picked up from her fathers home.

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)
11/03/2015	Sibling, Female, 9 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	No
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	

Report Summary:

The SSs visit with the SM and the BF of one of the SS on weekends. The SM and the BF have an extensive history of alcohol misuse and there was a Court order in place that they not drink while SS were visiting. On recent visit it was believed the SM and the BF were intoxicated and were having sex in front of the SS.

Determination: Unfounded

Date of Determination: 12/23/2015



Basis for Determination:

Based on interviews with the SS and adults, it was determined that the parents were having sex in their bedroom and one of the children walked into the bedroom and saw the parents having sex. The parents acted appropriately by stopping and sending the child back to bed. There was no information that the parents were intoxicated when this incident occurred. The allegations of PD/AM and IG were Unusb for the SS. The report was UNF and the case remained open with preventive services.

OCFS Review Results:

The OCFS review found that OCDSS gathered sufficient information to make a determination.

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)
04/17/2015	Sibling, Female, 9 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	No
	Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 9 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 9 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Choking / Twisting / Shaking	Indicated	

Report Summary:

On 4/5/15, the SM's boyfriend (the BF of the SC) was angry and choked the SS while the child was at the home visiting. The SS did not have any injuries, but she had a hard time breathing. On 4/16/15, The SS and her sister had a visit with the SM and the SM was drinking alcohol. There was a Family Court OP stating the SM could not drink within 24 hours of seeing the SS.

Determination: Indicated

Date of Determination: 06/01/2015



Basis for Determination:

Based on interviews with the SS, collaterals and the adults in the home. The allegations of PD/AM and IG were Sub against the SM and the boyfriend for the SS. On a regular basis the SM and the boyfriend continue to drink alcohol to the point of impairment while the SS were on visitation in their home. The boyfriend of the SM and the BF of one of the SS becomes physically and verbally aggressive toward the SSs. The case was indicated and remained open for services and CPS monitored. There continued to be Family Court involvement. There were safety plans in place for all the SSs and all the SS remained in the care and custody of relatives and only have visitation with the SM and the BF of SS.

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)
03/12/2015	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	No
	Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 9 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Lacerations / Bruises / Welts	Indicated	
	Sibling, Female, 11 Years	Father, Male, 35 Years	Choking / Twisting / Shaking	Unfounded	
	Sibling, Female, 9 Years	Father, Male, 35 Years	Inadequate Guardianship	Indicated	
	Sibling, Female, 11 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Indicated	
	Sibling, Female, 9 Years	Mother, Female, 25 Years	Inadequate Guardianship	Indicated	
Sibling, Female, 11 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Unfounded		

**Report Summary:**

The report alleged that the BF of the SS, became angry and grabbed the SS and choked her against the wall. The SS were present and witnessed the incident. All of the children were on visitation with the SM and the BF. The SM did nothing to intervene on the SS's behalf.

Determination: Indicated

Date of Determination: 04/26/2015

Basis for Determination:

OCDSS interviewed all of the children (SS) and all of the children described the incident in detail. This was an open ongoing case. All of the SS reside in other households and only have visitation with the SM and the BF. Despite OCDSS filing a violation in family court, the SS was still allowed to visit the SM and BF per court order. The case remained open for Preventive services and monitored by CPS.

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

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

- 11/20/09-Allegations of IG and L/B/W-converted to FAR-CL 11/30/09
- 5/25/11-Allegations of IG and LS were Unsub against the SM for the SS-UNF 8/4/11
- 10/6/11-Allegations of IG and PD/AM FAR-FAR closed
- 10/18/11-Allgations of IG and PD/AM were Sub against the SM for the SS-case IND-opened-CP monitored-1/5/11
- 12/10/12-Allegations of L/B/W and IG were Unsub against the SM for the SS
- 7/20/14-Allegations of IF/C/S, IG and PD/AM-IND and opened-SS placed in Foster Care and placed under an Article 10 MGM

Known CPS History Outside of NYS

There was no known history outside of NYS.

Preventive Services History

A Preventive services case was opened for the mother on 3/4/05, to support the then 16yo mother and provide parent education. The service goals were met and the case closed on 5/11/05 no further services needed.

On 10/18/11 an SCR report was received with allegations of PD/AM and IG. A case was IND and opened with PV services. On 11/7/11, an Article 10 Neglect petition was filed for the 2 SS and the SS were placed in the care of the MGM and the BF one of the SS, applied for Article 6 custody and he was granted sole custody of that child. Court ordered services for the SM were counseling, a treatment program and supervised visits. The PPG goals were goals-Preventive Services Mandated, Placement, Protective and return to parent. The two SS were returned to SM on trial basis with PV services On 9/15/13. The other SS remained in the sole custody of the BF. The SM successfully completed treatment and complied services. The case was closed on 1/1/14 no further services needed.

On 7/20/14 the SM relapsed and the SM consented to placement of the two SS with MGM. A new Article 10 Neglect petition was filed and on 7/23/14, the FC Judge placed the CHN with MGM. The SM was in and out of treatment. On 5/2/16 MGM was granted Kinship Guardianship and case was closed 5/11/16. The family was in agreement to close the case.

Foster Care Placement History



On 11/7/11, an Article 10 Neglect petition was filed for the two SS were placed in the care of the MGM and one with his father, who was later granted full custody of that child. Court ordered services for the SM were counseling, a treatment program and supervised visits. The PPG goals were goals-Preventive Services Mandated, Placement, Protective and return to parent. The two SS were returned to SM on trial basis with PV services On 9/15/13. The other SS remained in the sole custody of the BF. The SM successfully completed treatment and complied with services. The case was closed on 1/1/14 no further services needed.

On 7/20/14 the SM relapsed and the SM consented to placement of the two SS with MGM. A new Article 10 Neglect petition was filed and on 7/23/14, the FC Judge placed the CHN with MGM. The SM was in and out of treatment and agreed to sign a surrender for her CHN. On 5/2/16 MGM was granted Kinship Guardianship and case was closed 5/11/16. The family was in agreement to close.

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