



**Report Identification Number: SY-21-044**

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

**Issue Date: Feb 22, 2022**

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:** 2 year(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 09/06/2021  
**Initial Date OCFS Notified:** 09/06/2021

## Presenting Information

An SCR report alleged the parents did not provide the 2-year-old subject child with the level of supervision she required due to a medical condition. Between 7:00 PM- 8:00 PM, the child was upstairs playing in her bedroom unsupervised while the parents were downstairs. Around 8:00 PM, the mother checked on the child and discovered she was not breathing. At 8:10 PM, EMS was contacted. EMS responded and performed CPR; however, the child passed away. There were no visible injuries found on the child and there were no obstructions to her breathing. The parents had no explanation for the child's death.

## Executive Summary

This fatality report concerns the death of the 2-year-old female subject child that occurred on 9/6/21. A report was made to the SCR on the same day alleging the parents did not provide adequate supervision for the child who had a health condition. The parents discovered the child unresponsive, and the child was unable to be revived. The parents did not have an explanation for the child's death. A duplicate report was made to the SCR on 9/7/21. At the time of the child's death, she resided with her parents and siblings, aged 10, 13 and 17 years. The siblings were assessed to be safe in the care of the parents.

Onondaga County Department of Children and Family Services (OCDCFS) coordinated investigative efforts with law enforcement upon receipt of the SCR reports. The family had no known criminal history. The criminal investigation was closed without charges. An autopsy was not performed, and the medical examiner's office noted the death was from "natural causes on a medically fragile child."

The parents reported the father and siblings went to a fair on the day of the child's death. The mother and child stayed home as the parents thought the child had a sinus infection. The child acted normally throughout the day while she played in her room. When the family returned from the fair, the parents went upstairs to spend time with the child. The child was discovered laying on her back, unresponsive and not breathing. A call was made to 911 and first responders arrived, took over resuscitation efforts and transported the child to the hospital where she was pronounced deceased.

OCDCFS gathered collateral information from first responders, including law enforcement. Information was gathered to assess the safety of the children from Early Intervention, the pediatrician and the siblings' schools. There were no concerns for the safety of the siblings or concerns for the care the parents provided to the child.

OCDCFS conducted home visits and completed required reports and Safety Assessments timely and accurately. The parents were offered and accepted grief counseling for themselves and the siblings. The allegations of Inadequate Guardianship, Lack of Supervision and DOA/Fatality were unsubstantiated against the parents regarding the child. OCDCFS did not find credible evidence to support the allegations. The investigation revealed the child had pre-existing health conditions and the parents properly supervised the child. Additionally, the parents acted appropriately when the child was found unresponsive. The case was closed on 11/9/21.

### PIP Requirement

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



## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

### Explain:

The decision to close the case was appropriate.

Was the decision to close the case appropriate? Yes

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

Was there sufficient documentation of supervisory consultation? Yes, the case record notes a consultation took place, but no details noted.

### Explain:

Casework activity was commensurate with case circumstances.

## Required Actions Related to the Fatality

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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 09/06/2021

Time of Death: 09:10 PM

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: 08:10 PM  
 Did EMS respond to the scene? Yes  
 At time of incident leading to death, had child used alcohol or drugs? N/A  
 Child's activity at time of incident:  
 Sleeping  Working  Driving / Vehicle occupant  
 Playing  Eating  Unknown  
 Other

Did child have supervision at time of incident leading to death? Yes  
 At time of incident was supervisor impaired? Not impaired.  
 At time of incident supervisor was:  
 Distracted  Absent  
 Asleep  Other: **In another room**

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 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	47 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	10 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	17 Year(s)
Other Household 1	Other Adult - Father of 13 and 17yo SSs	No Role	Male	37 Year(s)
Other Household 2	Other Adult - Mother of 10yo SS	No Role	Female	34 Year(s)

### LDSS Response

On 9/6/21, OCDCFS received the initial fatality report from the SCR. Within the first 24 hours of the investigation, OCDCFS contacted law enforcement and notified the district attorney's office of the death. A CPS history check was completed and the sources of the reports were contacted.

On 9/7/21, a home visit was made, and the parents were interviewed together. Information was gathered that the child had developmental delays and physical medical conditions that were treated since the child's birth. On the day of the death, the father and the three siblings went to a fair while the mother and child stayed home. The parents believed the child had a bacterial infection she was prone to, and they attempted to contact the pediatrician. They were unable to obtain a prescription that day and were waiting to hear back from the pediatrician. The child acted normally throughout the day and the mother was either in the same room as the child or using a baby monitor to supervise the child throughout the day.



There were no sounds on the monitor that would indicate there was a concern for the child. When the family came home around 7:45 PM, the parents went upstairs to be with the child. The mother saw the child laying on her back and she was not moving. The father called 911 and performed CPR until first responders arrived and took over resuscitation efforts. The siblings were interviewed and provided information that they were downstairs eating while their parents and the subject child were upstairs. The siblings heard commotion coming from upstairs, but the parents told them to stay downstairs. The siblings let the first responders into the home. The siblings did not have any additional information regarding the child's death.

Information collected by law enforcement was consistent with the recollection the parents provided to OCDCFS. OCDCFS gathered additional information from first responding officers who stated the father was performing CPR upon their arrival. Law enforcement took over CPR until EMS arrived and transported the child to the hospital. The criminal investigation was closed without charges.

OCDCFS gathered information from the child's Early Intervention specialist who did not have concerns for the child and believed the parents cared for the children properly. Additionally, the school district did not have concerns for the care the parents provided to the children and stated they were a "great family." Attempts were made to contact the mother of the 10-year-old sibling and the father of the 13 and 17-year-old siblings to no avail.

OCDCFS offered the family services in response to the death including grief counseling. The family utilized the service. It remained unknown if the family utilized funeral assistance. The case was appropriately determined and closed as the family did not require further involvement with OCDCFS.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a 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 referred to an OCFS approved Child Fatality Review Team?** Yes

**Comments:** The death was referred to an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
059441 - Deceased Child, Female, 2 Yrs	059442 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
059441 - Deceased Child, Female, 2 Yrs	059442 - Mother, Female, 35 Year(s)	Lack of Supervision	Unsubstantiated
059441 - Deceased Child, Female, 2 Yrs	059443 - Father, Male, 47 Year(s)	Inadequate Guardianship	Unsubstantiated
059441 - Deceased Child, Female, 2 Yrs	059442 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
059441 - Deceased Child, Female, 2 Yrs	059443 - Father, Male, 47 Year(s)	DOA / Fatality	Unsubstantiated



059441 - Deceased Child, Female, 2 Yrs	059443 - Father, Male, 47 Year(s)	Lack of Supervision	Unsubstantiated
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### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Despite attempts to contact the absent parents, OCDCFS did not interview the absent parents face-to-face.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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"/>
<b>Explain as necessary:</b> No children needed to be removed as a result of the fatality.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

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

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





Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input 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? Yes**

**Explain:**

The siblings were engaged in grief counseling at the time of case closure.

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

**Explain:**

The parents were offered and accepted mental health referrals in response to the death.

## History Prior to the Fatality

### Child Information

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

## 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)
05/03/2019	Other Child - OA's Child, Female, 14 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Substantiated	Yes



Other Child - OA's Child, Female, 14 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated
Other Child - OA's Child, Male, 13 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Substantiated
Other Child - OA's Child, Male, 13 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Female, 8 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Substantiated
Sibling, Female, 8 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

An SCR report alleged on an ongoing basis, the mother (OA) of the sibling misused alcohol to the point of intoxication while the sole caretaker of her children. While intoxicated, OA was physically violent and pushed her 14-year-old child into a wall and threw objects. The sibling locked herself in a bathroom for 45 minutes in order to keep herself safe. On 5/2/19, the 14-year-old child pushed the sibling into a wall and caused the sibling to have a bruise and bump on her head. The sibling experienced pain when moving her head and neck. The OA was aware of the incident but did not provide the sibling with adequate care.

**Report Determination:** Indicated

**Date of Determination:** 07/11/2019

**Basis for Determination:**

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were substantiated against the OA. The investigation revealed the OA had alcohol in her home, despite an active court-order barring it. The Investigation Conclusion Narrative did not address the physical violence between the children. It was noted that on 6/4/19, the OA consented to the removal of her older children and they were placed in Foster Care. The sibling remained in the care of the father.

**OCFS Review Results:**

The investigation was initiated timely, and the source of the report was contacted. Home visits were made, and interviews were conducted. A CPS history check was documented untimely. Notice of Existence letters were provided timely; however, Notice of Indication letters were not provided. Interviews with the family did not encompass overall safety and risk for the children. The record did not reflect attempts to contact the fathers of the OA's older children.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day Safety Assessment was completed untimely on 5/14/19. Throughout the investigation, the Safety Assessments were completed inaccurately as no Safety Factors were chosen despite significant concerns for the safety of the children.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**

OCDCFS will document and approve all Safety Assessments within the required timeframe and the Safety Assessment will accurately reflect case circumstances.

**Issue:**

Adequacy of Risk Assessment Profile (RAP)

**Summary:**

The Risk Assessment Profile was completed inaccurately. The RAP did not reflect the OA's ongoing alcohol misuse, which resulted in court-ordered services and a Preventive Services Case remained open for the concern. The RAP reflected OA prioritizes the children's needs above her own; however, OA was unable to care for her children and they were placed in Foster Care as a result.

**Legal Reference:**

18 NYCRR 432.2(d)

**Action:**

OCDCFS 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:**

A CPS history check was completed untimely on 7/3/19.

**Legal Reference:**

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

**Action:**

Within 1 business day of a report, OCDCFS must review all SCR records of prior reports, including legally sealed reports, and document such. Within 5 business days, OCDCFS will review its own CPS record(s) that apply to the prior reports, including legally sealed unfounded and family assessment response reports.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

Although the OA, father and children were interviewed, the interviews were allegation focused and did not reflect information regarding overall safety and risk was gathered, including information regarding the mother's ongoing alcohol misuse, which was a contributing factor for the removal of OA's children. The record did not reflect attempts to contact the fathers of OA's older children.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

OCDCFS will make face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

The record did not reflect Notice of Indication letters were provided to the adults.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**Action:**

If the report is indicated, OCDCFS must provide a Notice of Indication to each subject and any other adult person(s) named in the report within seven days of the date of determination.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/13/2019	Other Child - OA's Child, Female, 14 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - OA's Child, Female, 14 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Other Child - OA's CH, Male, 12 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Unsubstantiated
Other Child - OA's CH, Male, 12 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 8 Years	Other Adult - OA, Female, 32 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 8 Years	Other Adult - OA, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

**Report Summary:**

An SCR report alleged the mother (OA) of the sibling was drunk while caring for her children. The OA brought different men into the home and engaged in sexual intercourse with the men and was exposing the children to sexual noises. The SCR report was subsequent to a report received on 11/19/18.

**Report Determination:** Unfounded

**Date of Determination:** 03/01/2019

**Basis for Determination:**

The allegations of Parent Drug/Alcohol Misuse and Inadequate Guardianship were unsubstantiated against the OA. The Investigation Conclusion Narrative stated the allegations were investigated in the case dated 11/19/18; however, did not include a basis for determination.

**OCFS Review Results:**

The investigation was initiated timely, and the source of the report was contacted. A CPS history check was documented, and Notice of Existence letters were provided timely. Home visits were made, and interviews were conducted with the family. With exception of the father, the record did not reflect attempts to engage the fathers of the OA's other children. The investigation was conducted concurrently with an SCR report dated 11/19/18; however, the allegation determinations were contradictory. The Investigation Conclusion Narrative did not reflect a basis for determination.

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

**Issue:**

Appropriateness of allegation determination

**Summary:**

Although OCDFCS investigated the allegations from the 11/19/18 report and the 2/13/19 report concurrently, the allegations were substantiated in the SCR report dated 11/19/18 and were unsubstantiated in the 2/13/19 SCR report despite consistent information gathered during the investigations.

**Legal Reference:**

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

**Action:**

OCDFCS will refer to the CPS Program Manual when determining the appropriateness of allegations and will consult with the Syracuse Regional Office if further guidance is needed.

**Issue:**

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

**Summary:**

Although Notice of Existence letters were mailed to the fathers of the OA's children, with exception of the father of the subject child and then 8-year-old sibling, the record did not reflect attempts to contact them regarding the SCR report.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

OCDFCS will make casework contacts per the following regulation: Casework contacts mean face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may



include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/19/2018	Other Child - OA's 17yo CH, Female, 17 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Inadequate Guardianship	Substantiated	Yes
	Other Child - OA's 17yo CH, Female, 17 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 8 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 8 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Other Child - OA's Child, Male, 12 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Inadequate Guardianship	Substantiated	
	Other Child - OA's Child, Male, 12 Years	Other Adult - Mother of 10yo SS, Female, 31 Years	Parents Drug / Alcohol Misuse	Substantiated	

**Report Summary:**

An SCR report alleged the OA was drunk and out of control. She yelled and woke up her children. The sibling went into the bathroom to get away. The children wanted to go to a neighbor's home, but the OA blocked them from leaving. The OA pushed her child into a wall and the OA's boyfriend helped the children leave. The OA promised to stop drinking but continued to do so. A subsequent report was received on 2/13/19 alleging the OA engaged in sexual activity while she was drunk and caring for the children.

**Report Determination:** Indicated

**Date of Determination:** 02/22/2019

**Basis for Determination:**

The OA was intoxicated and had a physical altercation with her boyfriend in the presence of the children. There was credible evidence the sibling locked herself in the bathroom while the OA attempted to break in the door. One of the other children called a neighbor for help. The OA was belligerent and attempted to block one of the children from leaving the home. The children reported the OA frequently misused alcohol and made the children feel uncomfortable. A Neglect Petition was filed against the mother and an OP was put into place regarding her alcohol misuse. The OA's visitation with the sibling was reduced and she began exclusively residing with the father.

**OCFS Review Results:**

The investigation was initiated timely, a CPS history check was documented, and the source was contacted. Home visits were made and interviews with the family and collaterals were thorough. Safety Assessments were completed accurately; however, the 7-day Safety Assessment was completed untimely. Written notice of the SCR report was provided untimely, and the record did not reflect Notice of Indication letters were provided. Referrals for addiction services were made for the mother. A Services case was opened to monitor the family and the OA's addiction. The sibling was not listed on the Preventive Services Case.

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

**Issue:**

Timely/Adequate Seven Day Assessment

**Summary:**

The 7-day Safety Assessment was completed untimely on 12/6/18.

**Legal Reference:**

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**



OCDCFS will document and approve all Safety Assessments within the required timeframes.

**Issue:**

Failure to Provide Notice of Indication

**Summary:**

The record did not reflect Notice of Indication letters were provided to the adults.

**Legal Reference:**

18 NYCRR 432.2(f)(3)(xi)

**Action:**

If the report is indicated, OCDCFS must provide a Notice of Indication to each subject and any other adult person(s) named in the report within seven days of the date of determination.

**Issue:**

Failure to provide notice of report

**Summary:**

Notice of Existence letters were provided untimely on 12/3/18.

**Legal Reference:**

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

**Action:**

OCDCFS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

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

11/3/14- 1/12/15 The BM of the 10yo SS (OA) was UnSub for IG and PD/AM of the 10yo SS and her two other children.

9/5/15- 9/30/15 OA was Sub for IG and PD/AM of the 10yo SS and her two other children.

1/6/17- 3/8/17 OA was UnSub for IG for the 10yo SS and her two other children.

8/31/17- 9/20/17 OA was UnSub for IG and PD/AM of the 10yo SS and her two other children.

1/14/18- 2/21/18 OA was UnSub for IG, LS, and PD/AM of the 10yo SS and her two other children.

### Known CPS History Outside of NYS

There is no known CPS history outside of New York.

### 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:
02/04/2019	Adjudicated Neglected	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
<b>Respondent:</b>	059448 Other Adult Female 34 Year(s)	
<b>Comments:</b>	On 2/11/19, the Onondaga Family Court Judge ordered the OA to participate in preventive services through OCDCFS regarding herself and her older children. Additionally, the judge granted an order of protection for the children barring the OA from being involved in domestic violence and drinking alcohol in the presence of the children. On 6/4/19, the OA consented to the placement of her two older children into Foster Care and the sibling continued to reside with her father.	

### 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