



**Report Identification Number: SY-22-047**

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

**Issue Date: Apr 06, 2023**

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 had an open investigation or a CPS monitored services 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	DA-District Attorney	
<b>Allegations</b>		
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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
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:** 29 day(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 10/18/2022  
**Initial Date OCFS Notified:** 10/19/2022

## Presenting Information

The subject child died on 10/18/22 while in the hospital. The child was born with a medical condition, was not expected to survive, and spent the duration of her life hospitalized. The child died during an open CPS investigation that began on 10/03/22, concerning the sibling's alleged diaper rash. Onondaga County Department of Children and Family Services learned of the death on 10/19/22 and provided the Syracuse Regional Office with a 7065 Agency Reporting Form timely.

## Executive Summary

This report concerns the death of the 29-day-old child that occurred on 10/18/22. The child died during an open CPS investigation regarding the 3-year-old sibling's diaper rash. The child was hospitalized for the duration of her life and was not expected to survive. The sibling was assessed to be safe in the care of her mother.

On 10/18/22, Onondaga County Department of Children and Family Services (OCDCFS) was informed by hospital staff that the child's condition was deteriorating, and she was expected to die. The child was declared deceased at 10:47 PM.

OCDCFS obtained the death certificate which noted the cause of death was hydranencephaly and the manner of death was natural. An autopsy was performed, and the report stated that the mother's pregnancy was complicated by late and limited prenatal care and maternal drug use. Additionally, the autopsy report stated the mother had a history of polysubstance drug abuse of cocaine and heroin. The mother was in a rehabilitation program; however, while pregnant, she relapsed from April to August 2022. The case record nor autopsy report reflected where or from who this information was obtained.

OCDCFS offered the parents a referral to Hope for the Bereaved and burial assistance. The parents were involved in mental health counseling and accepted burial assistance. The record noted that the autopsy report did not state that the child passed away due to the actions or inactions made by the parents; however, OCDCFS did not document exploring the possible negative impacts the mother's use of illicit substances or late and limited prenatal care may have had impacted the child's prenatal development. Therefore, it remained unknown if the decision to close the case was appropriate as it remained unknown if the death was a result of abuse or maltreatment.

### PIP Requirement

OCDCFS will submit a PIP to the Syracuse Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the OCDCFS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDCFS 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:

- Safety assessment due at the time of determination? N/A

**Determination:**

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? N/A
- Was the determination made by the district to unfound or indicate appropriate? N/A

**Explain:**

The investigation open at the time of death was determined and closed; however, it remained unknown if the mother's late and limited prenatal care or drug use had a negative impact on the child, including the child's demise.

**Was the decision to close the case appropriate?** Unknown

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** No

**Was there sufficient documentation of supervisory consultation?** Yes, the case record notes a consultation took place, but no details noted.

**Explain:**

Casework activity was not commensurate with case circumstances as there were missed opportunities to gather information regarding the mother's use of illicit substances and possible impact it may have had on the child's prenatal development and subsequent death.

**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:** 10/18/2022

**Time of Death:** 10:47 PM

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

**County where fatality incident occurred:** Onondaga

**Was 911 or local emergency number called?** No

**Did EMS respond to the scene?** No

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?** No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other: Hospitalized



**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	No Role	Female	29 Day(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Other Household 1	Other Adult - Sibling's Mother	No Role	Female	26 Year(s)
Other Household 1	Sibling	No Role	Female	3 Year(s)

**LDSS Response**

On 10/04/22, during contact with the father regarding the CPS investigation open at the time of the child's death, OCDCFS learned that the child was born. According to the father, the child was in the hospital since her birth and was not expected to live due to hydrocephalus and the severe underdevelopment of her brain.

On 10/18/22, hospital staff informed OCDCFS that the child was placed on comfort care and was not expected to survive. The following day, hospital staff confirmed the death, reporting it occurred the night prior.

Following the death, the mother reported that since she was 24 weeks pregnant, the family was aware the child would have severe defects. Although the parents denied drug and alcohol abuse prior to the death, the record did not reflect OCDCFS reassessed the mother's use of illicit drugs with either parent after the autopsy report was obtained.

There were missed opportunities to gather collateral information. The autopsy report noted that the mother had late and limited prenatal care and noted the mother's drug use during her pregnancy. The record did not reflect contact with medical providers regarding possible impacts the mother's drug use may have had on the child, including the child's death.

OCDCFS contacted a social worker to inquire about the mother's substance use. The social worker was aware of the mother's history of using drugs; however, was unaware whether the mother currently used drugs or alcohol.

The parents were offered bereavement services; however, were already engaged in therapy at the time of the death. The mother of the sibling was offered bereavement services regarding the sibling. It remained unknown if the sibling utilized the services. The sibling was assessed to be safe with her mother and the case was closed on 12/14/22.

**Official Manner and Cause of Death**

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

**Person Declaring Official Manner and Cause of Death:** Other physician

**Multidisciplinary Investigation/Review**



**Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes**

**Comments:** The death was referred to a Child Fatality Review Team.

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<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"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

The record did not reflect OCDCFS inquired with medical professionals whether the child's condition and death could be a result of the mother's drug use.

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
<b>Were there any surviving siblings or other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:</b>				
<b>Within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>At 7 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>At 30 days?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
 The record did not reflect an assessment of the mother's need for a referral for her substance use. There was not an appropriate assessment for service needs as the record did not reflect OCDCFS explored the mother's substance use and possible treatment needs.

### 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 as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The sibling did not need to be removed.

### 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Mental health services	<input checked="" type="checkbox"/>	<input 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 checked="" 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"/>

**Additional information, if necessary:**  
 The parents continued to receive mental health therapy following the death. The record did not reflect the mother was referred to substance abuse treatment program.

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

**Explain:**  
 Hope for the Bereaved was offered to the parents. The parents were already receiving mental health therapy and continued to engage in therapeutic services. They accepted burial assistance. The record did not reflect the mother was referred to a substance abuse treatment program.

## 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? Yes

### Infants Under One Year Old

**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs





# Child Fatality Report

Used marijuana

Was not noted in the case record to have any of the issues listed

**Infant was born:**

With a positive toxicology

With fetal alcohol effects or syndrome

Exhibiting withdrawal symptoms

With none 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)	Allegation Outcome	Compliance Issue(s)
10/03/2022	Sibling, Female, 3 Years	Father, Male, 32 Years	Lack of Medical Care	Unsubstantiated	Yes
	Sibling, Female, 3 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 29 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the father was not providing adequate care for the 3-year-old sibling. The father did not change the sibling’s diaper regularly, and as a result, the sibling had an ongoing diaper rash that he did not treat. On 10/02/22, when the father’s visitation with the sibling ended, the sibling was tired, sluggish, weak and did not make eye contact, which was unusual for her. The sibling’s clothes, toys and blankets smelled of smoke when she returned from the father’s visitation. The sibling witnessed domestic violence between the father and the mother.

**Report Determination:** Unfounded

**Date of Determination:** 12/14/2022

**Basis for Determination:**

The allegations were unsubstantiated as the investigation revealed the father was treating the sibling’s rash with a topical medication. The sibling had appointments with her pediatrician for treatment and it was determined that the sibling had a yeast infection and was prescribed a cream to treat it. The parents changed the sibling’s diaper at appropriate times. The father denied smoking cigarettes in the presence of the sibling and OCDCFS did not observe his home to smell of smoke. There had not been domestic violence between the father and the mother since the SCR report dated 11/24/21 and there was not law enforcement involvement.

**OCFS Review Results:**

The investigation was initiated timely, and the source was contacted. During the open investigation, the child passed away due to severe defects. The child was in the hospital for the entirety of her life. Written Notice of Existence was provided timely. A CPS history check was completed timely. All appropriate collateral contacts were not made. There were missed opportunities for collateral contacts.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

There were missed opportunities to gather collateral information. The autopsy report noted that the mother had mental health issues, late and limited prenatal care, and drug use during her pregnancy. The record did not reflect contact with medical providers regarding possible impacts these concerns had on the child or surviving sibling.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

OCDCFS will make diligent efforts to contact collaterals to potentially gather outside information.

Date of	Alleged	Alleged	Allegation(s)	Allegation	Compliance
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# Child Fatality Report

SCR Report	Victim(s)	Perpetrator(s)		Outcome	Issue(s)
11/24/2021	Sibling, Female, 2 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

An SCR report alleged on 9/7/21, the mother physically assaulted the father while in the presence of the then 2-year-old sibling.

**Report Determination:** Unfounded**Date of Determination:** 01/27/2022**Basis for Determination:**

The Investigation Conclusion Narrative noted that there was credible evidence to substantiate the allegation of Inadequate Guardianship against the mother. The adults were interviewed, and it was determined that there was an argument between the father and the mother while the sibling was present. The sibling was asleep at the time, but given the circumstances around the argument, the sibling could have been subjected to physical violence that ensued after the argument. However, the determination was changed to unsubstantiated after an administrative review.

**OCFS Review Results:**

The investigation was initiated timely, and the Safety Assessments were completed with accuracy. Written of the SCR report and its indication was provided timely. The Risk Assessment Profile was completed accurately. A CPS history check was completed timely.

**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 CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known CPS history outside of New York.

**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