



**Report Identification Number: SY-20-046**

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

**Issue Date: Mar 11, 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

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Oswego  
**Gender:** Female

**Date of Death:** 10/12/2020  
**Initial Date OCFS Notified:** 10/12/2020

## Presenting Information

An SCR report was received on 10/12/20 with concerns that the mother discovered the two-month-old subject child unresponsive. The mother, father, subject child and sibling had been sleeping together in a queen-sized bed. The bed was also filled with multiple pillows, blankets, and clothing. There was no explanation as to how the child died, and the parents were named as subjects as she was in their care at the time of the fatality.

## Executive Summary

This fatality report concerns the death of a two-month-old female subject child that occurred on 10/12/20. A report was made to the SCR on that same date with allegations of Inadequate Guardianship, Parent’s Drug/Alcohol Misuse, and DOA/Fatality against the child’s mother and father. The child died during an open CPS investigation, which was initiated on 8/26/20, after the parents failed to follow up with the child’s medical providers regarding ongoing medical concerns. Oswego County Department of Social Services (OCDSS) received the fatality report and investigated the child’s death. An autopsy was completed, and the official cause of death was noted as “Sudden Unexplained Infant Death (intrinsic and extrinsic factors identified).” The manner of death was undetermined.

At the time of the child’s death, she resided with her mother, father, and two-year-old brother. The investigation revealed that on 10/12/20 around 10:00AM, the parents and sibling were asleep together in a queen-sized bed with the subject child. The mother and child were sleeping facing one another toward the end of the bed, and the father and sibling were toward the top of the bed. At approximately 2:00PM, the mother awoke to find the child face down on the comforter beside her, and unresponsive. The mother woke the father, who immediately called emergency services. An ambulance responded to the home and transported the child to the local hospital where life saving measures were administered. The child was unable to be revived, and was pronounced deceased at 4:04PM.

From the time the investigation began to the time of its closure, OCDSS interviewed family members and collateral sources. Safety concerns were addressed as they arose, and family court action was sought to further protect the sibling. There was no criminality found regarding the fatality. OCDSS gathered evidence to support a causal link between the parents’ actions and the death of the subject child. The investigation was indicated and closed. A mandated preventive services case was opened in response to the ongoing concerns surrounding the sibling and remained so at the time of this writing.

## 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 gathered information to determine the allegations and assess the safety of the surviving sibling.

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 reflected supervisory consultations throughout the investigation. The level of casework activity was commensurate with the case circumstances.

### 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: 10/12/2020

Time of Death: 04:04 PM

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

County where fatality incident occurred: Oswego

Was 911 or local emergency number called? Yes

Time of Call: 02:01 PM

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?** 4 Hours

**At time of incident supervisor was:**

- Drug Impaired
- Alcohol Impaired
- Distracted
- Impaired by disability
- Absent
- Asleep
- Impaired by illness
- 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 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	27 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	2 Year(s)

### LDSS Response

On 10/12/20, OCDSS received the SCR report regarding the death of SC. OCDSS had been involved with the family since 8/26/20, after an investigation was initiated to address concerns SC was underweight at birth and the parents failed to bring the child to her follow-up medical appointments to monitor the issue. Subsequent SCR reports were received on 9/14/20, 9/22/20, and 10/1/20, with common concerns of drug abuse by the parents and incidences of domestic violence in the home. On the date the fatality was received, OCDSS initiated their investigation within 24 hours and coordinated their efforts with their multidisciplinary team. OCDSS worked promptly to assess the safety of the SS.

On 10/12/20, OCDSS met with the family at their residence to conduct interviews. SM was spoken with first and reported the day prior to SC's death was a normal day; she was caring for the CHN, packing because the family was moving, and fed SC every 2-3 hours. SM stated SC was fed around 8:00PM then put to sleep in her bouncer, and SS went to bed around 9:30PM. SM explained SC awoke several times from the time she went to sleep to the following morning; SC was last fed around 10:00AM on 10/12/20. SM stated she was laying with SC on SM's bed, and both were on their sides facing one another, as she was told to feed SC this way by her lactation consultant. The record did not reflect that OCDSS spoke with the consultant to confirm this was accurate. SF and SS were also in the same bed, asleep. SM said she fell asleep while breastfeeding SC, and when she awoke again around 2:00PM, she found SC face down on the comforter and not breathing. SM said she woke up SF, and he called 911. SF agreed with the events described by SM and had nothing further to add surrounding the incident. The home environment was observed, and there were no safety concerns noted. Both parents reported they were aware of the risks of an unsafe sleeping environment. OCDSS spoke with SM privately and she disclosed several recent incidences of interpersonal relationship violence with SF, that occurred while the CHN were present. OCDSS confirmed LE had been called to the house on more than one occasion regarding such. Due to these concerns, a safety plan was implemented, and it was agreed that when the mother and father had independent time with the CHN, supervision was not needed; however, when they had joint parenting time with the CHN, supervision was required. The grandparents agreed to supervise parenting time when necessary. SS was observed to be free from any suspicious marks or bruises but was too young for a successful interview.



Although there was no evidence to suggest either parent was under the influence of drugs or alcohol at the time of the fatality, further into the investigation, OCDSS discovered the parents were engaging in illicit drug use and were no longer capable of properly caring for SS. On 10/20/20, OCDSS removed SS and filed a neglect petition in family court. SS was placed in the care and custody of his maternal great-grandparents. SM and SF were allowed supervised visitation only, and a court-ordered preventive services case was opened.

There were no criminal charges brought against either parent regarding the death of SC. OCDSS assessed the safety of the SS on many occasions and spoke with collateral sources, including LE, community providers, medical staff, the ME, and family members. OCDSS found evidence that the parents created an unsafe sleeping environment for SC, which placed her at imminent risk of harm. Therefore, OCDSS substantiated the allegations in the report and closed the investigation. Family court proceedings and the services case remained ongoing at the time of this writing.

### 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 Oswego County MDT.

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

**Comments:** This fatality was reviewed by the Oswego County Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056488 - Deceased Child, Female, 2 Month(s)	056489 - Father, Male, 27 Year(s)	DOA / Fatality	Substantiated
056488 - Deceased Child, Female, 2 Month(s)	056489 - Father, Male, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
056488 - Deceased Child, Female, 2 Month(s)	056489 - Father, Male, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056488 - Deceased Child, Female, 2 Month(s)	056486 - Mother, Female, 27 Year(s)	DOA / Fatality	Substantiated
056488 - Deceased Child, Female, 2 Month(s)	056486 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
056488 - Deceased Child, Female, 2 Month(s)	056486 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056490 - Sibling, Male, 2 Year(s)	056489 - Father, Male, 27 Year(s)	Inadequate Guardianship	Substantiated
056490 - Sibling, Male, 2 Year(s)	056489 - Father, Male, 27 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



# Child Fatality Report

056490 - Sibling, Male, 2 Year(s)	056486 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
056490 - Sibling, Male, 2 Year(s)	056486 - Mother, Female, 27 Year(s)	Parents Drug / Alcohol Misuse	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

**Additional information:**

OCDSS interviewed the family and collateral sources. Progress notes and other documentation were completed and entered within the required timeframes.

### 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"/>



# Child Fatality Report

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

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

**Explain:**

The SS was removed from the parents' care after concerns arose regarding their abuse of prescription drugs. A neglect petition was filed in family court, and SS was placed in 1017 custody of his paternal great-grandparents. SM and SF were allowed supervised visitation, and required to complete a court menu to address their drug use, domestic violence, and mental health concerns.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If Yes, court ordered?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**

Due to concerns regarding illicit drug use by SM and SF, SS was removed from their care and placed in 1017 custody of his maternal great-grandparents.

### Legal Activity Related to the Fatality

**Was there legal activity as a result of the fatality investigation?**

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS





<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
10/19/2020	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b>	056486 Mother Female 27 Year(s)	
<b>Comments:</b>	On 10/20/20, SS was removed from his parents' care and placed in the custody of his maternal great-grandparents. A neglect petition was filed in family court, and the proceedings remained ongoing at the time of this writing.	

<b>Family Court Petition Type: FCA Article 10 - CPS</b>		
<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
10/19/2020	There was not a fact finding	Direct Custody to/or Continued with Relative (Article 10)
<b>Respondent:</b>	056489 Father Male 27 Year(s)	
<b>Comments:</b>	On 10/20/20, SS was removed from his parents' care and placed in the custody of his maternal great-grandparents. A neglect petition was filed in family court, and the proceedings remained ongoing at the time of this writing.	

<b>Have any Orders of Protection been issued? Yes</b>	
<b>From:</b> 10/20/2020	<b>To:</b> Unknown
<b>Explain:</b> An order of protection was issued where the parents would have supervised contact with SS.	

**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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other, specify:** Mandated Preventive Services

**Additional information, if necessary:**  
 Bereavement services were offered to the family following the fatality. A mandated preventive services case was opened to address additional concerns that arose during 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:**  
 A mandated preventive services case was opened following SC's death.

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

**Explain:**  
 Grief and bereavement referrals were provided to the parents. Additionally, a mandated preventive services case was opened in response to concerns that arose following SC's death.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**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)	Allegation Outcome	Compliance Issue(s)
08/26/2020	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Internal Injuries	Substantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 1 Months	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Internal Injuries	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Internal Injuries	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 1 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 27 Years	Internal Injuries	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 27 Years	Lack of Supervision	Substantiated	
Sibling, Male, 1 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Substantiated		

**Report Summary:**

This SCR report was received with concerns SC was born underweight and the parents failed to attend follow-up appointments with SC's pediatrician to monitor the CH. During this investigation, 3 subsequent reports were received with concerns SM and SF were abusing their prescription drugs to the point of impairment while caring for the CHN, and several violent altercations between SM and SF occurred in the home.

**Report Determination:** Indicated**Date of Determination:** 12/04/2020**Basis for Determination:**

OCDSS completed interviews with family members and collateral sources. SC was seen medically on 8/27/20, and there were no concerns noted by the doctor. Both parents were found to be abusing their prescription medication, but SM always appeared sober during home visits; SM denied she was ever intoxicated while caring for the CHN. SM was involved with drug treatment court and working with community service agencies to assist her with safely leaving SF. SM obtained a refrain from OP to protect herself and her CHN. SC died while this investigation was ongoing.

**OCFS Review Results:**

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)	Allegation Outcome	Compliance Issue(s)
01/14/2020	Sibling, Male, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Internal Injuries	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 26 Years	Internal Injuries	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

This SCR report was received with concerns SM and SF were physically aggressive toward one another in the presence of SS. SM scratched SF on his face and neck. During the incident, SM attempted to leave the home, and was carrying her purse and SS. SF grabbed the purse to prevent SM from leaving, and it snapped back, hitting SS in the face. SS sustained a bloody nose as a result. A subsequent report was received on 1/15/20 with concerns the parents were using drugs while caring for SS.

**Report Determination:** Indicated

**Date of Determination:** 06/25/2020

**Basis for Determination:**

OCDSS interviewed family members and collateral sources. The parents admitted to one aggressive incident that occurred between them; however, denied SS was harmed. SM noted SS was in a different room at the time. Both parents reported being prescribed controlled substances and taking them as advised. SM was drug tested due to being on probation and all recent screens were negative. Services were offered to SM regarding domestic violence, but she declined. The parents requested referrals for couples counseling, which OCDSS provided. A credible collateral source informed OCDSS she witnessed SS's bloody nose on the night of the incident. OCDSS found evidence to indicate the report.

**OCFS Review Results:**

This investigation met all statutory requirements.

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

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

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

**Known CPS History Outside of NYS**

There was no known 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