



## Report Identification Number: SY-20-050

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

Issue Date: Apr 26, 2021

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                 | ASTO-Allowing Sex Abuse to Occur            |                                       |



## Case Information

**Report Type:** Child Deceased  
**Age:** 14 day(s)

**Jurisdiction:** Chenango  
**Gender:** Male

**Date of Death:** 10/31/2020  
**Initial Date OCFS Notified:** 10/31/2020

## Presenting Information

Chenango County Department of Social Services (CCDSS) received a report from the SCR regarding the death of the subject child that occurred on 10/31/20. The reported alleged around 6AM, the mother woke, took the 2-week-old subject child out of his bassinet, and began to breastfeed the child while sitting in her bed. The mother fell asleep while breastfeeding the subject child and woke on her back with the subject child pressed into her right side, unresponsive. The mother woke the father who began CPR. Emergency services were immediately notified. The subject child was pronounced deceased as a result of being smothered.

## Executive Summary

On 10/31/20, CCDSS received an SCR report regarding the death of the 2-week-old male subject child that occurred on the same date. At the time of the child's death, he resided home with his parents. There were 3 surviving siblings, ages 1, 2, and 5. The siblings were assessed to be safe in the care of their parents. No safety concerns were revealed for the surviving children.

CCDSS conducted a joint investigation with law enforcement and they learned that around 6AM on 10/31/20, the mother woke and took the subject child out of his bassinet to feed. The mother began breastfeeding the child in her bed and fell asleep while feeding him. The mother woke several hours later and found the child unresponsive and pressed against her right side. The mother woke the father who began CPR and called 911. First responders arrived and attempted to resuscitate the subject child but determined no further medical intervention could revive the child and pronounced the child deceased on scene.

CCDSS interviewed the parents and several relatives and they assessed the siblings to be safe in their care. It was learned that the subject child was healthy with no preexisting medical condition and the home was assessed to be safe.

An autopsy was performed, and the cause and manner of death was "undetermined." The medical examiner ascribed the death to sudden death associated with an unsafe sleeping environment. The medical examiner further stated, "although the sleeping environment (on adult bed between parents) strongly raised the possibility of accidental suffocation/overlying, it could not be established with scientific certainty, hence the manner of death was best classified as undetermined."

At the time of this writing, the investigation remained open. CCDSS provided the parents with information on bereavement and mental health crisis services. The parents were not receptive to services and reported having a strong family support system.

## 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?** The CPS report had not yet been determined at the time this Fatality report was written.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

**Explain:**

At the time of this writing, the investigation remained open pending case closure. Case activity was commensurate with case circumstances.

**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:**

At the time of this writing, the investigation remained open pending case closure. Supervisory consultation was documented throughout the case.

**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:** 10/31/2020

**Time of Death:** Unknown

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

**County where fatality incident occurred:** Chenango

**Was 911 or local emergency number called?** Yes

**Time of Call:** 08:50 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



# Child Fatality Report

Playing

Eating

Unknown

Other: being breastfed

**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

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

Distracted

Absent

Asleep

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   | 14 Day(s)  |
| Deceased Child's Household | Father                          | Alleged Perpetrator | Male   | 42 Year(s) |
| Deceased Child's Household | Grandparent                     | No Role             | Female | 65 Year(s) |
| Deceased Child's Household | Mother                          | Alleged Perpetrator | Female | 24 Year(s) |
| Deceased Child's Household | Sibling                         | No Role             | Female | 5 Year(s)  |
| Deceased Child's Household | Sibling                         | No Role             | Male   | 1 Year(s)  |
| Deceased Child's Household | Sibling                         | No Role             | Male   | 2 Year(s)  |
| Other Household 1          | Other Adult - Father of Sibling | No Role             | Male   | 24 Year(s) |

## LDSS Response

CCDSS began their investigation into the incident upon receipt of the SCR report on 10/31/20. They searched SCR history and spoke to the source of the report, the medical examiner's office, law enforcement, hospital staff, the parents, and multiple relatives. They conducted several home visits and they assessed the safety of the siblings throughout the investigation.

Through interviews with the parents it was learned that the subject child was born full-term and he was healthy. The parents shared that the subject child and siblings were up to date with well-child visits and immunizations. The parents were aware of safe sleep guidelines and there was a crib and bassinet in the home for the subject child. The parents reported they adhered to safe sleep guidelines and always placed the subject child to sleep, on his back in the bassinette.

The mother reported that on 10/31/20, she woke around 6AM to breastfeed the subject child. The subject child had been asleep on his back in his bassinette when the mother woke him to feed. The mother brought the subject child into bed with her to breastfeed. The father was sleeping in the bed at the time. The mother fell asleep during feeding and woke several hours later lying on her back. The subject child was pressed into her side and was unresponsive. The mother woke the father who began CPR and called 911 around 8:50AM. First responders arrived and began resuscitation efforts, but determined efforts were futile and a medic on scene called the time of death.

CCDSS spoke with the first responders who corroborated the information learned from the parents. First responders



reported when they arrived on scene, the child was blue in color and unresponsive with no pulse. First responders took over resuscitation efforts and continued for 3 to 4 minutes. At that time, a medic arrived on scene and evaluated the subject child. The medic determined there was no blood flow to the subject child's brain and the blood was beginning to clot and rigor mortis was setting in, thus he pronounced the subject child deceased while on scene. The medical examiner arrived on scene and the subject child was transported to the morgue.

CCDSS interviewed the 5-year-old sibling's father, who expressed no concerns for the care of the children with the mother and father. CCDSS spoke with family members that cared for the siblings immediately following the death and they also reported no concerns for the care of the subject child or siblings in the care of the parents. The 5-year-old sibling was interviewed and expressed no concerns for the care of her or her younger siblings in the care of her mother and the father of the subject child.

At the time of this writing, the investigation remained open. CCDSS completed a thorough investigation into the events surrounding the death. The parents were offered services in response to the death including burial assistance and a trauma therapist. The parents were not receptive to services at the time.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Comments:** CCDSS partnered with law enforcement and provided the district attorney with notice of the subject child's death.

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

**Comments:** Chenango County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                      | Alleged Perpetrator(s)              | Allegation(s)           | Allegation Outcome |
|--|-------------------------------------|-------------------------|--------------------|
| 056741 - Deceased Child, Male, 14 Days | 056742 - Mother, Female, 24 Year(s) | DOA / Fatality          | Pending            |
| 056741 - Deceased Child, Male, 14 Days | 056742 - Mother, Female, 24 Year(s) | Inadequate Guardianship | Pending            |
| 056741 - Deceased Child, Male, 14 Days | 056743 - Father, Male, 42 Year(s)   | DOA / Fatality          | Pending            |
| 056741 - Deceased Child, Male, 14 Days | 056743 - Father, Male, 42 Year(s)   | Inadequate Guardianship | Pending            |

### CPS Fatality Casework/Investigative Activities

|  | Yes | No | N/A | Unable to Determine |
|--|-----|----|-----|---------------------|
|  |     |    |     |                     |



|   |                                     |                          |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| All children observed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alleged subject(s) interviewed face-to-face?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All 'other persons named' interviewed face-to-face?   | <input 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"/> |

**Additional information:**

CCDSS interviewed all relevant collateral sources.

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

**Explain:**

Though CCDSS assessed and documented safety in the case record throughout the investigation, the 7-day safety assessment tool was not completed until 10 days after receipt of the report.

**Fatality Risk Assessment / Risk Assessment Profile**



# Child Fatality Report

|   | 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"/> |

**Explain:**

CCDSS referred the family to appropriate community-based services following the death.

### 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:**

Though CCDSS determined a removal was not necessary, a plan was made for the siblings to stay with a family member in the days following the death, as the parents were distraught and in the process of making funeral arrangements. The siblings returned home on 11/6/20.

### 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 checked="" 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"/> |

**Additional information, if necessary:**  
 CCDSS offered the family referrals for community-based mental health and bereavement counseling following the death, though the family was not receptive to services. The parents reported they had a strong family support they would utilize in their period of grief. Funeral assistance was offered and declined by the father.

**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:**  
 CCDSS worked with the family to come up with an appropriate safety plan following the death. The family did not wish to utilize any services related to bereavement or mental health counseling.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**  
 Though the family was cooperative with the investigation, they did not wish to utilize resources provided to them by CCDSS.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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? 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)                     | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|------------------------|-----------------------------------|--------------------|---------------------|
| 10/04/2019         | Sibling, Female, 3 Years | Father, Male, 41 Years | Inadequate Guardianship           | Unsubstantiated    | No                  |
|                    | Sibling, Female, 3 Years | Father, Male, 41 Years | Swelling / Dislocations / Sprains | Unsubstantiated    |                     |

**Report Summary:**

Broome County Department of Social Services (BCDSS) received a report from the SCR which alleged the mother and father resided together with the siblings, ages 3 and 1 at the time. On 10/2/19 and 10/3/19, the then 3-year-old sibling was in the emergency room. It was suspected the father injured the child's arm, which had been sprained.

**Report Determination:** Unfounded

**Date of Determination:** 01/08/2020

**Basis for Determination:**

BCDSS determined there was no credible evidence to support the father injuring the sibling. There were no concerns for the siblings in the care of the mother or the father and no services were deemed necessary.

**OCFS Review Results:**

BCDSS completed a thorough investigation into the allegations. Though, BCDSS did not complete the initial safety assessment tool until 10 days after receipt of the report, safety of the siblings was established within the first 24 hours. BCDSS interviewed the father of the sibling in person and supplied all appropriate persons with letters of notification. Once all case objectives were met, BCDSS closed their 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 history related to the father's children who do not reside in the home. There was indicated history from 2004-2015 related to domestic violence between the father and mother of those children. The father was arrested on multiple occasions for physically assaulting the mother of those children in the presence of the children.

#### Known CPS History Outside of NYS

There was no known history outside of New York State.



## 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