



Report Identification Number: AL-19-028

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

Issue Date: Jan 30, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child's family; any extraordinary or pertinent information concerning the circumstances of the child's death; whether the child or the child's family received assistance, care or services from the social services district prior to the child's death; any action or further investigation undertaken by OCFS or the social services district since the child's death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child's household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child's siblings or other children in the household.**

OCFS' review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS' assessment and the performance of these agencies.



Abbreviations

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		



Case Information

Report Type: Child Deceased
Age: 2 month(s)

Jurisdiction: Delaware
Gender: Female

Date of Death: 08/26/2019
Initial Date OCFS Notified: 08/26/2019

Presenting Information

On 8/26/19, Delaware County Department of Social Services (DCDSS) received a report from the SCR alleging on the same date, the family puppy climbed up on top of the 2-month-old infant while the child was sleeping in a bouncy seat next to the bed. The father removed the puppy off the infant and the infant remained asleep. The father then left the home and went to the grandmother's home next door. The mother remained asleep in bed. When the father returned home approximately 40 minutes later, he check on the infant and found she was not breathing. It was unknown who called 911 or what time the call was placed. The police arrived at the home at approximately 8:20AM and found the father and grandmother performing CPR on the infant. First responders took over resuscitation efforts. The infant was transported to the hospital where she was pronounced dead. The child was an otherwise healthy infant.

Executive Summary

This fatality report concerns the death of the two-month-old female subject child who died on 8/26/2019. A report was made to the SCR on the same day regarding concerns that the infant passed away while sleeping in a bouncy seat next to the parents' bed. At the time of her death, the infant was residing at home with her mother, father, and surviving siblings ages 4, 3, and 1.

Delaware County Department of Social Services (DCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. An autopsy was performed and the cause and manner of death were undetermined.

The mother reported that on 8/26/19, the infant had been sleeping in a bouncy seat next to her bed. Around 7AM, the mother looked down at the infant and noticed she was looking back up at her; the infant then fell back asleep. The mother stated the infant appeared well at that time. She reported around 7:15-7:20AM the father came into the room and woke the mother to tell her the family dog was lying on top of the infant. The mother described the dog lying with his back legs splayed out over the infant's legs and his body covering the infant's body, with his head in the crook of the infant's neck. The father moved the family dog and then left the home to go to visit the grandmother. The mother went downstairs with the 3 siblings and spoke on the phone for approximately 15 minutes. The father returned home around 8AM and went upstairs to take a nap. While upstairs, he noticed the infant was unresponsive. The father ran to the grandmother's house next door and contacted 911. The father then attempted CPR at the direction of the 911 operator. First responders arrived and took over CPR and transported the child to the hospital where she was pronounced dead. The father corroborated the information. The father reported going to the hospital with the infant while the mother stayed home with the siblings.

DCDSS gathered information about the child's death from the mother, father, and first responders. Several collateral contacts were made with family members, the pediatrician, first responders, law enforcement, EMS, and the fire department. New York State Police investigated the death and determined there was no criminality.

DCDSS conducted home visits and services were offered to the mother and father in response to the fatality. Due to neglect concerns unrelated to the fatality, the mother and father were court ordered to participate with Preventive Services. DCDSS offered a multitude of services to the family, including bereavement counseling and assistance with funeral services. The child advocacy center was utilized for interviews with the surviving siblings. Services through the CAC were offered to the family including counseling options for the father and play therapy for the siblings.

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? Unable to Determine
- 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? Unable to Determine

Explain:

At the time of this writing, the investigation had not yet been determined.

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:

A Preventive Services case was opened following the death at the request of the family.

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: 08/26/2019

Time of Death: 09:02 AM

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

County where fatality incident occurred: Delaware

Was 911 or local emergency number called? Yes



Time of Call:

08:20 AM

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? 20 Minutes

At time of incident supervisor was:

- Drug Impaired
- Absent
- Alcohol Impaired
- Asleep
- Distracted
- Impaired by illness
- Impaired by disability
- 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	Female	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Female	3 Year(s)

LDSS Response

On 8/26/19, DCDSS received the fatality report from the SCR regarding the death of the two-month-old infant that happened the same day. DCDSS coordinated with law enforcement, contacted the source, completed a CPS history check, notified the medical examiner's office and the district attorney's office of the death.

Through interviews with the mother and father, it was learned the morning leading up to the death was not unusual. The infant was asleep in a bouncy seat next to the mother's side of the bed. The father was out running errands and returned to the home around 7:00AM when he found the family dog sleeping on top of the infant. The father moved the dog and woke the mother to inform her about the sleeping arrangement. The father reported he was unsure if the infant was unresponsive after he moved the dog as the bedroom was dark. The father then went to the paternal grandmother's home, which was located next door. The mother awoke and attended to the 3 surviving siblings while the infant remained asleep in the bouncy seat. The father returned from the paternal grandmother's home and went upstairs to take a nap. Once upstairs, the father found the infant unresponsive in her bouncy seat. The father brought the infant downstairs to the mother and then went to the grandmother's home to call 911. The father returned and began CPR at the direction of the 911 operator. First



responders arrived and began resuscitation efforts and transported the child to the hospital where she was pronounced dead at 9:02AM.

DCDSS obtained information about the death of the subject child from law enforcement, the medical examiner, emergency services, medical records from the hospital and pediatrician. At the time of this writing, the final autopsy was received and noted the cause and manner of death were undetermined. The medical examiner provided preliminary findings and reported there were no signs of trauma to the infant.

DCDSS provided the parents with a multitude of resources. At the time of this writing, the family was working with Preventive Services due to a neglect finding unrelated to the fatality. DCDSS assessed the safety of the other child residing in the home within the required time frame and found no immediate safety concerns for the 3 siblings. DCDSS fully completed all casework activity in a timely fashion commensurate with case circumstances. At the time of this writing the investigation remained open.

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

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

Comments: Delaware County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052527 - Deceased Child, Female, 2 Mons	052528 - Mother, Female, 25 Year(s)	DOA / Fatality	Pending
052527 - Deceased Child, Female, 2 Mons	052528 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Pending
052527 - Deceased Child, Female, 2 Mons	052529 - Father, Male, 30 Year(s)	DOA / Fatality	Pending
052527 - Deceased Child, Female, 2 Mons	052529 - Father, Male, 30 Year(s)	Inadequate Guardianship	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Child Fatality Report

Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain:
At the time of this writing, the risk assessment profile had not yet been completed.

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 any of the siblings.

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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Additional information, if necessary:

DCDSS provided funeral assistance following the death. DCDSS provided the family with a multitude of resources for bereavement and mental health counseling as well as parenting classes. DCDSS referred the mother and father to a substance abuse evaluation, which determined neither parent needed treatment.

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:

DCDSS provided the family with a number of resources for bereavement counseling and mental health counseling for the siblings. Additionally, DCDSS provided an early intervention referral to the family, but the parents declined the service.

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

Explain:

The parents were referred to a multitude of services including, bereavement counseling, mental health counseling, as well as assistance with the infant's funeral services.

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 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)
05/12/2018	Sibling, Female, 3 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	Yes
	Sibling, Female, 1 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Burns / Scalding	Unsubstantiated	
	Sibling, Male, 3 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other Adult - half-sibling's mother, Female, 22 Years	Lacerations / Bruises / Welts	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Other Adult - half-sibling's mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

Report Summary:

A report was received on 5/12/18, which alleged the mother was not taking her mental health medications as prescribed and was unable to take care of the 3yo, 1yo, and 4-month-old siblings. When the mother was not on her medication she was violent, easily frustrated, and had a history of grabbing and bruising the children. On 5/11/18, the 1yo sibling had suspicious bruising on his arms, legs, and face. When the 3yo sibling was 2, she had blistered cigarette burns. The mother caused marks and bruises on all the siblings in the past. The mother locked the children in the car until they screamed. In November 2017, the mother purposely left the damper closed on the wood stove causing a fire.

Report Determination: Indicated

Date of Determination: 07/31/2018

Basis for Determination:

Chenango County Department of Social Services (CCDSS) determined the bruising on the surviving half-sibling was suspicious in nature and neither the mother, father, or half-sibling's mother were able to provide a consistent explanation for the injuries. Additionally, there were concerns for supervision of all children and the surviving half-sibling was found with bite marks on him, which appeared to be caused by one of the other siblings. The surviving half-sibling also had a



hand print bruise on his face because he bit his mother. CCDSS found the parents were unable to provide appropriate supervision or discipline for the children.

OCFS Review Results:

CCDSS assessed safety and risk in a timely manner. CCDSS appropriately discussed safe sleep and identified and investigated all risk factors. CCDSS gathered a substantial amount of information from collateral contacts by way of face-to-face interviews, telephone contacts, and copies of records. The information gathered supported the basis for indicating the report. The record does not reflect that a review of CPS history was completed.

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

Issue:

Review of CPS History

Summary:

The record does not reflect that a review of CPS history was completed.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, CCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/14/2017	Sibling, Male, 10 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - Half Sibling's mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Aunt/Uncle, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Aunt/Uncle, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Grandparent, Female, 46 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - Half-Sibling's Mother's partner, Male, 4 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - Half Sibling's mother, Female, 21 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - Half-Sibling's Mother's partner, Male, 4 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 10 Months	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

**Report Summary:**

CCDSS received an SCR report, which alleged the half-sibling's mother and the father placed the half-sibling at risk of harm as they were not providing appropriate care for the child. The child, who was 10-months old at the time, had feces caked on his buttocks and diaper rash from being left in his diaper too long. The half-sibling also had additional marks covering his body, which appeared suspicious in nature.

Report Determination: Unfounded

Date of Determination: 12/29/2017

Basis for Determination:

CCDSS determined there was no credible evidence to support the allegations. The half-sibling's medical needs were being met and the child was always cleaned appropriately. CCDSS did not observe any suspicious marks or bruises on the child. The family was referred to community based services and the case was unfounded and closed.

OCFS Review Results:

CCDSS completed timely safety and risk assessments. Documentation shows that a review of CPS history was not completed until 9 days after the receipt of the report.

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

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The RAP was scored that there were no concerns related to unstable housing, however, the record reflects the mother, father, and the mother of the surviving half-sibling all were in unstable housing at the time the risk assessment was completed. The mother of the surviving half sibling was transient throughout the investigation, but this was not reflected in the RAP.

Legal Reference:

18 NYCRR 432.2(d)

Action:

CCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.

Issue:

Review of CPS History

Summary:

The review of CPS history was not documented in the case record as being completed until 9 days after the receipt of the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, CCDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/09/2017	Sibling, Female, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 10 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	



Report Summary:

An SCR report was received on 5/9/17, which alleged the mother became angry and threw objects at the father while the siblings were present in the room.

Report Determination: Unfounded

Date of Determination: 08/27/2017

Basis for Determination:

CCDSS determined there was no credible evidence to support the allegations that the mother was throwing objects at the father in the presence of the siblings. The parents were uncooperative with the agency and refused to allow workers into the home, but information was able to be gathered from collateral resources. CCDSS continued to work with the family on a subsequent case.

OCFS Review Results:

CCDSS assessed safety within the required timeframes. CCDSS completed casework activity in a timely fashion, commensurate with case circumstances. CCDSS appropriately determined the allegations given the information obtained during the investigation. CCDSS referred the family to community based services, but the family declined services. A review of CPS history was not completed until 7 days after the receipt of the report.

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

Issue:

Review of CPS History

Summary:

A review of CPS history was not completed until 7 days after the receipt of the report.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Within one business day, LDSS will review SCR records pertaining to all prior reports involving members of the family, including legally sealed unfounded reports where the current report involves a subject of the unfounded report, a child named in the unfounded report or a child's sibling named in the unfounded report. The history check should be documented in progress notes accordingly.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
09/24/2016	Sibling, Female, 1 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 1 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 3 Months	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 6 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 6 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

CCDSS received an SCR report on 9/24/16, which alleged the father and mother attended a wedding where the father drank alcohol. The father then drove home with the mother and four surviving siblings who were 6, 5, 1, and 3 months old at the time. While driving home, the father became reckless and was speeding up to 80 MPH. The father dropped the mother and younger siblings home and then attempted to bring the older half-siblings to their mother's home. Additionally the father had an open container of alcohol in the vehicle.

Report Determination: Unfounded**Date of Determination:** 11/30/2016**Basis for Determination:**

Following an administrative review hearing, it was determined there was not a fair preponderance of evidence to support the indication of the allegations that the father placed the children at risk of harm when he drove impaired with them in the vehicle.

OCFS Review Results:

CCDSS assessed safety within the required timeframes. CCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS appropriately determined the allegations given the information obtained during the investigation. CCDSS referred the family to community based services and Preventive Services, but the family declined services.

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)
08/04/2016	Sibling, Male, 1 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 1 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 1 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Months	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

Chenango County Department of Social Services (CCDSS) received an SCR report on 8/4/16, which alleged the sibling who was 2 years old at the time had scrapes all over her face. There was no consistent explanation provided for the injuries. Additionally, there were concerns for DV between the mother and father as well as the father's girlfriend.

Report Determination: Indicated**Date of Determination:** 10/31/2016**Basis for Determination:**

CCDSS determined there was credible evidence that the father's drug/alcohol misuse had a negative effect on the 4 surviving siblings. The father drove intoxicated with the children in the car and was arrested as a result. At the time of the investigation closing, a subsequent case remained open to continue to address the concerns.

OCFS Review Results:

CCDSS assessed safety within the required timeframes. CCDSS fully completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS appropriately determined the allegations given the information obtained during the investigation.

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 reports between 2009 and 2011 against the father for IG regarding two unrelated children for whom he was responsible.

From 2012-2016 there were four separate reports against the mother and father for inadequate guardianship. The allegation of parent's drug and alcohol misuse against the father was substantiated on one of the reports.



Child Fatality Report

A report dated 4/17/13 was substantiated against the father for internal injuries regarding an unrelated child.

Known CPS History Outside of NYS

No known history outside of New York State.

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: 11/02/2018

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes

Date the Child Protective Services case was opened: 11/02/2018

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

	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 Additional agencies were providing services to the family including. Both Delaware County Department of Social Services and Chenango County Department of Social Services were providing Preventive Services.

Preventive Services History

A preventive services case was opened on 11/2/18 and remained open at the time of this writing. A neglect petition was filed in family court following an incident that took place on 7/5/18 where the surviving half-sibling's mother slapped the half sibling across the face causing a mark. There were ongoing concerns regarding the relationship between the father and surviving half-sibling's mother. The father had not been compliant with preventive services and refused to meet with the department or allow access to the half-sibling.

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:
02/05/2019	Adjudicated Neglected	Order of Supervision
Respondent:	052529 Father Male 30 Year(s)	



Comments:

The father consented to a finding of neglect regarding the surviving half-sibling. The father was ordered to a one-year order of supervision.

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