



Report Identification Number: SY-16-057

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

Issue Date: Apr 26, 2017

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	

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
CPR-Cardio-pulmonary Resuscitation		

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-Others	

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	

Case Information



Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Onondaga
Gender: Male

Date of Death: 11/13/2016
Initial Date OCFS Notified: 11/13/2016

Presenting Information

On 11/13/16 the SCR received a report alleging that at 8:10 AM, the SC (age 4 months) was taken off life support and pronounced dead due to injuries sustained earlier in the week. The SC was brought to hospital on 11/10/16 and was in cardiac arrest. After further examination, it was discovered that the SC also had anoxic brain injury. The SC had been vomiting excessively since 11/08/16, but emergency medical care was not sought until two days after. The child was only in the SM's care at the time SC sustained these critical injuries. BF, SS (age 5), and SS (age 3) had unknown roles.

Executive Summary

The SCR-reported fatality received by Onondaga Department of Social Services (OCDSS) on 11/13/2016 was subsequent to an open Child Protective case that began on 11/10/2016, after it had been reported that the 4-month-old SC went into cardiac arrest and stopped breathing while in the care of SM's step-sister. The SC was taken to the hospital where he was on life support for three days. On 11/13/2016 the SC was removed from life support and pronounced dead. Upon further investigation, it was learned that SC had intermittent vomiting during the two days prior to going into cardiac arrest. The report made on 11/10/2016 named both the SM and the step-sister as alleged subjects. The 11/13/2016 report only named the SM as an alleged subject. OCDSS added the step-sister as an alleged subject as the SC had been in the care of them both over the two days leading up to the hospitalization of the SC.

Upon receipt of the SCR report on 11/13/2016, a joint investigation was conducted by OCDSS and the Onondaga County Sheriff Department. OCDSS initiated an immediate investigation which included contact with the source and all other required contacts. SCR and criminal history checks were completed and reviewed. Both SM and BF had no known history of drug or alcohol misuse.

In the first 24 hours of the investigation, OCDSS assessed the safety of the SS and implemented a safety plan. The safety plan consisted of no unsupervised contact between the SS and SM, or the SM's step-sister (babysitter). Family stayed with SM to ensure that the SM was not left unsupervised with the SS. OCDSS offered mental health and trauma services to the family. The BF and SM were separated. The BF was in the military and away at the time of the alleged incident. The BF had returned home and filed an Article 6 custody petition on 11/28/16. On 12/5/2016 OCDSS submitted a report to the Court. The Family Court Judge ordered that the SS remain with the SM and the Family Court case was still pending.

At the time of the writing of this report, the manner and cause of death were pending further investigation. The preliminary autopsy report indicated no clear evidence of trauma and mentioned the death, "...is not clearly indicative of trauma and cause and manner of death are pending microscopic examination of the tissue, toxicology testing and Neuropathology examination." Given the seriousness of the brain injury sustained by the SC and no plausible explanation provided, both the criminal and the OCDSS investigations remained open pending the final ME report. No criminal charges were filed and no arrests were made at the time of the writing of this report.

As a result of preliminary results, the safety plan and the safety assessment were amended after a consultation with OCDSS legal department. The SM was allowed to have unsupervised contact with the SS but the step-sister



continued to not be allowed unsupervised contact.

From the time of the receipt of this report OCDSS had frequent contact with the SM and SS. OCDSS continued to gather information relevant to the ongoing investigation and assisted the family as needed with community-based services. OCDSS conducted adequate safety assessments and implemented safety plans when necessary. OCDSS failed to provide Notice of Existence letters in a timely manner to adults named in the report. The OCFS review of the fatality investigation resulted in a casework practice citation. OCDSS must submit a Program Improvement Plan (PIP) to the Regional Office within 30 days of issuance of this report. This PIP will identify what action(s) the OCDSS has taken, or will take, to address the cited issue. For a citation where a PIP is currently in place, OCDSS will review the plans and revise as needed.

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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was issued.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Was the decision to close the case appropriate? Unknown

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 OCDSS fatality investigation remains open pending the final ME results.

Required Actions Related to the Fatality

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

Issue:	Failure to provide notice of report
Summary:	The OCDSS failed to provide notice of report to the adults named in the report within 7 days of the receipt of the report. The OCDSS had interviewed the SM and BF within the required time frame but letters were not sent until three weeks later.
Legal Reference:	18 NYCRR 432.2(b)(3)(ii)(f)
Action:	OCDSS will provide Notice of Existence within 7 days of receipt of the report.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 11/13/2016

Time of Death: 08:10 AM

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

County where fatality incident occurred:

ONONDAGA

Was 911 or local emergency number called?

Yes

Time of Call:

12:42 PM

Did EMS to 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

Is the caretaker listed in the Household Composition? Yes - Caregiver

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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	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	26 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)
Other Household 2	Aunt/Uncle	Alleged Perpetrator	Female	26 Year(s)

LDSS Response



On 11/13/16, OCDSS received an SCR report alleging DOA/Fatality, II, LMC and IG against the SM and the SM’s step-sister (babysitter). A joint investigation was conducted by OCDSS and LE. During the investigation OCDSS interviewed the source and interviewed all first responders. The BF, SM, SM’s step-sister and SS were interviewed and observed. All appropriate collateral contacts were made including the pediatrician, treatment professionals, family members and there were no reported concerns regarding the care of the SS. A SCR history check was completed and reviewed. A criminal history check was completed. All subjects of the report were questioned regarding drug and alcohol use. No one made an admission of misuse of any substances, and there was no other evidence to suggest such misuse.

It was learned during the investigation that the BF was in the military and was away at the time of the alleged incident. The BF returned home on leave at the time of the SC passing. The BF and SM were separated and did not reside together. The SM’s step-sister babysat on a daily basis while SM worked.

The SM provided a timeline to OCDSS regarding the events leading up to the SC’s admission to the hospital on 11/10/2016. The SM reported that the SC had been vomiting intermittently from 11/8/16 to 11/10/16, when he was transported to the hospital and was in cardiac arrest while in the care of the step-sister. The SM reported on 11/10/16 the SC woke up at 6 a.m. and she fed him. The SC projectile vomited after being fed. The step-sister arrived to babysit the SC and SS. The SM fed the SC again before leaving for work and SC was acting fine. The SM texted the step-sister later in the morning to check on the SC. The step-sister told SM that the SC was sleeping on and off, he was crying and seemed uncomfortable. The SM received a phone call from the step-sister saying that the SC vomited the entire bottle he had just eaten. The SM called the pediatrician and scheduled an appointment for 1:10 p.m. While the SM was on her way home to take the SC to the doctor, the step-sister called SM at 12:52 telling her to hurry as she already called 911. When SM arrived home the SC was already in the ambulance. The SM stated SS (age 5) was at school and SS (age 3) was home during the incident. Neither the SM nor the step-sister provided an explanation that could be seen as plausible to account for the SC’s presenting condition. Both were interviewed and gave similar statements to LE and OCDSS.

OCDSS adequately assessed the safety of the SS and the safety plan consisted of no unsupervised contact between the SS and SM, as well as no unsupervised contact between the SS and SM’s step-sister. Family members agreed to care for SS pending further investigation. The OCDSS did an assessment of the home and found there were no other safety concerns.

At the time of the writing of this report, the manner and cause of death were pending further investigation. The preliminary autopsy report indicated no clear evidence of trauma and mentioned the death, “...is not clearly indicative of trauma and cause and manner of death are pending microscopic examination of the tissue, toxicology testing and Neuropathology examination.”

The OCDSS and LE investigations remained open pending the final ME report and no arrests had been made. The BF filed an Article 6 custody petition on 11/28/16. OCDSS submitted a report to the Court on 12/5/16. The Court ordered the SS remain with SM and the Article 6 case was still pending in Family Court. The SM and SS (age 5) were involved in community-based counseling. After OCDSS consulted with their legal department it was determined even though the initial explanation was not plausible, OCDSS could not conclude that the SC’s condition was directly related to abuse or maltreatment. Therefore, the safety plan was amended allowing SM unsupervised contact with SS. As of the writing of this report, no determination has been made.

Official Manner and Cause of Death

Official Manner: Pending

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

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

Comments: OCDSS has an approved Child Fatality Review Team

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
033581 - Deceased Child, Male, 4 Month(s)	033582 - Mother, Female, 26 Year(s)	Inadequate Guardianship	Pending
033581 - Deceased Child, Male, 4 Month(s)	033582 - Mother, Female, 26 Year(s)	Internal Injuries	Pending
033581 - Deceased Child, Male, 4 Month(s)	033582 - Mother, Female, 26 Year(s)	Lack of Medical Care	Pending
033581 - Deceased Child, Male, 4 Month(s)	033582 - Mother, Female, 26 Year(s)	DOA / Fatality	Pending

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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



foster care at any time during this fatality investigation?				
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

The SS were not removed from SM's care. However, a safety plan was put into place that SM was not be alone with the SS. Family members agreed to be and were present in the home at all times with SS and SM. As a result of the preliminary autopsy results the safety decision was changed in the 30 day safety assessment and the safety plan initially put into place was lifted on Dec. 5th, 2016. The RAP had not been completed and the investigation remained open pending ME report.

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: Other Family Court (Including Article 6 Custody/Guardianship)

Date Filed:	Fact Finding Description:	Disposition Description:
11/28/2016	There was not a fact finding	There was not a disposition
Respondent:	None	
Comments:	BF applied for custody of SS and an Article 6 custody petition was pending in Family Court. A COI (Court Ordered Investigation) was ordered by the FC Judge on 12/1/2016, File number #: 49208, Docket #: V-07207-16. OCDSS submitted a report to FC in writing on 12/5/2016.	

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

The SM and SS (age 5) were in community-based counseling.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The SS (age 5) and SM were receiving counseling through Hospice Services.

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

Explain:

OCDSS provided SM with information regarding Hope for Bereaved. SM and SS were receiving services through Hospice.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- 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)	Status/Outcome	Compliance Issue(s)
11/10/2016	15362 - Deceased Child, Male, 4 Months	15366 - Other Adult - Step-Aunt, Female, 27 Years	Internal Injuries	Pending	Yes
	15362 - Deceased Child, Male, 4 Months	15365 - Mother, Female, 26 Years	Inadequate Guardianship	Pending	
	15362 - Deceased Child, Male, 4 Months	15365 - Mother, Female, 26 Years	Internal Injuries	Pending	
	15362 - Deceased Child, Male, 4 Months	15365 - Mother, Female, 26 Years	Lack of Medical Care	Pending	
	15362 - Deceased Child, Male, 4 Months	15366 - Other Adult - Step-Aunt, Female, 27 Years	Inadequate Guardianship	Pending	
	15362 - Deceased Child, Male, 4 Months	15366 - Other Adult - Step-Aunt, Female, 27 Years	Lack of Medical Care	Pending	

Report Summary:

On 11/10/2016 a report was made to the SCR. That report alleged II, LMC and IG against the SM and the step-sister. Four-month-old SC was cared for the SM and step-sister (babysitter). SC had been vomiting since Tuesday (11/08/16) and SM did not have SC medically seen. On 11/10/2016, while in the care of the step-sister the SC went into cardiac arrest and stopped breathing. During further examination, a CAT scan showed SC had acute subdural hemorrhaging and anoxic brain injury. There was no explanation as to how SC was injured. SM and step-sister were listed as alleged subjects because SC was cared for by both of them. The roles of BF, SS (age5) and SS (age 3) were unknown.

Determination: Undetermined

OCFS Review Results:

From the time of the receipt of this report on 11/10/2017, OCDSS had frequent contact with the SM and SS. OCDSS continued to gather information relevant to the ongoing investigation and assisted family as needed with community-based services. OCDSS conducted adequate safety assessments and implemented safety plans when necessary. OCDSS failed to provide Notice of Existence letters in a timely manner to adults named in the report.

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

Issue:

Failure to provide notice of report

Summary:

The OCDSS failed to provide notice of report within 7 days of the receipt of the report to adults named in the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(ii)(f)

Action:

The OCDSS will provide notice of report within 7 days of receipt of the report as required in the statute listed above.



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

SCR report received 8/3/2010 alleging lack of supervision against SM was unfounded. Report was regarding other unrelated children.

Known CPS History Outside of NYS

There was no known out of state History.

Required Action(s)

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

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?

Yes No

Foster Care Placement History

There is no record of foster care placement history provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.



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