



## Report Identification Number: SY-20-045

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

Issue Date: Mar 29, 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:** 5 year(s)

**Jurisdiction:** Oneida  
**Gender:** Male

**Date of Death:** 09/30/2020  
**Initial Date OCFS Notified:** 09/30/2020

## Presenting Information

On 9/30/20, Oneida County Department of Social Services (OCDSS) received an SCR report which stated the 5-year-old subject child (SC) was found unresponsive in his bed. The SC was medically fragile and the mother (SM) and parent substitute (PS) were aware the SC needed a specialized bed and did not have one available for him. The report also alleged the SM and PS were impaired by illicit substances while caring for the SC and 1-year-old sibling (SS) and were not providing appropriate nutrition for the SC. This report was subsequent to a previously open investigation dated 9/18/20, which had concerns that the SC had fallen from his bed and sustained bruising to his face.

## Executive Summary

This report concerns the death of a 5-year-old child which occurred while in the care of his mother and parent substitute. Oneida County Department of Social Services received an SCR report which alleged that the child was found unresponsive in his bed by his mother. The child had multiple disabilities, including a seizure disorder, and had limited mobility. There was also a 1-year-old surviving sibling in the home.

OCDSS received their report and initiated their investigation within 24 hours. Through interviews with law enforcement and the family, it was learned that the child had been out of school and had been hospitalized for an unrelated illness. The child was seen at his pediatrician on the date of his death to be cleared to return to school. After returning from the pediatrician, the child had a seizure, which was common due to his diagnosed seizure disorder. After recovering from the seizure, the mother placed the child in his bed for his regular afternoon nap. When the mother returned to wake the child, she found him unresponsive. The mother called 911 and began CPR until EMS arrived. The child was transported to the hospital and pronounced dead.

During the investigation, concerns were raised that the child was sleeping in an inappropriate bed for his diagnoses. The mother identified that the family was in the process of obtaining a hospital bed for the child at the time of his death. Other concerns were identified for drug use in the home. A powder was found in the adult bedroom, which was later tested by law enforcement, and confirmed to be methamphetamine. The parent substitute admitted to using the substance and declined a drug screen at the time of the fatal incident. A safety plan was implemented to ensure the safety of the 1-year-old sibling due to the concerns for the methamphetamine use by the parent substitute and marijuana use by the mother effecting their ability to properly supervise the surviving sibling and subject child prior to his death. The mother admitted to regular marijuana use while being a caretaker for the children. The sibling stayed with a family friend and there was to be no unsupervised contact with the mother or parent substitute. The family friend utilized for the safety plan expressed concerns that the mother and parent substitute were going to flee the state with the child and OCDSS filed a neglect petition in court to ensure safety of the sibling. The request to remove the child was approved, and the sibling was placed into kinship care with the paternal grandfather. The parent substitute admitted to relapsing and using methamphetamine during the investigation, producing a positive drug screen in January 2021. In February 2021, following the removal of the sibling, the mother tested positive for methamphetamines. The concerns for ongoing drug use required continued kinship care placement of the sibling.

At the conclusion of the investigation, OCDSS made the determination to unsubstantiate the allegations of DOA/Fatality and IF/C/S and substantiate the allegations of IG, and LS against the mother and the mother's partner. The 1-year-old sibling remained in the care of the paternal grandfather at the time this report was written. OCDSS offered the mother,



biological father, and parent substitute services in relation to the child's passing and was helping to arrange drug treatment services for the parent substitute.

## 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? N/A

### Explain:

Sufficient information was gathered to assess safety, risk, and make a determination of the allegations.

Was the decision to close the case appropriate? Yes

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

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

### Explain:

The record contains detailed notes of supervision and the investigation met regulatory requirements.

## 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: 09/30/2020

Time of Death: 08:00 PM (Approximate)



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

04:00 PM

**County where fatality incident occurred:**

Oneida

**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
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

**Did child have supervision at time of incident leading to death?** No - Not needed given developmental age or circumstances

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	1 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)

### LDSS Response

OCDSS received the report and coordinated their response with LE. LE informed OCDSS that they had been to the home and met with the family. The SC was medically fragile, was recently hospitalized in relation to a seizure disorder and an unrelated illness and had been seen by his primary care provider earlier in the day before his passing. LE identified no immediate safety concerns for the surviving sibling in their initial contact with the family. LE informed OCDSS that an unknown substance was found in the adult bedroom; however, no adult appeared under the influence of any substances at the time of the fatal incident. The substance was taken to be tested and was identified to be methamphetamine.

OCDSS conducted interviews with the family at their CAC. The PS and SM reported that in the weeks leading up to the fatality, the SC had fallen out of his bed and suffered a bruise on his cheek. In addition, the child required emergency medical care after it was discovered by school staff that he had a high fever. The SC was diagnosed with a viral infection, which required hospitalization and he was absent from school for 2 weeks. The SC also had a seizure disorder. On the day of his death, the SC had been to his pediatrician and was cleared to return to school. After returning home from the doctor, the SC ate lunch, then had a seizure. After recovering from the seizure, the SM put the SC down for a nap in his bed. The SM returned to check on the SC after about 45 minutes and found the SC not breathing. The SM stated she put the SC on the bed with a comforter under him and a body length pillow next to him. The SM began CPR and the PS called 911. A subsequent SCR report was received by OCDSS identifying that the SC was supposed to be sleeping in a hospital bed. The



SM stated that they were in the process of obtaining a hospital bed for the SC when he passed away. The PS admitted to using illicit substances 2 days prior to the SC's passing; however, he and the SM declined drug screenings at the time of the fatality.

The biological father was notified of the SC's death and interviewed by OCDSS. The BF was not present at the time of the SC's death and had no direct knowledge of how the SC died. The BF was offered services by OCDSS.

OCDSS obtained medical records from and spoke with the SC's pediatrician. The pediatrician confirmed having seen the child on the date of his death and cleared him to return to school following his extended absence due to illness. The pediatrician disclosed no concerns for the SC in the care of the SM.

OCDSS interviewed school staff that worked with the SC. The staff disclosed a previous concern that the SC had fallen out of bed and sustained a bruise to his face. School staff confirmed that the SC had missed an extended period of time due to an illness and hospitalization to treat the illness and had not returned to school prior to his death.

Due to the concerns for the PS's substance use, a safety plan was made for the 1-year-old SS which prevented the parents from having unsupervised contact with the child. A neglect petition was then filed due to the substance use and concerns for their ability to properly supervise the SS while impaired. At the initial family court appearance, the SM and PS, who is the biological father to the SS, consented to the SS being placed into foster care. OCDSS offered the SM and PS services in relation to the SC's death and substance abuse treatment.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Unknown

### Multidisciplinary Investigation/Review

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

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

**Comments:** Oneida County has an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	DOA / Fatality	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Lack of Medical Care	Unsubstantiated



056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Lack of Supervision	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056484 - Mother's Partner, Male, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Lack of Supervision	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	DOA / Fatality	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Lacerations / Bruises / Welts	Unsubstantiated
056479 - Deceased Child, Male, 5 Yrs	056480 - Mother, Female, 26 Year(s)	Lack of Medical Care	Unsubstantiated
056482 - Sibling, Female, 1 Year(s)	056484 - Mother's Partner, Male, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
056482 - Sibling, Female, 1 Year(s)	056484 - Mother's Partner, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
056482 - Sibling, Female, 1 Year(s)	056480 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Substantiated
056482 - Sibling, Female, 1 Year(s)	056480 - Mother, Female, 26 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 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"/>
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**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"/>
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**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"/>

**Explain:**  
 Risk was assessed throughout the investigation and referrals for services were made by OCDSS to reduce the risk to the SS.

**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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The SS was removed from the care of the parents and placed into foster care due to concerns for drug use present in the home.				

### 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		
Date Filed:	Fact Finding Description:	Disposition Description:
10/08/2020	There was not a fact finding	There was not a disposition
Respondent:	056480 Mother Female 26 Year(s)	
Comments:		

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
10/08/2020	There was not a fact finding	There was not a disposition
Respondent:	056484 Mother's Partner Male 36 Year(s)	
Comments:		

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

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



Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input 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 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 and accepted by the SM and PS.

### 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)
09/18/2020	Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Lack of Supervision	Substantiated	



# Child Fatality Report

Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated
Deceased Child, Male, 5 Years	Mother's Partner, Male, 36 Years	Swelling / Dislocations / Sprains	Unsubstantiated
Sibling, Female, 1 Years	Mother's Partner, Male, 36 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 1 Years	Mother's Partner, Male, 36 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 1 Years	Mother's Partner, Male, 36 Years	Parents Drug / Alcohol Misuse	Substantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated
Deceased Child, Male, 5 Years	Mother, Female, 26 Years	Swelling / Dislocations / Sprains	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Lack of Supervision	Unsubstantiated
Sibling, Female, 1 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

OCDSS received an SCR report which alleged that the 5-year-old SC presented with a deep abrasion above his right eye and curving down to his cheek. The mother and parent substitute provided inconsistent explanations as to how the SC sustained the injuries, making the injury suspicious in nature.

**Report Determination:** Indicated

**Date of Determination:** 11/05/2020

**Basis for Determination:**

OCDSS interviewed the SM and it was disclosed that the SC had fallen out of bed and sustained the injury to his face. The SC was seen in the emergency room and released home. The explanation was identified to be plausible by the emergency room providers that treated the SC. The mother failed to follow up with medical providers as advised until spoken to by school and OCDSS staff.

**OCFS Review Results:**

OCDSS conducted an investigation in accordance with regulatory requirements. The substantiated allegations pertain to subsequent reports made during the open investigation which are listed in this report separately and no credible evidence was found to substantiate the allegations pertaining to the SC's facial injury.

**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)
05/09/2020	Deceased Child, Male, 4 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 35 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 4 Years	Mother's Partner, Male, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Months	Mother, Female, 26 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 11 Months	Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 11 Months	Mother's Partner, Male, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The SCR report alleged that the SM and PS were intentionally withholding food from the then 4-year-old SC. As a result, the SC had lost a significant amount of weight. A subsequent report was received which alleged that the SM and PS were abusing illicit substances while caring for the SC and the 1-year-old sibling.

**Report Determination:** Unfounded

**Date of Determination:** 06/17/2020

**Basis for Determination:**

OCDSS received the report and interviewed familial and collateral contacts. It was determined that due to the child's multiple disabilities, his weight fluctuated and was monitored every 3 months by his primary care physician. At the last appointment, the SC had gained weight and there were no concerns identified by the medical providers regarding the care of the SC by the SM or PS. The SM and PS denied the allegations of illicit substance use. There were no signs of substance use in the home and the SM and PS appeared sober and coherent during interactions. Previous cases also alleged substance use and drug tests administered during those investigations were negative for substances.

**OCFS Review Results:**

OCDSS interviewed family members and contacted relevant collateral contacts to make a determination of the allegations. There were no medical concerns for the weight or care of the SC identified and there were no signs of substance abuse in the home, and the SM and PS declined drug screenings. Safety and Risk were assessed throughout 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)
10/09/2019	Sibling, Female, 4 Months	Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unsubstantiated	No



# Child Fatality Report

Sibling, Female, 4 Months	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 4 Months	Mother, Female, 25 Years	Lack of Medical Care	Unsubstantiated
Sibling, Female, 4 Months	Mother, Female, 25 Years	Lack of Supervision	Substantiated
Deceased Child, Male, 4 Years	Grandparent, Male, 59 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 4 Years	Grandparent, Male, 59 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 4 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 4 Years	Father, Male, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 4 Years	Mother, Female, 25 Years	Lacerations / Bruises / Welts	Substantiated
Deceased Child, Male, 4 Years	Mother's Partner, Male, 35 Years	Inadequate Guardianship	Unsubstantiated
Deceased Child, Male, 4 Years	Mother's Partner, Male, 35 Years	Lacerations / Bruises / Welts	Unsubstantiated
Deceased Child, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated

**Report Summary:**

The SCR report alleged that while visiting the PS in a rehabilitation facility, the SM placed the 16-week-old SS on a table and did not provide adequate supervision. As a result of the inadequate supervision, the SS fell to the floor and the SM did not seek medical attention. A subsequent report was received with allegations that the SC sustained trauma to the right ear and scratches for which the SM and BF had no explanation. The report also alleged the SM would often leave the SC outdoors, unprotected from the elements, in a wheelchair waiting for the bus to school. The SC would often be wet and cold by the time the bus arrived.

**Report Determination:** Indicated

**Date of Determination:** 04/30/2020

**Basis for Determination:**

OCDSS initiated their investigation into the incident and learned that the mother did take the SS to the emergency room and a follow up appointment with the pediatrician. The SS sustained no injuries from the fall. The investigation determined that the SM was not providing adequate supervision at the time of the incident. The investigation determined that the SM failed to take necessary precautions to protect the SC from the elements while waiting for the bus in the winter months. There was no plausible explanation provided for the scratches on the SC's ear and allegations were substantiated against the SM. The allegations pertaining to the SS were unsubstantiated as no injuries occurred.

**OCFS Review Results:**

OCDSS conducted familial and collateral interviews in relation to making a determination of the allegations. The investigation determined there was a need for services and the family was referred to community based services prior to closing the investigation. OCDSS followed regulatory requirements when investigating the allegations and made a determination based on the evidence gathered.

**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)
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04/01/2019	Deceased Child, Male, 4 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 4 Years	Father, Male, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**  
The SCR report alleged that the 4-year-old SC is non-verbal and unable to walk. After spending the weekend with the BF, the SC returned to the SM with scrapes on his legs.

**Report Determination:** Unfounded **Date of Determination:** 11/20/2019

**Basis for Determination:**  
OCDSS initiated their investigation and conducted familial and collateral interviews. The BF denied that the SC had the marks on him when he returned the SC to the care of the SM and the SM claimed that they were there. The SC was seen in the emergency room on the date of the report and the records stated that there was no way of knowing how the marks were caused or who inflicted them. No other safety concerns were identified throughout the investigation. The investigation also revealed that the SC had limited mobility and liked to swing his legs, implying that the marks may have been unintentionally self-inflicted.

**OCFS Review Results:**  
OCDSS followed regulatory requirements to investigate and make a determination of the allegations. Familial and collateral contacts relevant to the investigation were interviewed and information gathered was utilized to assess safety and risk during the investigation. The investigation remained open for 234 days with no documented explanation for the delay, exceeding regulatory requirements.

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

**Issue:**  
Timeliness of Determination

**Summary:**  
The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfound” a report of child abuse and/or maltreatment. The CPS investigation was open for 234 days, which exceeded regulatory timeframe requirements.

**Legal Reference:**  
SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**  
OCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/08/2019	Deceased Child, Male, 3 Years	Mother, Female, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 3 Years	Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 3 Years	Mother's Partner, Male, 34 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Years	Mother's Partner, Male, 34 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



**Report Summary:**

The SCR report alleged that on a daily basis, the SM and the PS are smoking cigarettes and marijuana in the presence of the 3-year-old SC. It was unknown if the adults become impaired or if the SC has access to the drug or paraphernalia.

**Report Determination:** Unfounded**Date of Determination:** 11/20/2019**Basis for Determination:**

OCDSS conducted familial and collateral interviews to make a determination of the allegations. The SM and PS denied the allegations and were drug tested and were negative for illicit substances. The PS did test positive for alcohol. The PS stated he did not use drugs due to being on probation and had been hospitalized for 3 months prior to the investigation due to a medical condition. Relevant collateral contacts were made and identified no immediate safety concerns for the SC in the home.

**OCFS Review Results:**

OCDSS followed regulatory requirements to make a determination of the allegations and assess safety and risk of the children. The investigation remained open for 317 days, exceeding the 60 day requirement in which to make a determination.

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

Timeliness of Determination

**Summary:**

The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfound” a report of child abuse and/or maltreatment. The CPS investigation was open for 317 days, which exceeded regulatory timeframe requirements.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

OCDSS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2018	Deceased Child, Male, 3 Years	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Male, 3 Years	Mother, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

The SCR report alleged that the SC bit the SM. In response, the SM bit the SC back. As a result, the SC sustained a bite mark on his cheek.

**Report Determination:** Unfounded**Date of Determination:** 01/17/2019**Basis for Determination:**

OCDSS initiated their investigation into the allegations and interviewed family members and collateral contacts. The SM denied the allegation and believed a peer may have bit the SC. The SC was non-verbal and was unable to be interviewed regarding the incident. No concerns were disclosed by collateral contacts.

**OCFS Review Results:**

OCDSS followed regulatory requirements to investigate the allegations and make a determination in the case. The SC was observed to have a mark resembling a bite mark on his cheek, however the injury could not be attributed to the SM and was not serious in nature. There were no other immediate health or safety concerns disclosed for the SC in the care of the SM.





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)
07/16/2018	Deceased Child, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Male, 3 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

The SCR report alleged that the SM became impaired while abusing alcohol and marijuana on a regular basis while caring for the 3-year-old SC. The SM allowed other adults to come to the home to use drugs and alcohol around the SC.

**Report Determination:** Unfounded

**Date of Determination:** 01/17/2019

**Basis for Determination:**

OCDESS investigated the allegations through familial and collateral interviews. The SM and PS denied the allegations and were drug screened. They were negative for illicit substances and the PS was positive for alcohol. School staff worked with the SM and PS to teach them how to properly restrain the SC in his wheelchair and no other health or safety concerns were identified.

**OCFS Review Results:**

OCDESS followed regulatory requirements while conducting their investigation. There was no evidence found to support the allegations and the determination was made to unsubstantiate the allegations. The case remained open under a subsequent report which was investigated concurrently. The investigation remained open for 191 days, exceeding regulatory requirements.

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

**Issue:**

Timeliness of Determination

**Summary:**

The child protective service has the sole responsibility for making a determination within 60 days after receiving the report as to whether there is some credible evidence of child abuse and/or maltreatment so as either to “indicate” or “unfounded” a report of child abuse and/or maltreatment. The CPS investigation was open for 191 days, which exceeded regulatory timeframe requirements.

**Legal Reference:**

SSL 424(7);18 NYCRR 432.2(b)(3)(iv)

**Action:**

OCDESS will make a determination of either “indicated” or “unfounded” within 60 days after receiving the report.

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

There was one unsubstantiated report more than 3 years prior to the fatality which alleged the parents were not properly feeding the SC following his birth and he was losing weight. The SM received education from the pediatrician on how to mix the formula correctly and the concerns were alleviated.

**Known CPS History Outside of NYS**

There is no known CPS History outside of NYS.



## Foster Care Placement History

Following the death of the SC, the SS was placed into foster care via an Article 10 petition filed by CPS due to the alcohol and drug abuse occurring in the home.

## 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