



## Report Identification Number: SY-20-020

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

**Issue Date: Sep 11, 2020**

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:** 03/08/2020  
**Initial Date OCFS Notified:** 05/22/2020

## Presenting Information

Oswego County Department of Social Services had an open investigation which was initiated on 1/27/20, following the birth of the child. The child was born with a positive toxicology for marijuana and barbiturates. The child was born premature and was transferred to the NICU after her birth. The prognosis for the child was not good and the family decided to end life supporting measures on 3/8/20 and the child passed away. Oswego County Department of Social Services notified OCFS of the child's death via the 7065-Agency Reporting Form on 3/9/20.

## Executive Summary

This report concerns the death of a 3-month-old child. The child was born premature with a positive toxicology for marijuana and barbiturates and was hospitalized in the NICU for the entirety of her life. Oswego County Department of Social Services (OCDSS) received the SCR report for the positive toxicology on 1/27/20 and initiated their investigation. The mother had another child that lived out of the home. The child was assessed as safe in the care of her father.

OCDSS met with the mother, the father, and observed the child in the hospital. The mother identified marijuana use during her pregnancy and denied all other drug use. It was learned that during the birth, the mother was administered medications that would have caused the positive toxicology for barbiturates. Multiple concerns were identified for the father and the mother engaging in domestic violence and the mother was reportedly hospitalized twice during the investigation due to the violence. The allegations were initially denied by the mother and the father. The mother then ended the relationship and entered a shelter program.

OCDSS spoke with medical providers for the child. After birth, the child was transferred to the NICU and placed on a ventilator. OCDSS was informed that the initial plan was for the child to be discharged home with nursing care or be transferred to a long-term hospital facility. OCDSS was later informed that the prognosis for the child was grim, and that the hospital reviewed options with the family. The family made the decision to remove the ventilator and the child went into respiratory arrest and subsequently passed away. OCDSS offered appropriate bereavement and mental health services in relation to the child's passing. The mother was receptive to accepting services offered.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**
  - **Safety assessment due at the time of determination?** N/A

### Determination:

- **Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation?** N/A



- Was the determination made by the district to unfound or indicate appropriate? N/A

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:**

This was not an SCR reported fatality; however, OCDSS determined and closed their initial investigation.

### Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 03/08/2020

Time of Death: Unknown

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

County where fatality incident occurred: Oswego

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

- |   |                                  |   |
|---|----------------------------------|---|
| <input type="checkbox"/> Sleeping                       | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing                        | <input type="checkbox"/> Eating  | <input type="checkbox"/> Unknown                    |
| <input checked="" type="checkbox"/> Other: Hospitalized |                                  |   |

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

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	No Role	Female	2 Month(s)
Deceased Child's Household	Mother	No Role	Female	36 Year(s)
Other Household 1	Father	No Role	Male	35 Year(s)



### LDSS Response

OCDSS received an SCR report on 1/27/20 regarding the mother giving birth to the child with a positive toxicology for marijuana and barbiturates. OCDSS initiated their investigation into the allegations.

OCDSS interviewed hospital staff and were informed that the mother was given medications during the birth that may have caused the positive toxicology for barbiturates in the child. After giving birth, the mother tested positive for marijuana and a prescribed medication and tested negative for barbiturates. Hospital staff also informed OCDSS that the child was born premature and transferred to the NICU.

OCDSS interviewed the mother and father in the OCDSS office. The mother identified a history of drug use and denied drug use while pregnant. The mother also disclosed a mental health diagnosis and a history of suicidal ideation. The father confirmed the concerns for the mother’s mental health and denied knowledge of any drug use by the mother. During the investigation, concerns for domestic violence between the mother and father were raised. The mother was hospitalized twice as a result of the alleged violence. The mother and the father initially denied the allegations of domestic violence. The mother later admitted to the allegations after police responded to the home and she entered a shelter program and the parents ended their relationship.

The initial plan was for the child to be discharged home or transferred to a long-term hospital program. After additional testing, the long-term prognosis for the child changed and the decision was made by the family to end life support measures. The child had the breathing tube removed and subsequently died of respiratory arrest. The child was hospitalized for the entirety of her life. OCDSS was informed by hospital staff that the child passed away on 3/8/20, after spending her life hospitalized.

OCDSS met with the family to offer appropriate services. The mother accepted counseling and the father declined services from OCDSS. The allegations regarding the mother’s drug use were unfounded as there was no correlation made between the mother’s drug use and the child’s medical condition and passing.

### 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:** Hospital physician

### Multidisciplinary Investigation/Review

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

**Comments:** Oswego County has an OCFS approved CFRT.

### 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"/>



# Child Fatality Report

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input 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 type="checkbox"/>	<input checked="" 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"/>

**Explain:**  
The mother accepted services offered by OCDSS.

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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"/>



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

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

Explain:

Services were offered to the mother and father. The mother accepted bereavement services.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? 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)	Allegation Outcome	Compliance Issue(s)
01/27/2020	Deceased Child, Female, 41 Days	Mother, Female, 36 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 41 Days	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

OCDSS received and SCR report with concerns that the mother gave birth to the child with a positive toxicology for barbiturates and methadone. The child was born prematurely, which was unrelated to the child's positive toxicology. The child was transferred to the NICU and placed on life support. The child subsequently passed away 41 days later, after the decision was made by the family to remove the child from life support and begin comfort care.

**Report Determination:** Unfounded

**Date of Determination:** 08/06/2020

**Basis for Determination:**

OCDSS met with the family and medical providers for the child. OCDSS was informed by medical providers that the mother tested positive for marijuana and prescribed methadone upon the birth of the child. It was noted in the medical records that the mother was administered additional medications during birth that may have caused the child's positive toxicology for barbiturates. There were no concerns for the mother using drugs. There were concerns expressed for DV and the mother's MH. The mother and father denied DV in the home; however, the mother later disclosed there was DV and left the home and entered into a DV shelter program. The mother accepted MH and services offered by OCDSS.

**OCFS Review Results:**

OCDSS made appropriate casework contacts, collateral contacts, and conducted a thorough investigation into the allegations. OCDSS also addressed concerns for DV, the mother's drug use, and the mother's mental health as they arose and offered the mother and father appropriate services following the death of the child. The mother had an elder child in the custody of their biological father who was assessed as safe during the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2017	Sibling, Female, 14 Years	Mother, Female, 33 Years	Educational Neglect	Unsubstantiated	Yes
	Sibling, Female, 14 Years	Other Adult - Biological father of sibling, Male, 41 Years	Educational Neglect	Substantiated	
	Other Child - Parent substitute's child, Male, 15 Years	Other Adult - Biological father of sibling, Male, 41 Years	Educational Neglect	Substantiated	
	Other Child - Parent Substitute's child, Female, 12 Years	Other Adult - Biological father of sibling, Male, 41 Years	Educational Neglect	Substantiated	
	Sibling, Female, 14 Years	Other Adult - Parent substitute to sibling, Female, 44 Years	Educational Neglect	Substantiated	



Other Child - Parent substitute's child, Male, 15 Years	Other Adult - Parent substitute to sibling, Female, 44 Years	Educational Neglect	Substantiated
Other Child - Parent Substitute's child, Female, 12 Years	Other Adult - Parent substitute to sibling, Female, 44 Years	Educational Neglect	Substantiated
Other Child - Parent substitute's child, Male, 15 Years	Other Adult - Parent substitute to sibling, Female, 44 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Parent Substitute's child, Female, 12 Years	Other Adult - Parent substitute to sibling, Female, 44 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

OCDSS received an SCR report on 10/18/17 regarding educational neglect of the 14-year-old sibling against the mother, her father, and the parent substitute. The sibling had missed 17 days of school at the time of the report and the adults were aware of the sibling's attendance issues. Subsequent reports were made regarding educational neglect of the parent substitute's biological children.

**Report Determination:** Indicated

**Date of Determination:** 12/19/2017

**Basis for Determination:**

OCDSS interviewed all family members and appropriate collateral contacts. OCDSS offered referrals to community based services. The father declined on behalf of the sibling, and was pursuing mental health treatment independently. The parent substitute accepted community based services for her children. The mother was determined to not have custody of the sibling and had minimal visitation with the sibling. Allegations were unfounded for the mother and indicated against the father and parent substitute regarding the children due to the childrens' poor attendance and failing grades.

**OCFS Review Results:**

OCDSS conducted a thorough investigation into the allegations and offered referrals to appropriate services for the family. There were no safety concerns for the children in the care of the father and parent substitute. The father declined services and pursued mental health treatment for the sibling. The parent substitute accepted services for her children and the case was closed after services were put in place.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-Day Safety Assessment was not completed on time. The 7-Day Safety Assessment was due on 10/25/17 and completed on 12/8/17.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

Within seven days of receiving a report, OCDSS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm and document the assessment in the required manner in Connections.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/05/2017	Sibling, Female, 13 Years	Mother, Female, 33 Years	Educational Neglect	Unsubstantiated	No



Sibling, Female, 13 Years	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 13 Years	Father, Male, 36 Years	Educational Neglect	Substantiated
Sibling, Female, 13 Years	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 13 Years	Other Adult - Parent Substitute, Female, 44 Years	Educational Neglect	Substantiated
Sibling, Female, 13 Years	Other Adult - Parent Substitute, Female, 44 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

OCDSS received a report on 5/5/17 regarding educational neglect of the sibling, age 12. The father and parent substitute were aware of the sibling's history of poor attendance and failing grades and were not taking her to mental health treatment or ensuring she attended school.

**Report Determination:** Indicated**Date of Determination:** 12/12/2017**Basis for Determination:**

OCDSS conducted an investigation into the allegations and spoke with appropriate familial and collateral contacts. The father moved out of the home with the parent substitute in an attempt to gain help from paternal grandparents in getting the sibling mental health treatment and to school. OCDSS determined that the father and parent substitute made no effort to ensure the sibling's attendance and did not implement any consequences when the sibling did not attend school.

**OCFS Review Results:**

OCDSS conducted a thorough investigation into the allegations. OCDSS determined the father and the parent substitute were unable to enforce consequences when the sibling did not attend school and were not addressing the sibling's mental health concerns, which were a barrier in her attendance. The allegations of educational neglect were substantiated for the father and the parent substitute. OCDSS found that the mother had sporadic visitation with the sibling and was not in a position to address the educational concerns of the sibling and the allegations were unfounded against her.

**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 one unfounded case more than three years prior to the fatality regarding domestic violence between the mother and the father of her eldest child.

**Known CPS History Outside of NYS**

There is no known CPS history outside of New York State.

**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