



Report Identification Number: SY-20-052

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

Issue Date: May 18, 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: 29 day(s)

Jurisdiction: Cortland
Gender: Male

Date of Death: 11/17/2020
Initial Date OCFS Notified: 11/17/2020

Presenting Information

Cortland County Department of Social Services (CCDSS) received a report from the SCR alleging on 11/17/20, the 1-month-old child passed away while in the care of the mother and the mother's boyfriend. The subject child became fussy while sleeping and the mother's boyfriend laid down with the child and both fell asleep. Sometime between 3 and 3:30AM, the parent substitute woke to find the subject child unresponsive, laying next to him on the couch. The mother's boyfriend notified the mother and began performing CPR until first responders arrived and transported the child to the hospital. The subject child was pronounced deceased at the hospital at 4:08AM.

Executive Summary

On 11/17/20, CCDSS received an SCR report regarding the 1-month-old infant's death that occurred on the same date. At the time of the infant's death, he resided with his mother, father and 2-year-old sibling. The mother and father were not in a romantic relationship at the time of the child's death; however, they still resided together. The mother's boyfriend visited the home often and provided regular care for the subject child. At the time of the child's death, CCDSS had an open Preventive Services case for concerns unrelated to the fatality. The family had been working with Preventive Services since 12/27/19.

CCDSS conducted a joint investigation with law enforcement and learned that the mother and her boyfriend were home together on 11/16/20 into 11/17/20. It was learned that the mother's boyfriend routinely cared for the child between 12AM and 9AM so the mother could sleep. The boyfriend and child were sleeping on the couch. The boyfriend reported the child became fussy sometime between the hours of 12AM and 9AM so he fed the child and propped him up in the corner of the couch, where the child fell asleep. The boyfriend fell asleep sitting up next to the child. The boyfriend woke around 3:40AM and found the subject child in the same position he had been placed to sleep, unresponsive. The boyfriend alerted the mother who called 911 and began CPR. The boyfriend took over CPR while being provided instruction from the 911 operator until first responders arrived. The subject child was transported to the hospital where he was pronounced dead at 4:08AM.

CCDSS assessed safety of the sibling within 24 hours. The sibling was assessed to be safe in the care of the parents with the additional support of family members. No safety concerns were revealed for the surviving sibling.

CCDSS completed all investigative requirements timely and they closed the investigation on 1/12/21. The final autopsy was received, and the manner of death was undetermined. The medical examiner explained the sudden death was associated with an unsafe sleeping environment. The medical examiner further explained the sleeping environment (on a loveseat with an adult) was highly concerning for accidental suffocation/overlay but could not be established with scientific certainty. Law enforcement closed their investigation, finding no criminality in the death.

CCDSS indicated the allegations of DOA/Fatality and Inadequate Guardianship against the mother and boyfriend. The investigation conclusion narrative stated the mother was aware of safe sleep guidelines, having been educated on safe sleep regularly for the duration of the open Preventive Services case. The mother reported educating her boyfriend on safe sleep guidelines. There was a safe sleep environment accessible to the child; however, the boyfriend chose to co-sleep with the child thus contributing to an environment which was concerning for suffocation/overlay. CCDSS determined the mother was culpable for the death and substantiated the allegations of DOA/Fatality and Inadequate Guardianship against her, though the case record did not reflect credible evidence the mother was aware her boyfriend was co-sleeping with the



child nor that she was aware of any risk in allowing her boyfriend to care for the subject child. The allegations of Lacerations/Bruises/Welts against the mother and boyfriend were unfounded as CCDSS did not find evidence of bruising on the subject child and the medical records did not reflect that the child sustained any suspicious bruising.

PIP Requirement

CCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

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

Explain:

CCDSS was appropriate in indicating the mother's boyfriend for the death of the subject child, but did not have credible evidence to indicate the mother for the death. CCDSS continued providing the family with Preventive Services after determining the investigation.

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:

Casework activity was commensurate with case circumstances.

Required Actions Related to the Fatality

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



| | |
|-------------------------|--|
| Issue: | Appropriateness of allegation determination |
| Summary: | CCDSS indicated the allegations of IG and DOA/Fatality against the mother; however, the record did not reflect evidence that the mother knew her boyfriend planned to co-sleep, or was aware her boyfriend was co-sleeping with the subject child. |
| Legal Reference: | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv) |
| Action: | CCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with their Regional Office if further guidance is needed regarding investigation determinations. |

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/17/2020

Time of Death: 04:08 AM

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

Unknown

County where fatality incident occurred:

Cortland

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?

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? 3 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

| Household | Relationship | Role | Gender | Age |
|----------------------------|----------------|----------------|--------|------------|
| Deceased Child's Household | Deceased Child | Alleged Victim | Male | 29 Day(s) |
| Deceased Child's Household | Father | No Role | Male | 24 Year(s) |



| | | | | |
|----------------------------|------------------|---------------------|--------|------------|
| Deceased Child's Household | Mother | Alleged Perpetrator | Female | 20 Year(s) |
| Deceased Child's Household | Mother's Partner | Alleged Perpetrator | Male | 21 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 2 Year(s) |

LDSS Response

CCDSS began their investigation into the incident upon receipt of the SCR report on 11/17/20. They searched SCR history and spoke to the source of the report, the medical examiner's office, law enforcement, hospital staff, the parents, and multiple relatives. They conducted several home visits and they assessed the safety of the sibling throughout the investigation.

Through interviews with the parents, it was learned that the subject child was born full-term and he was healthy. The parents shared that the subject child and sibling were up to date with well-child visits and immunizations. The parents were aware of safe sleep guidelines and there was a bassinet in the home for the subject child. The record reflected that CCDSS addressed safe sleep with the parents weekly during their open Preventive Services case. During each visit, the parents were observed adhering to safe sleep guidelines.

The mother and boyfriend reported that on 11/16/20 into the morning of 11/17/20, the boyfriend was caring for the subject child so the mother could sleep in a separate room. The boyfriend and subject child were sleeping in the living room area. The subject child became fussy between the hours of 12AM and 3AM so the boyfriend fed him and placed him in the corner of the couch to sleep. Around 3:40AM, he woke and found the subject child unresponsive. The boyfriend reported the child was in the same position as he had placed him to sleep hours before. The boyfriend woke the mother who called 911 while the boyfriend administered CPR at the direction of the 911 operator. First responders arrived and continued resuscitation efforts while transporting the subject child to the hospital.

CCDSS spoke with the first responders who corroborated the information learned from the mother and her boyfriend. First responders reported when they arrived on scene, the child was blue in color and unresponsive with no pulse. First responders reported knowledge that the subject child was co-sleeping with the mother's boyfriend.

CCDSS interviewed the father, who expressed no concerns for the care of the subject child or sibling with the mother. The father reported he saw the sibling regularly. CCDSS spoke with family members who cared for the sibling immediately following the death and they also reported no concerns for the care of the subject child or sibling in the care of the parents.

CCDSS completed their investigation into the events surrounding the death. The parents were engaged with Preventive Services at the time of this writing and continued to cooperate with services in order to satisfy the conditions of their Order of Supervision.

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: CCDSS adhered to previously approved protocols by collaborating with law enforcement and notifying the DA's office of the death.



Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: There is no OCFS approved Child Fatality Review Team in Cortland County.

SCR Fatality Report Summary

| Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome |
|--|---|-------------------------------|--------------------|
| 056868 - Deceased Child, Male, 29 Day(s) | 056869 - Mother, Female, 20 Year(s) | Lacerations / Bruises / Welts | Unsubstantiated |
| 056868 - Deceased Child, Male, 29 Day(s) | 056890 - Mother's Partner, Male, 21 Year(s) | Lacerations / Bruises / Welts | Unsubstantiated |
| 056868 - Deceased Child, Male, 29 Day(s) | 056869 - Mother, Female, 20 Year(s) | DOA / Fatality | Substantiated |
| 056868 - Deceased Child, Male, 29 Day(s) | 056869 - Mother, Female, 20 Year(s) | Inadequate Guardianship | Substantiated |
| 056868 - Deceased Child, Male, 29 Day(s) | 056890 - Mother's Partner, Male, 21 Year(s) | DOA / Fatality | Substantiated |
| 056868 - Deceased Child, Male, 29 Day(s) | 056890 - Mother's Partner, Male, 21 Year(s) | Inadequate Guardianship | Substantiated |

CPS Fatality Casework/Investigative Activities

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| All children observed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed? | <input 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:

CCDSS contacted all relevant collateral sources.

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:
 CCDSS was already providing Preventive Services at the time of the child's death. CCDSS continued providing Preventive Services following the death. Referrals for bereavement and mental health counseling were provided to the mother and father.

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|

Explain as necessary:
There was no removal of the surviving sibling.

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"/> | <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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Child Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Intensive case management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Family or others as safety resources | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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: Preventive Services

Additional information, if necessary:
CCDSS offered bereavement and mental health counseling following the death. Preventive Services were in place for the family prior to the death for concerns unrelated to the fatality. CCDSS continued providing Preventive Services following the death to offer additional support to the family.



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:

CCDSS provided Preventive Services to the sibling.

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

Explain:

CCDSS provided referrals for bereavement and mental health counseling to the parents and the mother's boyfriend. CCDSS continued to provide Preventive Services to the parents to offer additional support following the death.

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 neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

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) |
|--------------------|----------------------------|--------------------------|--------------------------------------|--------------------|---------------------|
| 12/11/2019 | Sibling, Female, 10 Months | Mother, Female, 19 Years | Inadequate Food / Clothing / Shelter | Substantiated | No |
| | Sibling, Female, 10 Months | Father, Male, 23 Years | Inadequate Food / Clothing / Shelter | Substantiated | |

Report Summary:

CCDSS received a report from the SCR alleging the sibling was residing in deplorable conditions. There was dog feces and trash throughout the home and the parents were not addressing the concerns.



Child Fatality Report

Report Determination: Indicated **Date of Determination:** 01/21/2020

Basis for Determination:
CCDSS determined there was credible evidence the parents were residing in deplorable conditions which posed a health and safety hazard for the sibling. An Article 10 Neglect Petition was filed against the parents and Preventive Services were court ordered.

OCFS Review Results:
CCDSS received the report and made an immediate safety plan within the first 24 hours. CCDSS completed all casework in a timely manner and appropriately indicated the investigation once all casework was completed. CCDSS filed an Article 10 Neglect Petition due to the level of risk associated with investigation. CCDSS opened a Preventive Services case to offer the family additional support.

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.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 12/27/2019

Evaluative Review of Services that were Open at the Time of the Fatality

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the service provider(s) comply with the timeliness and content requirements for progress notes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the services provided meet the service needs as outlined in the case record? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all service providers comply with mandated reporter requirements? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Casework Contacts

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Services Provided



Child Fatality Report

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were services provided to parents as necessary to achieve safety, permanency, and well-being? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Family Assessment and Service Plan (FASP)

| | Yes | No | N/A | Unable to Determine |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Was the most recent FASP approved on time? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, how many days was it overdue? The FASP due date was 7/24/20 and the FASP was completed and approved on 9/22/20. | | | | |
| Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Provider

| | Yes | No | N/A | Unable to Determine |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were Services provided by a provider other than the Local Department of Social Services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional information, if necessary: CCDSS provided Preventive Services to the family. | | | | |

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

| | |
|-------------------------|---|
| Issue: | Timeliness of completion of FASP |
| Summary: | A reassessment FASP was due to be completed on 7/24/20 but was not completed and approved until 9/22/20, 60 days late. |
| Legal Reference: | 18 NYCRR428.3(f) |
| Action: | CCDSS will complete, or see to the completion of FASPs by service providers when applicable, in a timely fashion when CCDSS maintains a case management role. |

Preventive Services History

A Preventive Services case was opened on 12/30/19 and remained open at the time of this writing. CCDSS filed an Article 10 Neglect Petition against the parents on behalf of the sibling (Neglect filed 12/13/19) due to the deplorable conditions of the home. The parents were court ordered to engage in Preventive Services. CCDSS implemented a number of community-based services including, Family Educator, Family Support Specialist with the Child Development Council,



and made a Healthy Homes referral. CCDSS provided parenting skills training to the mother and father related to the sibling and, upon learning of the mother’s pregnancy, began providing skills training related to the subject child. The workers collaborated on necessary services and monitored the housing suitability.

A Family Services Intake Stage (FSI) was open from 8/28/18-10/27/18; the mother was 18, pregnant, and applied for temporary assistance. The mother was in high school and residing with the biological father. The FSI noted the mother’s mother moved to another city and it was unknown what her specific needs were. There was no further information in the FSI and the case was closed on 10/27/18.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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: |
|--------------------|--|--------------------------|
| 12/13/2019 | Adjudicated Neglected | Order of Supervision |
| Respondent: | 056869 Mother Female 20 Year(s) | |
| Comments: | CCDSS filed an Article 10 Neglect Petition against the mother and father. An Order of Supervision with conditions regarding the parents finding and maintaining safe and suitable housing for the sibling was ordered. | |

Family Court Petition Type: FCA Article 10 - CPS

| Date Filed: | Fact Finding Description: | Disposition Description: |
|--------------------|--|--------------------------|
| 12/13/2019 | Adjudicated Neglected | Order of Supervision |
| Respondent: | 056870 Father Male 24 Year(s) | |
| Comments: | CCDSS filed an Article 10 Neglect Petition against the mother and father. An Order of Supervision with conditions regarding the parents finding and maintaining safe and suitable housing for the sibling was ordered. | |

Additional Local District Comments

The mother had an open court ordered preventive case which stated she needed to have anyone around the children approved by DSS. The mother kept this boyfriend a secret from her Preventive worker and her service providers. The boyfriend was never a part of safe sleep conversations with the CW or the parent educator as a result. Mom, knowing this, allowed the boyfriend to care for her infant during overnight hours when an infant would be sleeping. Mother was aware that her boyfriend was on probation, had MH concerns, did not have custody of his own child and smoked marijuana- yet she still allowed him to care for the infant overnight. The crib was also filled with packages of diapers when the CW was in the home, and heavy blankets were observed on the couch when LE arrived. Cortland County DSS feels this is some credible evidence to hold mom accountable for the child’s death.

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