



Report Identification Number: SY-18-016

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

Issue Date: Oct 09, 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 year(s)

Jurisdiction: Jefferson
Gender: Male

Date of Death: 04/17/2018
Initial Date OCFS Notified: 04/17/2018

Presenting Information

On 4/17/18, an SCR report was received alleging the 1 year old subject child was found unresponsive. The child was brought to the hospital and pronounced deceased later that day. The subject child was an otherwise healthy child. The father was the only person legally responsible with the child. The father was with the child at the time of the incident, and the report alleged the father harmed him. The roles of the other children ages 6 and 1, and the mother were unknown.

Executive Summary

On 4/17/18, Jefferson County Department of Social Services (JCDSS) responded to an SCR report concerning the death of the 1yo SC. At the time of the fatality, JCDSS had an open Family Assessment Response (FAR) case with the family. The FAR case was opened on 2/28/18, with concerns alleging the SF and the SM allowed the children to live in unsafe and unsanitary conditions. The family was residing in a camper that did not have working plumbing or electricity. Family members were urinating and defecating outside. The family was living in a camper that was parked on a property containing a house under renovation and an abandoned trailer where the family had been residing before moving into the camper. The trailer presented multiple hazards, including garbage and beer bottles strewn throughout. The family planned to move into the house when the renovations were completed.

JCDSS interviewed the SF and he told JCDSS, he left the three children ages 6, 23 months and 1 in the camper that morning while he went to work on the house. All three of the children were awake when he left. The SM had already left for work. The SF said he was gone for 45 minutes and when he returned to the camper, he found the SC unresponsive in bed. The SF said SSs were in the living room playing. The SF said he called 911 and began CPR on the SC. The SF told the SSs to stay in the camper and he took the SC to the house until EMS arrived. When LE arrived at the house they found the SC, face up in a recliner and unresponsive. The SSs were observed by LE and EMS in the window of the camper, where the family resided. LE believed the SC's death was suspicious and the property was declared a crime scene.

Although the father and the 6 yo offered different descriptions of the events, it was clear that the parents had routinely left the SC unattended in the empty house. There was no heat in the house and there were multiple safety hazards. JCDSS learned the oldest child was not in school and none of the children had received routine medical care.

The ME's final autopsy report was still pending and the cause and manner of death remained undetermined at the time of this writing. There were no arrests and the criminal investigation was ongoing.

JCDSS substantiated the allegations of DOA/Fatality against both parents for the SC, and IG, LMC, LS, IF/C/S and PD/AM against both parents for the children. The allegation of EdN was also SUB against the parents for the 6yo SS. Based on interviews, observations and records obtained by JCDSS during the investigation, it was learned the SF was regularly leaving the 1yo SC in the empty house on the property and the SM knew. The SF and the SM would often threaten the SC that if he did not stop crying they would take him to the house. The house and surrounding property had multiple safety hazards. The house had power tools, electrical cords, nails and sheet rock strewn throughout. The trailer on the property was filled with empty beer bottles and garbage. All three children were mobile and often left to play unattended. There was no working plumbing in the trailer, camper or the house. Family members were urinating and defecating in holes dug in the ground outside. The children did not receive routine medical care. Both parents tested positive for marijuana and their levels indicated regular drug use. The SM worked full time and the children were in the



care of the SF while the SM worked. The SF often left them to play unattended while he played games on his cell phone or slept. The SM denied that she ever had any concerns for the SF's care of the children. The SM said she was home schooling the 6yo SS, but while she had submitted the paperwork to the school, she had not been sending in regular home schooling plans as was required. The case was IND and opened with court ordered services.

PIP Requirement

JCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the JCDSS has taken, or will take, to address the cited issue(s) in the history section of this report. For issues where a PIP is currently implemented, JCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
 - **Approved Initial Safety Assessment?** Yes
 - **Safety assessment due at the time of determination?** 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:

JCDSS made the appropriate determination based on the information gathered during the investigation.

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:

On 5/1/18, the surviving siblings were remanded into foster care by the Family Court Judge, after JCDSS filed an Article 10 severe abuse petition. This case was indicated and opened. The case remained open at the time of this writing pending further hearings in Family Court.

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: 04/17/2018

Time of Death: 12:48 PM

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

Unknown

County where fatality incident occurred:

Jefferson

Was 911 or local emergency number called?

Yes

Time of Call:

11:45 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? No - but needed

At time of incident supervisor was: Unknown if they were 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	Male	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	23 Month(s)

LDSS Response

JCDSS' most recent involvement with this family began with an SCR report made on 2/28/18. This case was tracked FAR (Family Assessment Response) and remained open at the time of the reported fatality. The concerns in the open FAR case alleged the parents allowed the three children to live in unsafe and unsanitary conditions. The children's ages were 6yo, 23-month-old and 1yo SC. There was no running water and the electricity was being supplied to the camper via an extension cord from a house on the same property. Family members were urinating and defecating outside as there was no working toilet on the property.



Subsequently, on 4/17/18, JCDSS received an SCR report about the death of the 1yo SC. JCDSS initiated a joint investigation with LE. JCDSS went to the police barracks and observed LE interviews with the parents and then conducted their own interviews. JCDSS interviewed the parents, obtained releases and offered bereavement services. JCDSS located the SSs at the paternal uncle’s home. JCDSS worked with the parents to make a temporary safety plan for the SSs pending further investigation. The parents were not able to provide suitable relatives for the SSs to stay with. The Uncle was unable to keep the SSs as he worked out of town during the week. JCDSS requested the parents sign the SSs into respite foster care and they agreed. The SSs were placed on 4/17/18, pending further investigation. The parents denied alcohol/substance misuse but both tested positive for regular marijuana use. It is unknown if the SF was under the influence at the time of the reported fatality.

The SF told JCDSS that he awoke the morning of 4/17/18 around 7:00 AM, and the SM left for work about 15 to 30 minutes later. The SF said he fed the children breakfast and went to the house on the property to work on the bathroom. The two SSs were sitting on the couch in the living room area of the camper. The SF had placed the SC on the bed in their bedroom and the SC was awake when he left. The SF said gone for 45 minutes and when he came back to the camper he found the SC completely covered in a blanket and unresponsive. The SF said he called 911 and started chest compressions. The SF then told the two SS to stay in the camper and he ran to the house to continue CPR until EMS arrived. The SF said he did not want the SS to see the SC in distress. The SM said she woke that morning and got ready for work, gave the SC a bottle and went to the store for milk and water. The SM brought the items back to the camper and went to work. There was some evidence that SF called SM at 11:29 am, but the 911 call was delayed until 11:46 am.

The 6yo SS was interviewed on 4/17/18 and 4/19/18. The SS told JCDSS that the SF brought the SC to the house and came back to the camper. The SF was playing games on his cell phone. The SF had the SS check on the SC a few times that morning. At some point, the SF brought the SC back to the trailer and tried to feed him a bottle, then returned him to the house and left him there unattended while he played games in the trailer. Later, when SF asked the 6yo to check on this brother, the child found him unresponsive.

The SS also told JCDSS that the SF would often bring the SC to the house and leave him there if he was crying. The SS said the parents would routinely threaten the SC, if he didn’t stop crying he would go to the house. The SF always kept the 23-month-old SS with him.

On 5/1/18 JCDSS filed an Article 10 Severe Abuse petition in Family Court. The SS remained in foster care per Family Court order, pending further hearings. The parents were ordered to undergo psychological evaluations, individual counseling, parenting classes, substance abuse evaluations and behavioral health assessments. The criminal investigation remained opened and there were no arrests at the time of this writing.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: JCDSS conducted a joint investigation with LE.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: JCDSS does not have an OCFS approved CFRT.



SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046330 - Deceased Child, Male, 1 Yrs	047727 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
046330 - Deceased Child, Male, 1 Yrs	047727 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
046330 - Deceased Child, Male, 1 Yrs	047727 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
046330 - Deceased Child, Male, 1 Yrs	047727 - Mother, Female, 27 Year(s)	Lack of Supervision	Substantiated
046330 - Deceased Child, Male, 1 Yrs	047727 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046330 - Deceased Child, Male, 1 Yrs	046332 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
046330 - Deceased Child, Male, 1 Yrs	046332 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
046330 - Deceased Child, Male, 1 Yrs	046332 - Father, Male, 28 Year(s)	DOA / Fatality	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Inadequate Guardianship	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Educational Neglect	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Lack of Supervision	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Lack of Supervision	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Lack of Medical Care	Substantiated
046335 - Sibling, Male, 6 Year(s)	047727 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
046335 - Sibling, Male, 6 Year(s)	046332 - Father, Male, 28 Year(s)	Educational Neglect	Substantiated
047657 - Sibling, Female, 23 Month(s)	047727 - Mother, Female, 27 Year(s)	Lack of Supervision	Substantiated



Child Fatality Report

047657 - Sibling, Female, 23 Month(s)	047727 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
047657 - Sibling, Female, 23 Month(s)	047727 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
047657 - Sibling, Female, 23 Month(s)	047727 - Mother, Female, 27 Year(s)	Lack of Medical Care	Substantiated
047657 - Sibling, Female, 23 Month(s)	047727 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

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 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:

The family had no health insurance and had no established doctor for the SC or the SS. The parents did not believe in vaccinating the children and were not taking them for well care check ups.

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

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"/>

Explain:
 JCDSS referred the parents to psychological evaluations, individual counseling, parenting classes, Life Skills classes and substance abuse evaluations/counseling. The parents were referred for an assessment with a behavioral health specialist as well.

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:
 On 4/26/18, the parents signed a 1021 consent for placement for the surviving siblings. The surviving sibling were placed in a foster home pending further investigation. On 5/1/18, JCDSS filed an Article 10 severe abuse petition in Family Court and the Judge granted the remand. The surviving siblings remained in foster care pending further Family Court hearings.



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:
05/01/2018	There was not a fact finding	There was not a disposition
Respondent:	046332 Father Male 28 Year(s)	
Comments:	Same as below.	

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
05/01/2018	There was not a fact finding	There was not a disposition
Respondent:	047727 Mother Female 27 Year(s)	
Comments:	On 4/26/18, the parents signed a 1021 consent for placement of the surviving siblings. On 5/1/18, JCDSS filed an Article 10 severe abuse petition in Family Court naming both parents as respondents. The surviving siblings remained in foster care at the time of this writing.	

Have any Orders of Protection been issued? Yes

From: 05/01/2018

To: Unknown

Explain:

On 5/1/18, JCDSS filed an Article 10 severe abuse petition and the Judge remanded the surviving siblings to remain in foster care. The parents had supervised visits with the surviving siblings.

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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input 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 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"/>

History Prior to the Fatality

Child Information

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/28/2018	Sibling, Male, 6 Years	Mother, Female, 28 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Female, 21 Months	Mother, Female, 28 Years	Inadequate Guardianship	Far-Closed	
	Sibling, Male, 6 Years	Mother, Female, 28 Years	Educational Neglect	Far-Closed	
	Sibling, Male, 6 Years	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 21 Months	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 10 Months	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 10 Months	Mother, Female, 28 Years	Inadequate Guardianship	Far-Closed	



Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 6 Years	Father, Male, 28 Years	Educational Neglect	Far-Closed
Sibling, Male, 6 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Male, 6 Years	Father, Male, 28 Years	Inadequate Guardianship	Far-Closed
Sibling, Female, 21 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Far-Closed
Sibling, Female, 21 Months	Father, Male, 28 Years	Inadequate Guardianship	Far-Closed
Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Guardianship	Far-Closed

Report Summary:

The mother, father, and children ages 6, 2, and 1 were residing in a camper which had no heat, running water, or electric and had been living there since December 2017. The sink was piled high with dirty dishes and garbage. In addition, the camper only had one twin size bed and was a very small space for five people to be residing. Further, the mother and father had failed to enroll the 6yo surviving sibling in school.

OCFS Review Results:

There were missed opportunities to gather collateral information, such as from the aunt and the grandmother where the SM stated they frequently showered and used the bathroom. In FAR cases, collaterals are to be family-driven and with permission. The SM gave permission, but JCDSS did not follow up on these important collateral contacts. JCDSS failed to enter progress notes in this investigation from the date the SCR report was received, on 2/28/18 and the date of the fatality on 4/17/18. The majority of the progress notes were entered after the death of the SC.

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

Issue:

FAR-Complete Collateral Contacts with Family's Permission

Summary:

There were missed opportunities to gather collateral information, such as from the aunt and the grandmother where the SM stated they frequently showered and used the bathroom. In FAR cases, collaterals are to be family-driven and with permission. The SM gave permission, but JCDSS did not follow up on these important collateral contacts.

Legal Reference:

18 NYCRR 432.13 (d)(2)(ii); 18 NYCRR 432.13 (e)(1)

Action:

JCDSS will follow up with collaterals when permission is given per FAR regulation.

Issue:

FAR-Timely/Adequate Documentation

Summary:

JCDSS had not entered any progress notes from the date of intake on 2/28/18, until the date of the fatality on 4/17/18.

Legal Reference:

18 NYCRR 432.13 (e)(5)

Action:

JCDSS will enter progress notes contemporaneously as events occur.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
08/09/2017	Deceased Child, Male, 4 Months	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Far-Closed	Yes
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Female, 1 Years	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Sibling, Male, 5 Years	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Far-Closed	
	Deceased Child, Male, 4 Months	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Far-Closed	

Report Summary:

The report alleged the home was in deplorable conditions and was unsanitary and unsafe for the children. There was garbage in and out of the home. There were beer bottles laying all over. The children were dirty and unkempt. The 1yo SS was crawling in filth. The conditions in the home continued to deteriorate. Neither parent had taken effective steps to address the issue.

OCFS Review Results:

Although the initial safety of the SS was assessed, the decision to track the case FAR was not discussed with the family per FAR regulation, therefore there was no agreement from the family to participate in the Family Assessment Response. On 8/27/17, it was documented in the case record the the SM called to inquire about FAR after she received a letter in the mail, 19 days after the SCR report was received. At that time JCDSS explained FAR to the SM. The FLAGG was not completed with the family as per regulation.

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

Issue:

FAR-Inappropriate Determination of CPS/FAR Track

Summary:

JCDSS' decision to track the case FAR was never discussed with the family prior to tracking the case FAR. Therefore there was no agreement with the family to participate in the Family Assessment Response per regulation.

Legal Reference:

18 NYCRR 432.13 (c); 18 NYCRR 432.13(e)(2)(ii)(a-d)

Action:

JCDSS will discuss the decision to track a case FAR with the family per regulation.

Issue:

FAR-Timely/Adequate Family-Led Assessment Guide

Summary:

JCDSS never completed the FLAGG with the family.

Legal Reference:

18 NYCRR 432.13 (e)(2)(iii)-(v)

Action:

JCDSS will complete the FLAGG with the family per regulation.



Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/31/2016	Sibling, Male, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Months	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 2 Months	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SF and the SM were squandering all their money away on marijuana and alcohol daily leaving no food or provisions in the home for the 4yo SS and the 2-month-old SS. The 4yo SS was constantly asking others for food and looked malnourished and skinny because the parents did not feed him enough. There was no running water, electric or heat in the home. There were no details known about doing laundry, cooking or bathing. The home was filthy and malodorous with dirty dishes, dirty floors and garbage everywhere.

Report Determination: Unfounded

Date of Determination: 09/09/2016

Basis for Determination:

JCDSS went to the home and determined that the family had plenty of food and had access to running water at the family home located on the same property. The home was clean and the 4yo SS had a bed with appropriate bedding. JCDSS provided the family with a portable crib for the infant and discussed safe sleep the parents. JCDSS requested that the SM take the 4yo SS to the pediatrician and the SM complied; and there were no concerns for the chn. The SM had tested positive for marijuana use but denied using while caring for the SSs. JCDSS made follow up visits before closing. The case closed and referred to community based services.

OCFS Review Results:

OCFS found that JCDSS 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

There was no history more than three years prior to the reported fatality.



Known CPS History Outside of NYS

There was no known history outside of NYS.

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