



Report Identification Number: SY-17-052

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

Issue Date: May 18, 2018

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

| Relationships | | |
|---|---|---------------------------------------|
| BM-Biological Mother | SM-Subject Mother | SC-Subject Child |
| BF-Biological Father | SF-Subject Father | OC-Other Child |
| MGM-Maternal Grand Mother | MGF-Maternal Grand Father | FF-Foster Father |
| PGM-Paternal Grand Mother | PGF-Paternal Grand Father | DCP-Day Care Provider |
| MGGM-Maternal Great Grand Mother | MGGF-Maternal Great Grand Father | PGGF-Paternal Great Grand Father |
| PGGM-Paternal Great Grand Mother | MA/MU-Maternal Aunt/Maternal Uncle | PA/PU-Paternal Aunt/Paternal Uncle |
| FM-Foster Mother | SS-Surviving Sibling | PS-Parent Sub |
| CH/CHN-Child/Children | OA-Other Adult | |
| Contacts | | |
| LE-Law Enforcement | CW-Case Worker | CP-Case Planner |
| Dr.-Doctor | ME-Medical Examiner | EMS-Emergency Medical Services |
| DC-Day Care | FD-Fire Department | BM-Biological Mother |
| CPS-Child Protective Services | | |
| Allegations | | |
| FX-Fractures | II-Internal Injuries | L/B/W-Lacerations/Bruises/Welts |
| S/D/S-Swelling/Dislocation/Sprains | C/T/S-Choking/Twisting/Shaking | B/S-Burns/Scalding |
| P/Nx-Poisoning/ Noxious Substance | XCP-Excessive Corporal Punishment | PD/AM-Parent's Drug Alcohol Misuse |
| CD/A-Child's Drug/Alcohol Use | LMC-Lack of Medical Care | EdN-Educational Neglect |
| EN-Emotional Neglect | SA-Sexual Abuse | M/FTTH-Malnutrition/Failure-to-thrive |
| IF/C/S-Inadequate Food/ Clothing/ Shelter | IG-Inadequate Guardianship | LS-Lack of Supervision |
| Ab-Abandonment | OTH/COI-Other | |
| Miscellaneous | | |
| IND-Indicated | UNF-Unfounded | SO-Sexual Offender |
| Sub-Substantiated | Unsub-Unsubstantiated | DV-Domestic Violence |
| LDSS-Local Department of Social Service | ACS-Administration for Children's Services | NYPD-New York City Police Department |
| PPRS-Purchased Preventive Rehabilitative Services | TANF-Temporary Assistance to Needy Families | FC-Foster Care |
| MH-Mental Health | ER-Emergency Room | COS-Court Ordered Services |
| OP-Order of Protection | RAP-Risk Assessment Profile | FASP-Family Assessment Plan |
| FAR-Family Assessment Response | Hx-History | Tx-Treatment |
| CAC-Child Advocacy Center | PIP-Program Improvement Plan | yo- year(s) old |
| CPR-Cardiopulmonary Resuscitation | | |



Case Information

Report Type: Child Deceased
Age: 7 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 11/13/2017
Initial Date OCFS Notified: 11/13/2017

Presenting Information

An SCR report was received which alleged a 7-month-old infant was found unresponsive by his mother at 10:30AM; he was pronounced deceased at an unknown time due to cardiac arrest. The infant was an otherwise healthy child and there was no plausible explanation for his death. The roles of the infant's father and maternal grandmother were unknown.

Executive Summary

This fatality report concerns the death of a 7-month-old male infant (SC) that occurred on 11/13/17. A report was made to the SCR on this same date, with allegations of IG and DOA/Fatality against the infant's mother (SM) and father (SF). Onondaga County Department of Social Services (OCDSS) completed a thorough investigation into SC's death. Oswego County Department of Social Services (OsCDSS) was assigned a secondary role to assess the safety of surviving siblings that resided in that county. The final autopsy report was received and noted the cause and manner of death as "Undetermined." The Medical Examiner noted the child was reported to have been sleeping in an unsafe sleep environment;"however, there were no reports of occlusion of the nose or mouth or compression of the chest or abdomen and no supporting postmortem changes of such."

The infant was born at 35 weeks gestation and spent several days in the Neonatal Intensive Care Unit due to symptoms of "neonatal withdrawal." The mother was in recovery from heroin abuse, and had been taking prescribed medication for most of her pregnancy. When the infant was released from the hospital, he was deemed a healthy child with no underlying medical concerns. Both parents received education surrounding safe sleep practices prior to leaving the hospital.

At the time of the infant's death, he resided with his mother and father. The father had two other children, ages 10 and 8 years old, who resided with their biological mother in another county. These children had visitation with their father every other weekend; however, they had not seen their father since October per the father's request. These children were assessed several times via observation and interviews throughout the investigation, and there were no immediate safety concerns noted. Neither child had any information surrounding the death of the infant.

It was discovered on the morning of 11/13/17, the father had left for work at approximately 6AM. At around 9AM, the mother awoke and retrieved the infant from his "Pack 'n Play" and placed him into bed with her on top of a comforter and next to a body pillow. Both the infant and the mother fell asleep in the adult bed. The mother awoke approximately two hours later to find the infant wrapped up in the comforter, lying on his back and unresponsive. Emergency services were called and responded to the home. The infant was transported to the hospital, where he was pronounced deceased.

From the time the investigation began to the time of this writing, OCDSS met with and interviewed the parents of the infant, the mother of the surviving half-siblings, and other family members. Further, OCDSS spoke with many collateral sources, assessed home environments, and provided appropriate referrals for services in response to the fatality. OCDSS addressed all concerns that arose during the investigation promptly and adequately. The RAP was inaccurate as it did not reflect SF's history of domestic violence with partners. There were no criminal charges pursued against either parent regarding the fatality. OCDSS substantiated the allegations in the report, and noted there was some evidence found to do so based upon the child being placed in an unsafe sleep environment and the mother having been educated surrounding safe sleep practices numerous times. A final progress note in the case record stated information received in the autopsy was reviewed by OCDSS, and indication of the report was still appropriate. Upon review of this fatality investigation and



the final autopsy report, OCFS found there was insufficient evidence collected to support the DOA/Fatality allegations. Although SC was placed in an unsafe sleep environment, there was no evidence noted by the Medical Examiner or other medical professionals to support this caused his death, and further evidence was needed to show causation.

PIP Requirement

OCDSS and OsCDSS will each submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. These PIPs will identify what action(s) OCDSS and OsCDSS have taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, OCDSS and OsCDSS will review the plan(s) and revise as needed to further address on-going concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** Yes, sufficient information was gathered to determine all allegations.
- **Was the determination made by the district to unfound or indicate appropriate?** No

Explain:

By the close of the investigation, OCDSS gathered sufficient information to appropriately assess the safety of the SS. OCDSS indicated for all allegations, but sufficient evidence was not gathered to show causation between SC's unsafe sleep environment and his death.

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:

The level of casework activity was commensurate with the case circumstances. There were several progress notes which provided details of supervisory consults between supervisors and caseworkers. OCDSS' decision to close the case was appropriate.



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

| | |
|-------------------------|---|
| Issue: | Adequacy of Risk Assessment Profile (RAP) |
| Summary: | Historical cases document SF having been a perpetrator of DV in past relationships. This was not accurately reflected in the RAP. |
| Legal Reference: | 18 NYCRR 432.2(d) |
| Action: | OCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile. |
| Issue: | Appropriateness of allegation determination |
| Summary: | OCDSS did not gather sufficient evidence to substantiate the allegation of DOA/Fatality. Although child was placed to sleep in a potentially unsafe environment, there was no evidence this caused his death. |
| Legal Reference: | 18 NYCRR 432.2(b)(3)(iii)(c) |
| Action: | Per OCFS-LCM-01, if the ME does not opine on causation, CPS must consult with other professionals for their opinion on causation; or witnesses otherwise familiar with circumstances. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/13/2017

Time of Death: 12:26 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?

Yes

Time of Call:

11:27 AM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 2 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver 1

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 | Male | 7 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 29 Year(s) |
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 21 Year(s) |
| Other Household 1 | Other Adult - Surviving Half-Sibling's BM | No Role | Female | 29 Year(s) |
| Other Household 1 | Sibling | No Role | Female | 10 Year(s) |
| Other Household 1 | Sibling | No Role | Male | 8 Year(s) |
| Other Household 2 | Grandparent | No Role | Female | 45 Year(s) |

LDSS Response

On 11/13/17, OCDSS received a report regarding the death of SC. OCDSS initiated their investigation within 24 hours and coordinated their efforts with LE. OCDSS completed a thorough CPS history check regarding the family, and promptly responded to the case address to begin gathering information from family members.

OCDSS completed the initial home visit on 11/13/17 with LE, the ME, and the DA present. OCDSS was unable to enter the home at that time due to LE executing a search warrant, but later learned drug paraphernalia was found inside the home. This included a marijuana grinder, a bag with syringes and spoons, and a "waterbong" for smoking marijuana; no drugs were found inside the residence.

Through interviews, OCDSS discovered on the night of 11/12/17, SM last fed SC around 9PM and then placed him to sleep in a "Pack 'n Play" with a baby blanket. The record did not reflect what position SC was placed to sleep. Both parents reported SC was acting normally the day prior to her death, with no signs of illness. At approximately 5:45AM on 11/13/17, SF awoke for work and heard SC fussing slightly; he did not tend to SC prior to leaving for work. SM reported at 9AM, she awoke, picked SC up out of the "Pack 'n Play," placed him beside her in her queen-sized bed, and they both fell back to sleep. SM stated she placed SC on top of the comforter, on his back, with a body pillow on the opposite side of him to prevent him from falling out of the bed. SM stated she awoke next around 11AM and could not find SC. After searching the bed, she found him "tangled up" in the comforter. SM removed the comforter and saw SC was lying face up, unresponsive. SM did not have a working phone, so she called MGM via Facebook messenger, and told MGM to call 911. MGM placed the 911 call, and EMS responded to the home shortly thereafter. SC was transported via ambulance to the hospital, where he was pronounced deceased at 12:26 PM. Both SM and SF reported receiving education surrounding safe sleep practices. Both admitted to a history of abusing heroin, but denied any current use. SF reported he last used marijuana on 11/10/17, and SM last used Suboxone the night before SC's death.

OCDSS requested Oswego County Department of Social Services (OsCDSS) interview the two surviving half-siblings and BM, as well as assess the home environment. OsCDSS spoke with the CHN and BM on several occasions and conducted detailed and thorough interviews. It was discovered the CHN had not had any visits with SF since October 2017, per SF's request, and did not attend any visits throughout the duration of the investigation. They had no information surrounding SC's death. From 12/12/17 to case closure, OsCDSS had concerns BM may have been using drugs, which she denied. The CHN also denied knowledge of drug use in the home, and appeared safe during all face to face contacts. OsCDSS offered BM a drug evaluation, which she reluctantly accepted. The case was closed before any follow-up regarding this was documented.

Throughout the investigation, OCDSS contacted an array of collateral sources, including LE, the ME, medical staff, the



school, pediatrician and family members. Medical staff and LE noted SC's death appeared to be due to an unsafe sleep environment. Appropriate services were offered to the family in response to the fatality. The final autopsy noted the official cause and manner of death as "Undetermined." The surviving half-siblings were deemed safe at the time of case closure. There were no criminal charges filed against SM or SF. OCDSS indicated all allegations in the report and closed the case.

Official Manner and Cause of Death

Official Manner: Undetermined

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Comments: This fatality investigation was conducted by the Onondaga County Multidisciplinary Team.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

Comments: This fatality was reviewed by the Onondaga Child Fatality Review Team.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|---------------------------------------|-------------------------------------|-------------------------|--------------------|
| 045501 - Deceased Child, Male, 7 Mons | 045503 - Mother, Female, 21 Year(s) | DOA / Fatality | Substantiated |
| 045501 - Deceased Child, Male, 7 Mons | 045503 - Mother, Female, 21 Year(s) | Inadequate Guardianship | Substantiated |

CPS Fatality Casework/Investigative Activities

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



Child Fatality Report

| | | | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

Additional information:

OCDSS contacted all appropriate collateral sources throughout the investigation. Attempts were made to speak with EMS first responders, but were unsuccessful.

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 safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: | | | | |
| Within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 7 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At 30 days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety issues that need to be referred back to the local district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|

Fatality Risk Assessment / Risk Assessment Profile

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

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?

Explain as necessary:
 The safety of the surviving half-siblings was appropriately assessed throughout the investigation. There were no children that needed to be removed as a result of this fatality report or for reasons unrelated.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Services Provided to the Family in Response to the Fatality

| Services | Provided After Death | Offered, but Refused | Offered, Unknown if Used | Not Offered | Needed but Unavailable | N/A | CDR Lead to Referral |
|--------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol/Substance abuse | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Additional information, if necessary:
 OCDSS provided SM, SF, MGM, and BM referrals for appropriate services for themselves and the SS. It is unknown if they had engaged in any of the referred services prior to the close of the investigation.



Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
OCDSS provided bereavement referrals for the SS. Their BM reported their school counselors would also be working with them to understand and cope with the loss of their sibling.

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

Explain:
OCDSS provided bereavement and funeral assistance referrals to the parents of the CHN. SM and SF were also referred for substance abuse evaluations, but it is unclear if they utilized this referral prior to case closure.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With fetal alcohol effects or syndrome
- With neither 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) | Status/Outcome | Compliance Issue(s) |
|--------------------|------------------------------|--------------------------|-------------------------------|----------------|---------------------|
| 03/24/2017 | Deceased Child, Male, 1 Days | Mother, Female, 20 Years | Parents Drug / Alcohol Misuse | Far-Closed | No |
| | Deceased Child, Male, 1 Days | Mother, Female, 20 Years | Inadequate Guardianship | Far-Closed | |



Report Summary:

This report was received by Oswego County Department of Social Services (OsCDSS) and tracked as FAR. The concerns were that SM tested positive for marijuana upon delivery of SC. Further, there were concerns SM had a lengthy history of abusing heroin, but SC was not showing any symptoms of withdrawal at the time of his birth.

OCFS Review Results:

OsCDSS appropriately tracked the investigation as FAR and addressed all concerns. There were no immediate safety issues that arose during the investigation. A Family Assessment was completed, and appropriate services were offered, but declined. This investigation met all statutory requirements.

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

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|--------------------------|---|-------------------------------|----------------|---------------------|
| 05/06/2016 | Sibling, Female, 9 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Inadequate Guardianship | Far-Closed | Yes |
| | Sibling, Male, 6 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Lack of Supervision | Far-Closed | |
| | Sibling, Female, 9 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Lack of Supervision | Far-Closed | |
| | Sibling, Female, 9 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Parents Drug / Alcohol Misuse | Far-Closed | |
| | Sibling, Male, 6 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Inadequate Guardianship | Far-Closed | |
| | Sibling, Male, 6 Years | Other Adult - BM of Half Siblings, Female, 28 Years | Parents Drug / Alcohol Misuse | Far-Closed | |
| | Sibling, Female, 9 Years | Mother, Female, 19 Years | Inadequate Guardianship | Far-Closed | |

Report Summary:

This report was received by Oswego County Department of Social Services (OsCDSS) and tracked as FAR. The concerns were that the 2 surviving half-siblings were not appropriately supervised by their mother, and as a result, the CHN were getting into trouble and using marijuana. There were further concerns the mother was using methamphetamines while caring for the CHN. Two subsequent reports were received during this investigation. Both reports alleged SM was hitting the female CH.

OCFS Review Results:

OsCDSS appropriately tracked the investigation as FAR and addressed the allegations. Although there were some concerns regarding possible drug use by SM and SF, they did not rise to the level of needing a safety plan or other intervention. A supervisory consultation occurred on 6/15/16, in which next steps were discussed with the CW; however, the CW did not follow through with the supervisor's recommendations (such as contacting LE for police reports and having the female CH draw a photo of possible drug paraphernalia she saw). OsCDSS made many attempts to follow up with SM and SF before closing the case, but none were successful.

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

Issue:

FAR-Complete Collateral Contacts with Family's Permission

Summary:

There were concerns throughout the investigation that SF had domestic violence relationships with both SM and the mother of the half-siblings. OsCDSS did not follow up with law enforcement for any incident reports to find out further information regarding this concern.

**Legal Reference:**

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

Action:

The child protective service may obtain information from collateral contacts who may provide information on the status of the child's safety should that information be needed to determine the presence of safety factors within the family.

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Status/Outcome | Compliance Issue(s) |
|--------------------|------------------------|---|-------------------------|----------------|---------------------|
| 11/13/2015 | Sibling, Male, 6 Years | Other Adult - BM of Half Siblings, Female, 27 Years | Educational Neglect | Far-Closed | Yes |
| | Sibling, Male, 6 Years | Other Adult - BM of Half Siblings, Female, 27 Years | Inadequate Guardianship | Far-Closed | |

Report Summary:

This report was received by Oswego County Department of Social Services (OsCDSS) and tracked as FAR. The concerns were that the then 6yo surviving half-sibling had missed 18 days of school and was failing as a result. There were further concerns the CH was missing speech therapy, and his mother was failing to ensure he attended school regularly. The role of the then 10yo surviving half-sibling was unknown.

OCFS Review Results:

OsCDSS appropriately tracked the investigation as FAR and addressed all concerns. There were no immediate safety issues that arose during the investigation. A Family Assessment was completed. OsCDSS assisted the mother in obtaining services through DSS. The 6yo's attendance improved and by case closure, he was no longer failing. Many progress notes were entered more than one month after their event dates.

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

Issue:

FAR-Timely/Adequate Documentation

Summary:

Many progress notes were entered more than one month after their event dates.

Legal Reference:

18 NYCRR 432.13 (e)(5)

Action:

Activities conducted as part of a family assessment response case must be documented in CONNECTIONS, in the form and manner prescribed by OCFS. Progress notes must be entered contemporaneously into the case record as events occur.

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

10/2011: IND against SF, the BM of the SS, and other unrelated adults for IF/C/S regarding the SS and an unrelated CH.

Known CPS History Outside of NYS

There is no known CPS 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