



Report Identification Number: SY-21-036

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

Issue Date: Dec 22, 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: 2 year(s)

Jurisdiction: Oswego
Gender: Female

Date of Death: 07/11/2021
Initial Date OCFS Notified: 07/27/2021

Presenting Information

On 7/27/2021, Oswego County Department of Social Services (OCDSS) received an SCR report which alleged the mother (SM) failed to adhere to the medical protocols required to care for the 2-year-old subject child (SC). The child was born with a chromosomal disorder called Chromosome 16 Trisomy and suffered from heart attacks and strokes several times. On 7/11/2021, the mother failed to suction the child's trachea tube every four hours as required, and the mother ignored alarms on the medical equipment alerting her the child was suffering from a medical emergency. The mother checked on the child in the morning and found her unresponsive with vomit on her face. It was additionally alleged that the mother was abusing unknown drugs to the point of impairment in the presence of the subject child, 5-year-old sibling and 3-year-old sibling and failing to adequately supervise the siblings. The 5-year-old sibling had bruises of an unknown origin on her arm which resembled finger prints.

Executive Summary

This report concerns the death of a 2-year-old child which occurred while in the care of her mother. The child was born with a chromosomal abnormality, Chromosome 16 Trisomy, was immobile, non-verbal, and used a machine to support her breathing. The father was listed on the report with no role as he passed away in June 2021.

On 7/11/2021, the mother checked on the child at approximately 7:00 AM and noticed the child was having labored breathing and called 911 immediately. Law enforcement and emergency responders arrived to the home and removed the child from her life-support, and she was then pronounced dead in the home by the coroner. The cause of death was her diagnosed chromosomal abnormality. The 5-year-old and 3-year-old siblings had no role. Law enforcement and medical providers expressed no concerns for the care of the child by the mother and believed her death to be natural. The mother and medical providers disclosed that the child was originally not expected to live more than a week. Though she was not expected to have a long life, the timeliness of her death was unexpected.

Separate concerns were identified during the investigation for the 5-year-old and 3-year-old siblings in the care of the mother. The family lived near a large body of water and the siblings had been observed to be outside unsupervised on multiple occasions. The 3-year-old sibling also required extensive dental care that the mother had failed to address since being made aware of the needs in November 2020. A safety plan was made with the paternal grandmother, who did not live in the home, to provide additional supervision to the children when the mother was unable to.

The allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Medical Care against the mother regarding the subject child were unsubstantiated. The allegations of Inadequate Guardianship, Lack of Medical Care, Lack of Supervision were added during the investigation against the mother regarding the surviving siblings and were substantiated. The allegation of Parents Drug/Alcohol Misuse was unsubstantiated against the mother regarding the surviving siblings. The investigation was closed and a long term CPS case was opened with a neglect petition filed against the mother to address the concerns present for the surviving siblings.

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

Was the decision to close the case appropriate? N/A

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

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

Explain:

The case record contained detailed documentation of supervisory consultation.

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: 07/11/2021

Time of Death: Unknown

Time of fatal incident, if different than time of death: 07:00 AM

County where fatality incident occurred: Oswego

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? 1 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	2 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

OCDSS received the SCR report and initiated their investigation. OCDSS coordinated their response with LE. LE informed OCDSS they had been in the home on 7/11/2021 with EMS in response to a 911 call by the SM reporting that the SC was in distress. The SC was pronounced deceased in the home by the coroner after they spoke with the SC's pediatrician and reviewed their medical history. The cause of death was attributed to the SC's chromosomal abnormality, Chromosome 16 Trisomy and the manner was natural. There was no autopsy. No criminal concerns were identified for the death of the SC. LE denied that the SM ignored medical alarms and reported the alarms did not go off until LE and EMS were on scene. EMS turned the alarms off prior to the SC being pronounced dead.

OCDSS interviewed the SM in the home. The SM denied the allegations of substance abuse and providing improper medical care to the SC. The SM stated that the night before, while with family members, she had 2 alcoholic drinks but denied being impaired. The SM said that on the morning of 7/11/2021, she awoke at 6:00 AM and checked on the SC. The SC appeared normal, and the SM returned to bed until 7:00 AM. The SM stated she returned to check on the SC after waking up again, noticed she was barely breathing, and called 911. LE and EMS responded to the home and removed the SC from the in-home life support. The SM explained to OCDSS that the SC was originally expected to pass away as a newborn and they had a nursing service that visited the home monthly.

OCDSS interviewed the PGM in her home. The PGM expressed concerns for the SM potentially using drugs and drinking alcohol to the point of impairment. The PGM expressed concerns that the SM was not providing proper supervision to the SSs, who had been found outside and unsupervised. The family lived adjacent to a large body of water and the PGM was concerned for the SSs being unsupervised due to their developmental disabilities.

The BF was deceased prior to the investigation being opened and had no role in the death.



OCDSS obtained pediatric records for the SC. There were no concerns identified for the care of the SC by the SM. Dental records were obtained for the SSs which showed that the SSs required dental care and the SM had failed to obtain treatment since being made aware of the needs in November 2020. The BF was aware of the concerns and prior to his death, and appointments had been scheduled and missed due to COVID-19 concerns.

During the investigation, concerns were identified for the 5-year-old sibling being sexually abused by the paternal grandfather (PGF). The allegations were investigated by OCDSS with LE. The SSs did not make a disclosure of sexual abuse when interviewed. OCDSS attempted to engage the SSs multiple times throughout the investigation, though they were unable to be interviewed effectively due to their diagnosed developmental disabilities. OCDSS investigated the concerns for the SSs being unsupervised outside and learned that the SSs had been alone outside on multiple occasions in the months prior to the SC’s death. The 5-year-old SS was observed to have bruises on her arm with no explanation for how the bruises were sustained. A safety plan was made with the PGM to provide supervision of the children when the SM was unable to. OCDSS determined a neglect petition would be filed against the SM due to the supervision concerns and the failure of the SM to address the dental needs of the SSs. The petition had not yet been filed at the time this report was written.

OCDSS unsubstantiated the allegations of DOA/Fatality, IG, and LMC against the SM regarding the SC. The allegations of IG, LMC, and LS were added during the investigation against the SM regarding the SSs and were substantiated. The allegation of L/B/W was substantiated against the SM regarding the 5-year-old SS due to the presence of unexplained bruises. The allegation of PD/AM was unsubstantiated against the SM regarding the SSs. The investigation was closed, and a long-term CPS case was opened with a neglect petition pending.

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: Coroner

Multidisciplinary Investigation/Review

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

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

Comments: The case was referred to an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058728 - Deceased Child, Female, 2 Year(s)	058729 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Unsubstantiated
058728 - Deceased Child, Female, 2 Year(s)	058729 - Mother, Female, 36 Year(s)	DOA / Fatality	Unsubstantiated
058728 - Deceased Child, Female, 2 Year(s)	058729 - Mother, Female, 36 Year(s)	Lack of Medical Care	Unsubstantiated
058730 - Sibling, Female, 5 Year(s)	058729 - Mother, Female, 36 Year(s)	Lacerations / Bruises / Welts	Substantiated



Child Fatality Report

058730 - Sibling, Female, 5 Year(s)	058729 - Mother, Female, 36 Year(s)	Lack of Medical Care	Substantiated
058730 - Sibling, Female, 5 Year(s)	058729 - Mother, Female, 36 Year(s)	Lack of Supervision	Substantiated
058730 - Sibling, Female, 5 Year(s)	058729 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
058731 - Sibling, Female, 3 Year(s)	058729 - Mother, Female, 36 Year(s)	Inadequate Guardianship	Substantiated
058731 - Sibling, Female, 3 Year(s)	058729 - Mother, Female, 36 Year(s)	Lack of Medical Care	Substantiated
058731 - Sibling, Female, 3 Year(s)	058729 - Mother, Female, 36 Year(s)	Lack of Supervision	Substantiated
058731 - Sibling, Female, 3 Year(s)	058729 - Mother, Female, 36 Year(s)	Parents Drug / Alcohol Misuse	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 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 checked="" type="checkbox"/>	<input 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 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"/>

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



Child Fatality Report

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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
 Referrals for services were made and were in the process of being implemented at the time the investigation had closed. The family remained open with OCDSS in a long-term case.

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:
 The SSs were referred to grief counseling in response to the fatality. The service was not in place at the time the investigation was closed.

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

Explain:
 Referrals for services were made for the mother, although she was not yet engaged in them prior to the investigation being closed.

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)
07/16/2021	Sibling, Female, 5 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Female, 5 Years	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 36 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 5 Years	Mother, Female, 36 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 36 Years	Lack of Medical Care	Substantiated	
	Sibling, Female, 3 Years	Mother, Female, 36 Years	Lack of Supervision	Substantiated	

Report Summary:

OCDS received the SCR report which alleged that the 5-year-old SS was outside unsupervised for extended periods of time on multiple occasions and the SM failed to ensure that the SS was supervised. The report alleged that the 3-year-old SS was in pain due to tooth decay and the SM failed to bring the SS to the dentist for dental care. The report alleged that the condition of the home was deplorable and posed a health and safety hazard to the children.

Report Determination: Indicated

Date of Determination: 09/02/2021

Basis for Determination:

OCDS interviewed all family members and relevant collateral contacts during their investigation of the allegations. It was determined that the children had been allowed to be unsupervised outside of the home on multiple occasions. The SSs each have developmental disabilities and live near a large body of water and should not be unsupervised for any period of time outside. The SM was made aware of the severe dental needs of the 3-year-old SS in November 2020 and had not taken any steps to ensure the SS received dental care. During the investigation, concerns for sexual abuse were raised and investigated further following the death of the SC and subsequent open investigation.

OCFS Review Results:

OCDS met regulatory requirements in their investigation of the allegations. The SC died prior to this investigation, and it was conducted congruently with the fatality investigation upon its receipt. A determination of the allegations was made in congruence with the evidence gathered. The father, who was named on the report, passed away in June 2021.

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)
05/31/2020	Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 1 Years	Mother, Female, 35 Years	Lack of Medical Care	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 25 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Female, 1 Years	Father, Male, 25 Years	Lack of Medical Care	Unsubstantiated	

Report Summary:

The SCR report alleged that the 1-year-old SC had a chromosomal abnormality, was medically fragile, and non-mobile. The SC sustained fingerprint shaped bruises on her back while in the care of the SM and BF and there was no explanation for the bruises.

Report Determination: Unfounded**Date of Determination:** 06/18/2020**Basis for Determination:**

OCDSS met with the family and gathered information from relevant collateral contacts. OCDSS was informed by the parents that they had missed a medical appointment to have the alleged bruises looked at by their pediatrician due to COVID-19 concerns. The SM and BF were advised to seek medical treatment for the alleged bruises by OCDSS. The SC was brought to the emergency room by the parents and the alleged bruises were diagnosed to be a rash. The parents followed treatment recommendations and there were no concerns for the SC in their care.

OCFS Review Results:

OCDSS met regulatory requirements in their investigation of the allegations. There were no concerns identified for the SC or the SSs in the care of the SM and BF. OCDSS made a determination of the allegations in congruence with the evidence gathered.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

The record revealed the SM had a child in Tennessee and her parental rights had been terminated on that child. No further information was known about the CPS history in Tennessee.

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