



**Report Identification Number: SY-24-008**

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

**Issue Date: Jun 10, 2024**

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:** 1 year(s)

**Jurisdiction:** Herkimer  
**Gender:** Male

**Date of Death:** 03/19/2023  
**Initial Date OCFS Notified:** 02/06/2024

## Presenting Information

On 2/5/24, the Herkimer County Department of Social Services (HCDSS) learned of the death of the 1-year-old male subject child that occurred on 3/19/23. There was an open CPS investigation at the time of the death, which began on 2/10/22. HCDSS notified the Syracuse Regional Office of the death via the 7065 Agency Reporting Form.

## Executive Summary

On 2/5/24, HCDSS learned of the death of the subject child during a phone call with the maternal aunt. HCDSS had an open CPS investigation at the time of the death, which began on 2/10/22, and alleged concerns regarding domestic violence perpetrated by the father against the mother. Following the report, HCDSS had large gaps in contact with the family, during which time the mother, child, and 3-year-old sibling relocated to North Carolina. The child died in North Carolina due to physical abuse by the mother's boyfriend on 3/19/23. There was no SCR report in New York regarding the death, as the child resided in another state. North Carolina Child Protective Services opened an investigation into the death, and HCDSS obtained all pertinent records from their investigation.

HCDSS learned that following their initial contact with the family, the mother and siblings relocated to Oneida County temporarily and then moved to North Carolina in October 2022. The child resided with the mother and sibling, and the mother's boyfriend stayed at the home during the weekends. On the day of the death, the mother left the home to go to work and the child and sibling were left in the care of the mother's boyfriend. The children were reported to be in good health when the mother and other relatives saw them earlier in the day. The maternal aunt stopped by the home during this time to visit with the children and found the child deceased. The mother's boyfriend said the child had fallen off the bed and then thought the child was napping. The aunt contacted 911 and first responders arrived at the home. Paramedics determined the child was deceased and declared him dead at the home at 8:10PM.

An autopsy was completed and the final report was pending at the time this report was completed. The child was found to have blunt force trauma to the head and neck, hemorrhaging between the top vertebrae of the skull, whiplash injury, a fractured right humerus, subdural hemorrhage on both sides of the brain, renal detachment and spinal cord injury. It was believed the death was immediate and sudden and there were no signs of healing from the injuries. The injuries were believed to have happened within a very short period of time and within hours of his body being discovered by the aunt. The mother's boyfriend was arrested and charged with first-degree murder on 3/23/23. Law enforcement did not believe that the mother was involved in the death of the child or that she had any knowledge that the boyfriend was abusive.

Child Protective Services in North Carolina implemented a safety plan in which the mother's boyfriend was to have no contact with the sibling. The family was connected to grief counseling services, and the sibling was engaged at case closure. The mother's boyfriend was substantiated for physical abuse and he remained incarcerated.

### PIP Requirement

For citations identified in historical cases, HCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) HCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, HCDSS 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 mother and child lived in North Carolina at the time of the child's death; therefore, there was no SCR report in New York regarding the fatality and the completion of safety assessment tools was not required.

Was the decision to close the case appropriate? Yes

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

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

### Explain:

HCDSS gathered information regarding the fatality. The decision to close the case was appropriate as the mother no longer resided in New York.

## 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: 03/19/2023

Time of Death: 08:10 PM

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

County where fatality incident occurred: Out Of State

Was 911 or local emergency number called? Yes

Time of Call: 08:03 PM

Did EMS respond to the scene? Yes

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

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

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**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	Male	1 Year(s)
Deceased Child's Household	Mother	No Role	Female	24 Year(s)
Deceased Child's Household	Other Adult - Mother's boyfriend	No Role	Male	26 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

**LDSS Response**

On 2/5/24, HCDSS was notified of the child's death by the maternal aunt during a collateral contact with her for the open CPS investigation. HCDSS contacted the mother and gathered information from Child Protective Services in North Carolina, which included their contacts with the family, relatives, first responders, law enforcement, and medical collaterals.

HCDSS obtained details of the interview completed with the mother and the aunt who discovered the child. The mother reported she and the children moved to North Carolina in October 2022. The family originally stayed with the aunt, then moved in with a cousin, which is where they were residing at the time of the death. On 3/19/23, the mother left for work around 12:30PM and intended to return after her shift ended at 8:00PM. The aunt arrived to the home around 7:45PM to give the children toys she had purchased for them. The aunt knocked on the door and the 3-year-old sibling answered. The mother's boyfriend was asleep and the aunt went to the bedroom to check on the child. The aunt was unable to wake him up and when she turned him over she saw he was not breathing. The aunt screamed, waking the mother's boyfriend, who came into the room and started cardiopulmonary resuscitation. The aunt called 911 and then the mother. The mother reported when she left for work the child was fine.

The mother's boyfriend was interviewed by North Carolina CPS and reported that on the day of the child's death, the children were in his care. Around 2:30PM, the child fell off the bed and was crying. The mother's boyfriend sat with the child for a couple of hours. The child acted off at first, but then resumed acting and speaking normally. The mother's boyfriend gave the child water and laid him down to sleep around 5:45PM. The mother's boyfriend alerted the mother of the child falling off the bed and said he was fine. The mother's boyfriend denied any wrongdoing to the child when interviewed by law enforcement, and further stated the child's sister kicked him off the bed when he tried to take her tablet. The father of the children was interviewed, and reported no concerns for the children in the mother's care.

Collateral contacts were completed with the mother's boyfriend's coworkers. One coworker was playing video games with the mother's boyfriend on the day of the death and reported the mother's boyfriend was excessively drinking. Around 3:00PM, the mother's boyfriend alerted his coworker to something happening at the home and asked that he come over. The coworker went to the home and was told that the sibling kicked the child off the bed and he hit his head. Another



coworker reported that after the child's death, the mother's boyfriend inquired with him about how he would feel if he admitted to killing someone. The mother's boyfriend was discussing leaving the state and buying a bus ticket. A review of the mother's boyfriend's phone records showed searches regarding buying bus tickets, how warrants impacted travel, and child murder sentence laws.

The sibling was interviewed at the Child Advocacy Center and made no disclosures. The sibling received a medical exam following the death and during the exam disclosed that the mother's boyfriend hurt the subject child. The sibling was enrolled in mental health counseling.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

### Multidisciplinary Investigation/Review

**Was the fatality referred to an OCFS approved Child Fatality Review Team?**No

### CPS Fatality Casework/Investigative Activities

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

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>



# Child Fatality Report

Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Explain:**  
 As there was no SCR report surrounding the fatality, the completion of safety assessments was not required; however, CPS in North Carolina documented an assessment of the 3-year-old sibling's safety and the safety of an infant child the mother gave birth to during the investigation, and HCDSS obtained this information.

### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?  
 Family Court       Criminal Court       Order of Protection

**Criminal Charge:** Murder      **Degree:** 1

<b>Date Charges Filed:</b>	<b>Against Whom?</b>	<b>Date of Disposition:</b>	<b>Disposition:</b>
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# Child Fatality Report

03/23/2023	Mother's boyfriend	Unknown	Unknown
<b>Comments:</b>	The mother's boyfriend was arrested and charged with first-degree murder.		

### 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 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### History Prior to the Fatality

#### Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes  
 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)	Allegation Outcome	Compliance Issue(s)
02/10/2022	Deceased Child, Male, 8 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged that on an unknown date, the father hit the mother in the presence of the subject child and sibling. As a result, the mother sustained swelling to her right cheek.

**Report Determination:** Unfounded

**Date of Determination:** 03/05/2024

**Basis for Determination:**

HCDSS unsubstantiated the allegation of Inadequate Guardianship against the father. CPS interviewed the parents separately and they both denied the allegations. The mother stated that her face was swollen because she had just woken up to get her hotel voucher at HCDSS. The father was not in the hotel the previous night, as he had taken off, and the mother did not know where he was. Both children were seen but were unable to be interviewed due to their ages.

**OCFS Review Results:**

HCDSS spoke to the source on 2/10/22, who reported concerns about domestic violence, drug use, and lack of adequate clothing for the SS. HCDSS entered a progress note reflecting that contact was made with the mother and children on 2/10/22; however, this note was not documented in CONNECTIONS until 2/5/24. In addition, other casework contacts including the father's interview (2/14/22) and HCDSS supplying a Pack 'N Play (2/11/22) were not documented until 2/5/24. The record had large gaps in casework activity, including between 2/14/22 through 9/12/22, and between 9/15/22 through 2/5/24. There were no efforts during that time to assess the safety of the children.

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

**Issue:**

Failure to provide safe sleep education/information

**Summary:**

The record did not reflect that safe sleep guidance was provided to the mother.

**Legal Reference:**

13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

**Action:**

HCDSS will provide information on safe sleep guidance to the parents and caretakers of infants whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

**Issue:**

Review of CPS History

**Summary:**

HCDSS documented a CPS history check late on 2/5/24.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(i)

**Action:**

Within 1 business day of a report, HCDSS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, HCDSS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Several notes, including pertinent casework contacts with the mother, children, and father, were documented nearly two years after their event dates on 2/5/24.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

**Issue:**

Timeliness of Determination

**Summary:**

The CPS investigation remained open for two years.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

HCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

**Issue:**

Pre-Determination/Assessment of Current Safety/Risk

**Summary:**

No casework activity was documented from 2/14/22 through 9/12/22 and 9/15/22 through 2/5/24. On 9/15/22, HCDSS was made aware the mother and children relocated to Oneida County but there were no efforts documented to further assess the safety of the children or close the investigation.

**Legal Reference:**

18 NYCRR 432.2 (b)(3)(iii)(b)

**Action:**

HCDSS will prioritize making an adequate assessment of safety and risk to all children in the household, and continue an on-going assessment of safety and risk throughout the length of the investigation.

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

In 2020, the mother had an indicated CPS investigation regarding the sibling and an unrelated child for Inadequate Guardianship.

**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