



Report Identification Number: SY-21-025

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

Issue Date: Nov 22, 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: 1 month(s)

Jurisdiction: St. Lawrence
Gender: Male

Date of Death: 06/03/2021
Initial Date OCFS Notified: 06/04/2021

Presenting Information

St. Lawrence County Department of Social Services (SCDSS) received a report from the SCR on 6/4/2021 which alleged that the 1-month-old child (SC) died while in the care of his father (SF) on 6/3/2021. The father found the child unresponsive in a pack and play. The father called 911 and the child was transported to the hospital where he was pronounced dead. The father had been the sole caretaker for the child since 6/2/2021 and had no explanation for the child's death. The mother (BM) and the 8-year-old and 4-year-old surviving siblings (SSs) lived at another address and had unknown roles. At the time of the SC's death, the family was involved in an open investigation which alleged that the SF had sexually abused the SC. A subsequent report was received on 6/10/21 regarding the SC's death, and allegations the SM was impaired on an unknown drug and the 4-year-old SS suffered an injury to his throat due to SM being impaired and not properly supervising him.

Executive Summary

This report concerns the death of a 1-month-old child which occurred while in the care of his father on 6/3/2021.

SCDSS received the SCR report and coordinated their investigation with law enforcement. The father disclosed to law enforcement and SCDSS that he had placed the child on his back in the portable crib then went in the other room and fell asleep. Found in the crib was a thin mattress pad which had been folded over three times and tucked in with a blanket to keep it in place to create a softer base. The father awoke at 5:00 AM and found the child unresponsive in the crib. The paternal aunt called 911, the child was transported to the hospital and pronounced dead upon arrival.

Law enforcement and the medical examiner believed that the child had wiggled to the edge of the padding and then became wedged between the padding and side of the portable crib. The father showed law enforcement and SCDSS a video in which the child was able to wiggle and move on their stomach. The final autopsy had not been released at the time this report was written.

SCDSS had been involved with the family due to an unrelated investigation and had observed the portable crib and advised the father to remove a pillow from it. There were no concerns identified for the sleeping arrangement in the case record. The child was on visitation with the father; the mother and surviving siblings were not present at the time of the child's death.

The investigation was ongoing at the time this report was written and a determination of the allegations had not been made. Services in relation to the death of the child had been offered, though it was unclear from the case record if the services were being utilized.

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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The investigation was ongoing at the time this report was written.

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 case record has detailed documentation of supervisory consultation.

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: 06/03/2021

Time of Death: Unknown

Time of fatal incident, if different than time of death: 05:00 AM

County where fatality incident occurred: St. Lawrence

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:



Child Fatality Report

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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

How long before incident was the child last seen by caretaker? 5 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep
- Absent
- 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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Other Household 1	Father	Alleged Perpetrator	Male	41 Year(s)

LDSS Response

SCDSS received the SCR report and coordinated their investigation with LE. LE informed SCDSS that the SC was found unresponsive in a portable crib by the SF. Inside the portable crib was a thin memory foam mattress pad which had been folded over three times with a sheet over it to hold it together. LE believed the SC had wiggled to the side of the portable crib and flipped over, becoming wedged between the memory foam and edge of the portable crib. The autopsy showed no signs of trauma and lividity showed that the SC was face down at the time of death.

SCDSS interviewed the SF with LE. The SF stated that the BM was prescribed suboxone at the time of the SC's birth and that the BM had accused him of sexually abusing the SC due to a sore or diaper rash on the SC's anus. He and the BM had ended their relationship and were living separately since the accusation and the SC was with him for their scheduled visit. The SF stated SCDSS had been in the home and observed the portable crib the SC was placed to sleep in. The SF stated that SCDSS informed him to remove a pillow which had been in the portable crib but did not mention the mattress pad to him. The SF stated that the mattress pad was folded three times and tucked in with a comforter to keep it in place. The SF stated that he put the SC in the portable crib in the bedroom between 11:00 PM and 12:00 AM and fell asleep himself on the couch in the living room. The SF stated he woke up at approximately 5:00 AM and could not see the SC in the portable crib. The SF got up then saw the SC in the corner and not moving. The SF then went to his sister's home next door for help and brought her back to his apartment where 911 was called. The SF showed a video dated 5/31/2021 of the SC on his stomach wiggling and moving around.

SCDSS interviewed the BM by phone following the death of the SC. SCDSS informed the BM that there were no concerns observed with the sleep arrangements at the SF's home prior to the SC's death. The BM was interviewed again following



the receipt of the subsequent report on 6/10/2021 and admitted to relapsing on cocaine and that the 4-year-old SS had sustained an injury when he tripped with a musical instrument in his mouth and sustained a small scratch in his throat. The BM stated and it was confirmed by SCDSS, that a sober caretaker was present at the time of the injury. The SS was seen in the hospital and released with no concerns. The BM agreed to have the maternal grandmother reside with her in the home to provide additional support to her and to provide a sober caretaker for the SSs. The BM was engaged in substance abuse treatment at the time of the SC's birth and continued to engage in the services throughout the investigation. No further concerns for drug use were disclosed to SCDSS by the treatment program. SCDSS offered additional drug treatment services to the BM which were declined.

The 8-year-old SS was interviewed following the receipt of the subsequent report. The SS disclosed no knowledge of drug use and was not present at the time of the SC's death or when the 4-year-old SS was injured. Interviews with the 4-year-old SS were attempted and few details about the incident were obtained.

Hospital records were obtained for the SC. Records showed the SC was brought in by ambulance and unable to be resuscitated. Records showed the rigor mortis had set in and the SC had been deceased a significant period of time. The SC was an otherwise healthy child and had been seen in the emergency room recently for a weight check and SANE exam. No concerns for sexual abuse were identified through the SANE exam.

The investigation remained ongoing at the time this report was written. Services in relation to the death of the SC were offered, though it was unclear from the case record if the services were being utilized by any of the family members.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

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: Case was referred to an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058541 - Deceased Child, Male, 1 Month(s)	058545 - Father, Male, 41 Year(s)	Inadequate Guardianship	Pending
058541 - Deceased Child, Male, 1 Month(s)	058545 - Father, Male, 41 Year(s)	DOA / Fatality	Pending
058544 - Sibling, Male, 4 Year(s)	058542 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Pending
058544 - Sibling, Male, 4 Year(s)	058542 - Mother, Female, 28 Year(s)	Lack of Supervision	Pending
058544 - Sibling, Male, 4 Year(s)	058542 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	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 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"/>

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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
--	-----	----	-----	---------------------



Child Fatality Report

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 type="checkbox"/>	<input checked="" 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: An adequate assessment was not completed accurately due to the lack of cooperation from the family.				

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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:
Bereavement and mental health services were offered and accepted, though the case record was not clear if the services were being utilized. Additional substance abuse treatment services were offered to and declined by the BM, citing her existing treatment program as being able to meet her service needs.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
Services were offered and accepted, though the case record was not clear if the services were being utilized.

History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- 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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/24/2021	Sibling, Female, 8 Years	Father, Male, 41 Years	Sexual Abuse	Unsubstantiated	No
	Deceased Child, Male, 21 Days	Father, Male, 41 Years	Sexual Abuse	Unsubstantiated	
	Sibling, Male, 4 Years	Father, Male, 41 Years	Sexual Abuse	Unsubstantiated	

Report Summary:

The SCR report alleged that on at least one occasion the SF sexually abused the 8-year-old SS. The roles of the other children and the BM were unknown. Concerns were identified in the report that the 4-year-old SS had irregular bowel movements and his anus had been abnormally red and that the 8-year-old SS had seen the SF acting inappropriately with the SC.

Report Determination: Unfounded

Date of Determination: 10/12/2021

Basis for Determination:

SCDSS coordinated their investigation with LE and medical providers. The children were interviewed and SANE exams were performed on all three children. There were no disclosures or concerns identified that the SF had sexually abused any of the children.

OCFS Review Results:

SCDSS met regulatory requirements in their investigation of the allegations. A determination of the allegations was made in congruence with the evidence gathered. The SC died while in the care of the SF during the open 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)
12/30/2019	Other Child - PS's child, Male, 12 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Other Child - PS's child, Male, 12 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Other Child - PS's child, Male, 12 Years	Mother's Partner, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - PS's child, Male, 12 Years	Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 6 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 6 Years	Mother's Partner, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Years	Mother's Partner, Male, 30 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 6 Years	Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Sibling, Female, 6 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 30 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 30 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Mother's Partner, Male, 30 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The SCR report alleged that the BM was allowing her boyfriend (PS) who had a history of sexually abusing a child to have access to the 6-year-old and 2-year-old SSs. It was also alleged that the BM and PS had a history of abusing drugs and abused marijuana in the presence of the SSs and the 12-year-old OC. On 12/29/2019, the BM and PS were asleep past 1:00 PM in the afternoon and neglected the children's needs.

Report Determination: Unfounded

Date of Determination: 02/07/2020

Basis for Determination:

SCDSS interviewed all family members and obtained information from relevant collateral contacts. The BM and PS admitted to a history of drug abuse and both were engaged in a treatment program prior to the investigation being initiated. There were no concerns for drug use occurring in the presence of the children. The PS was confirmed to be a level 2 sex offender and the children disclosed no concerns for inappropriate interactions with him. All other allegations were denied and there were no concerns identified for the children while in the care of the BM.

OCFS Review Results:

SCDSS met regulatory requirements in their investigation of the allegations. There were no concerns identified for the children in the care of the BM through familial and collateral interviews and a determination of the allegations was made in congruence with the evidence gathered.

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

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

There were two unsubstantiated investigations in which the maternal grandmother and the BF of the 8-year-old SS were accused of sexually abusing the SS. Concerns for the BM's mental health were identified during those investigations. A third investigation identified concerns for drug abuse by the SM and was unsubstantiated.

Known CPS History Outside of NYS

There is no known CPS history outside of NYS.



Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No