



Report Identification Number: RO-20-024

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

Issue Date: Mar 30, 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: 1 year(s)

Jurisdiction: Ontario
Gender: Female

Date of Death: 10/14/2020
Initial Date OCFS Notified: 10/14/2020

Presenting Information

The SCR report alleged that on the morning of 10/14/20, the 1-year-old child (SC) was found unresponsive and not breathing by the mother's partner (MP). The child was last seen alive at approximately 3:00 AM by the three adults in the home. The mother (SM) and parent substitute had smoked marijuana after waking up that morning, and then the MP checked on the child around 9:00 AM. The other adult (OA) in the home called 911 and was instructed to begin CPR. In addition, the MP is a Level 1 sex offender.

Executive Summary

This report concerns the death of a 1-year-old child which occurred while in the care of her mother and the mother's partner. The child was placed alone in a portable crib to sleep at approximately 3:00 AM and found unresponsive by the mother's partner at approximately 9:00 AM later that morning. Though the death occurred in Onondaga County, primary investigative responsibilities were assigned to Ontario County Department of Social Services (OCDSS), where the mother and children primarily lived. The child, mother and 7-month-old sibling were visiting the mother's partner at the home he shared with his sister and her two children, ages 6 and 4 years.

The mother, mother's partner, and other adult in the home were interviewed and confirmed that the child had been placed to bed the night before around 8:00 PM. The child woke around 12:00 AM and remained awake until falling asleep at approximately 3:00 AM. The mother's partner checked on the child at approximately 9:00 AM and found the child unresponsive in the portable crib. Emergency services were called and responded to the home. The child was transported to the hospital where she was pronounced dead. The 6-year-old and 4-year-old children were interviewed and were unable to provide further details regarding the incident.

Law enforcement was interviewed and confirmed the story as told to them by the adults in the home. No criminal charges were filed against the mother, mother's partner, or other adult in the home at the time of the child's death. The medical examiner found no signs of trauma and determined the cause of death to be Unexplained Sudden Death in Childhood, a natural cause.

OCDSS coordinated the investigation with Onondaga County to ensure safety of the surviving sibling and other children in the home throughout the investigation. Bereavement counseling, mental health, and drug and alcohol services were offered to the family and the mother was participating in mental health treatment at the time the investigation was closed.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?**

Yes



○ Safety assessment due at the time of determination? Yes

● Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

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

Explain:

OCDSS interviewed familial and collateral contacts to gather information about the incident and assess safety and risk. Determinations of the allegations were made based on evidence gathered and there were no documented health or safety concerns for the surviving children at the time the investigation was closed.

Was the decision to close the case appropriate? Yes

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

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

Explain:

OCDSS conducted an investigation that met regulatory requirements and made a determination of the allegations based on information gathered.

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: 10/14/2020

Time of Death: Unknown

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

County where fatality incident occurred: Onondaga

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown

 Other**Did child have supervision at time of incident leading to death?** Yes**How long before incident was the child last seen by caretaker?** 6 Hours**At time of incident supervisor was:** Not impaired.**Total number of deaths at incident event:****Children ages 0-18:** 1**Adults:** 0**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	1 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Month(s)
Other Household 1	Mother's Partner	Alleged Perpetrator	Male	23 Year(s)
Other Household 1	Other Adult - Mother's Partners sister	Alleged Perpetrator	Female	24 Year(s)
Other Household 1	Other Child - Other adults child	Alleged Victim	Female	6 Year(s)
Other Household 1	Other Child - Other adult's child	Alleged Victim	Female	4 Year(s)
Other Household 2	Other Adult - BF to 6-year-old OC	No Role	Male	26 Year(s)
Other Household 3	Other Adult - BF to 4-year-old OC	No Role	Male	34 Year(s)

LDSS Response

OCDSS received the SCR report and coordinated their response with LE and the secondary jurisdiction where the mother was staying with the SC and surviving sibling. Onondaga County Department of Social Services (ONCDSS) was assigned a secondary role and conducted much of the fatality investigation on behalf of OCDSS. LE informed OCDSS that the SM and MP admitted to smoking marijuana the morning of the fatality before checking on the SC. There was a 7-month-old surviving sibling (SS), as well as the OA's children, ages 6-years-old (OC1) and 4-years-old (OC2) in the home. A subsequent SCR report was received on 10/14/20 which contained allegations that the SC was under the supervision of the OA at the time of her death. A subsequent SCR report was received on 10/18/20 which alleged the BF and SM left the SC and SS in the care of the MP on multiple occasions knowing that he was a level one sex offender, and had locked the SC in her bedroom for hours while smoking marijuana.

ONCDSS conducted interviews with the SM, the MP, and the OA in the home. The SM and the MP stated that the SM and her children were visiting the PS in the home where he lived with the OA and her children. The SM and MP identified that the night before the incident had been a normal night and that the SC was put to sleep around 8:00 PM. The SC awoke around 12:00 AM and stayed awake until 3:00 AM before returning to sleep. The child was put to sleep in a portable crib. The SM and MP awoke in the morning and smoked marijuana in the bathroom, then the SM sent the MP to check on the SC at approximately 9:00 AM. The MP observed what he thought to be some bruising on the back of the SC's legs and called for the SM to come check. The SM picked up the SC and realized something was wrong and yelled to the OA to call 911. The OA attempted CPR as instructed; however, it was unsuccessful. The SM stated that the SC had been given Tylenol the evening of 10/13/20 for teething. The other children, OC1 and OC2, expressed limited knowledge about what occurred in the home and disclosed no safety concerns to ONCDSS when interviewed.



The BF was interviewed in his home. The BF expressed no concerns for the care of the children by the SM or MP and was not present when the SC died. The BF denied the allegations of drug use and leaving the children in the care of the MP. OCDSS offered services to the BF which were declined.

First responders to the home were interviewed and identified not being in the home for a long period of time. The SC was brought to the ambulance immediately upon EMS arrival for transport to the hospital. LE was interviewed and identified the adults did not appear impaired at the time of the incident and no charges were being pursued.

The ME records were obtained by OCDSS. The records identified the cause of death to be Unexplained Sudden Death in Childhood and determined the manner was natural. There SC had no other signs of trauma.

OCDSS offered services to the SM and MP in relation to the death of the SC, and additional preventative services to address concerns of homelessness, substance abuse, and mental health. Some services were accepted by the SM and the investigation was closed. Safety of the children living in the home was assessed throughout the investigation and they were determined to be safe in the care of their respective caregivers. Previous concerns regarding the MP being a sex offender had been investigated and no disclosures of sexual abuse were disclosed by the other children named. There were no restrictions for the MP being in the presence of children during the investigation period. The SM and SS moved outside of OCDSS jurisdiction during the investigation period and the MP moved in with his mother. OCDSS coordinated with the county where the family was located to set up counseling services for the SM and the determination was made to unsubstantiate all allegations against each subject due to a lack of credible evidence.

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: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: The investigation was coordinated and conducted through multiple agencies and law enforcement officials. The investigation followed MDT protocols.

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

Comments: Ontario 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
056535 - Deceased Child, Female, 1 Yrs	056553 - Other Adult - Mother's Partners sister, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056553 - Other Adult - Mother's Partners sister, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056551 - Father, Male, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056551 - Father, Male, 24 Year(s)	Lack of Supervision	Unsubstantiated



Child Fatality Report

056535 - Deceased Child, Female, 1 Yrs	056551 - Father, Male, 24 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056552 - Mother's Partner, Male, 23 Year(s)	DOA / Fatality	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056552 - Mother's Partner, Male, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056537 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056537 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056537 - Mother, Female, 24 Year(s)	Lack of Supervision	Unsubstantiated
056535 - Deceased Child, Female, 1 Yrs	056537 - Mother, Female, 24 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
056538 - Sibling, Male, 7 Month(s)	056553 - Other Adult - Mother's Partners sister, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056538 - Sibling, Male, 7 Month(s)	056551 - Father, Male, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056538 - Sibling, Male, 7 Month(s)	056537 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056554 - Other Child - Other adults child, Female, 6 Year(s)	056553 - Other Adult - Mother's Partners sister, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
056555 - Other Child - Other adult's child, Female, 4 Year(s)	056553 - Other Adult - Mother's Partners sister, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

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

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input 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:
 The SM accepted voluntary services in relation to the death of the SC. There were no other documented service needs, although additional services were offered and declined by the SM.

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:
 Safety of the surviving children was assessed throughout the investigation period.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input 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"/>

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? No

Explain:
 Services were offered on behalf of the SS and OC and declined by the SM and OA.

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



fatality? Yes

Explain:

Services were offered to all adults in the home and accepted by the SM. Services were ongoing when the investigation ended. The OA declined services on behalf of herself and the children. The MP and the BF declined services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

Was the child acutely ill during the two weeks before death? No

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/24/2020	Other Child - OA's child, Female, 5 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - OA's child, Female, 5 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - OA's child, Female, 6 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OA's child, Female, 6 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Other	Unsubstantiated	
	Other Child - OA's child, Female, 3 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OA's child, Female, 3 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Other	Unsubstantiated	
	Other Child - OA's child, Female, 5 Years	Other Adult - OC's grandparent, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OA's child, Female, 5 Years	Other Adult - OC's grandparent, Female, 41 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - OA's child, Female, 5 Years	Other Adult - OC's grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - OA's child, Female, 5 Years	Other Adult - OC's grandparent, Female, 41 Years	Sexual Abuse	Unsubstantiated	
	Other Child - OA's child, Female, 5 Years	Other Adult - OC's grandparent, Female, 41 Years	Other	Unsubstantiated	
Other Child - OA's child, Female, 6 Years	Mother's Partner, Male, 23 Years	Other	Unsubstantiated		



Other Child - OA's child, Female, 3 Years	Mother's Partner, Male, 23 Years	Other	Unsubstantiated
---	----------------------------------	-------	-----------------

Report Summary:

The SCR report alleged that the OA allowed the MP to move into her home. The OA was aware that the MP is a convicted sex offender. By allowing the MP to move into the home, the OA placed her children at risk.

Report Determination: Unfounded**Date of Determination:** 04/13/2020**Basis for Determination:**

ONCDSS conducted the investigation and coordinated their response with LE and secondary jurisdictions assigned to the investigation. ONCDSS conducted forensic interviews with the age appropriate child and no disclosures were made against the MP. The OA and grandparent living in the home denied the MP had unsupervised contact with the children and the MP subsequently moved out of the home.

OCFS Review Results:

ONCDSS conducted their investigation in accordance with regulatory requirements and found no evidence of abuse or maltreatment. Familial and collateral contacts were made to assess the safety and risk of the children in the home and no disclosures of sexual abuse were made against the MP. ONCDSS unsubstantiated the allegations and closed the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/23/2020	Other Child - OA's child, Female, 5 Years	Mother's Partner, Male, 22 Years	Sexual Abuse	Unsubstantiated	No
	Other Child - OA's child, Female, 5 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OA's child, Female, 4 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - OA's child, Female, 6 Years	Other Adult - Mother's partner's sister, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged that the MP was a level 1 sex offender and the OA and grandparent allowed the MP to have regular contact with the children in the home. The SCR report alleged that on two occasions the MP touched one of the children and digitally penetrated her vagina in a sexual manner.

Report Determination: Unfounded**Date of Determination:** 04/13/2020**Basis for Determination:**

ONCDSS conducted the investigation and coordinated their response with LE and secondary jurisdictions assigned to the investigation. ONCDSS conducted forensic interviews with the age appropriate child and no disclosures were made against the MP. The OA and grandparent living in the home denied the MP had unsupervised contact with the children and the MP subsequently moved out of the home.

OCFS Review Results:

ONCDSS conducted their investigation in accordance to regulatory requirements and found no evidence of abuse or maltreatment. Familial and collateral contacts were made to assess the safety and risk of the children in the home and no disclosures of sexual abuse were made against the MP. ONCDSS unsubstantiated the allegations and closed the investigation.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/30/2019	Deceased Child, Female, 6 Months	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 6 Months	Father, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 6 Months	Grandparent, Female, 41 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 6 Months	Grandparent, Female, 41 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 6 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 6 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

The SCR report alleged that the adults in the home are abusing alcohol and marijuana in the home in the presence of the SC. The parents spend all of their money on alcohol and drugs and do not have an adequate plan to care for the child.

Report Determination: Unfounded**Date of Determination:** 11/01/2019**Basis for Determination:**

The investigation was conducted by Livingston County Department of Social Services (LCDSS). LCDSS interviewed familial and collateral contacts to make a determination of the allegations. Both the SM and BF admitted to smoking marijuana and denied that it occurred in the presence of the SC. The SM and BF appeared sober and coherent during all interactions and there were no health or safety concerns identified for the SC through familial and collateral contacts.

OCFS Review Results:

LCDSS conducted the investigation in accordance to regulatory requirements. There was no evidence that the marijuana use by the SM and BF affected their ability to care for the SC or that the financial matters of the family were being mishandled. There were no health or safety concerns identified for the SC during the investigation and the allegations were unsubstantiated.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

The MP has history more than three years prior to the fatality in which he was substantiated for sexual abuse of his minor step-sibling. The MP was convicted in criminal court and was incarcerated as a result of the law enforcement investigation.

Known CPS History Outside of NYS

There is no known history outside of NYS.

Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No