



Report Identification Number: SY-16-028

Prepared by: Syracuse Regional Office

Issue Date: 1/19/2017

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

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

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

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

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

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

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

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



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 1 day(s)

Jurisdiction: St. Lawrence
Gender: Male

Date of Death: 12/20/2015
Initial Date OCFS Notified: 06/10/2016

Presenting Information

The SM has a long history of drug abuse, and abused drugs while pregnant with the SC. The SM gave birth to the SC prematurely on 12/19/15 and the SC passed away, in the hospital, on 12/20/2016.

The SM and MGM abused drugs in the presence of the surviving half siblings and was unable to supervise the surviving half siblings. The SF is aware, however he brought the surviving half siblings to the SM's home. On one occasion the SF brought the surviving half siblings to the SM, the SM did not get out of bed, the surviving half sibling obtained a razor and had cuts from the razor. The SM's home is in deplorable conditions due to food on the floor, holes in the walls, and clutter everywhere. The home has no edible food and the surviving half siblings do not have enough food. The SM swears and kicks the surviving half siblings.

Executive Summary

The SC was born prematurely and died on 12/20/15 in the hospital at the age of 1 day. The SM sought and received appropriate medical care at the onset of labor. An autopsy was performed and the diagnosis was an male premature neonate, Hemoperitoneum with Multiple Subcapsular Hemorrhages of the Liver, Lungs with Hyaline Membranes and Focal Hyperinflation, and Brain with Bilateral Germinal Matrix Homorrhages.

St. Lawrence County Department of Social Services (SLCDSS) responded promptly and appropriately to the fatality and assessed the safety of the surviving half siblings, interviewed the subjects of the investigation, and gathered information from collateral sources. SLCDSS offered services, during the course of the investigation, to the SM and the MGM, which were declined. The BF denied he was the father of the SC and was uncooperative, therefore he was not offered services. The SF was the BF of the surviving half siblings.

SLCDSS assessed for safety of the surviving half siblings throughout the life of the investigation and determined that the surviving half siblings were living in unsafe and unsanitary conditions, the SF violated the terms of his parole, and the SM and MGM did not provide sufficient food to the children on a consistent and regular basis. SLCDSS obtained disclosures that the SM called them vulgar names, and that the SM allowed a registered sex offender to be in the presence of the surviving half siblings, and he was the BF of the SC. Additionally, the SM and MGM illegally sold medications out of the home and in the presence of the children.

SLCDSS sub the SM for the allegations of PD/AM, IG, IF/C/S for the surviving half siblings. SLCDSS appropriately unsub the SM for the allegations of DOA/Fatality and PD/AM regarding the deceased SC. The allegation of IG was sub as it pertained to the SF. The allegations of IF/C/S, LS, were unsub for the MGM while the allegations of PD/AM and IG were sub as they pertained to the MGM. SLCDSS appropriately filed an Article 10 petition against the SM and SF and the surviving half siblings were placed with the PGM, and Orders of Protection were granted that require the SM and SF have no contact with the surviving half siblings, with the exception of supervised visits. SLCDSS provided the family with services after the placement of the surviving 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? 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

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:

None

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 12/20/2015

Time of Death: 11:45 PM

Date of fatal incident, if different than date of death: 12/20/2016

County where fatality incident occurred: ST. LAWRENCE

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

- [x] Sleeping [] Working [] Driving / Vehicle occupant



NYS Office of Children and Family Services - Child Fatality Report

Playing
 Other

Eating

Unknown

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

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

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 2

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	1 Day(s)
Deceased Child's Household	Father	No Role	Male	36 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	28 Year(s)
Deceased Child's Household	Other Adult	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Other Child	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Day(s)

LDSS Response

SLCDSS responded appropriately and assessed the safety of the surviving half siblings throughout the course of the investigation. SLCDSS contacted appropriate collaterals, including law enforcement, medical providers, relatives, and school personnel, offered the SM services, and appropriately filed an Article 10 petition. The surviving half siblings were placed with the PGM and the family was provided with services. SLCDSS determined, based on the information gathered, that abuse/neglect was not a factor in the SC's death.

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: Hospital physician

Multidisciplinary Investigation/Review



NYS Office of Children and Family Services - Child Fatality Report

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: None

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

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
033181 - Deceased Child, Male, 1 Days	033185 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
033181 - Deceased Child, Male, 1 Days	033185 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
033182 - Sibling, Male, 1 Day(s)	033185 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
033182 - Sibling, Male, 1 Day(s)	033185 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033185 - Mother, Female, 28 Year(s)	Lack of Supervision	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Inadequate Guardianship	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033185 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Lack of Supervision	Unsubstantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033186 - Other Adult - BF of Other Children , Male, 35 Year(s)	Inadequate Guardianship	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033185 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
033187 - Other Child - Half Sibling, Male, 2 Year(s)	033185 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033185 - Mother, Female, 28 Year(s)	Lack of Supervision	Unsubstantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Lack of Supervision	Unsubstantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Inadequate Guardianship	Unsubstantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033185 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated



NYS Office of Children and Family Services - Child Fatality Report

Female, 6 Year(s)		Misuse	
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033186 - Other Adult - BF of Other Children , Male, 35 Year(s)	Inadequate Guardianship	Substantiated
033188 - Other Child - Half Sibling , Female, 6 Year(s)	033185 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033186 - Other Adult - BF of Other Children , Male, 35 Year(s)	Inadequate Guardianship	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033185 - Mother, Female, 28 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Inadequate Food / Clothing / Shelter	Unsubstantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033185 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033185 - Mother, Female, 28 Year(s)	Lack of Supervision	Unsubstantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Lack of Supervision	Unsubstantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033185 - Mother, Female, 28 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
033189 - Other Child - Half Sibling , Male, 8 Year(s)	033184 - Grandparent, Female, 44 Year(s)	Inadequate Guardianship	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

investigation?				
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input type="checkbox"/>	<input checked="" 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
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 checked="" type="checkbox"/>	<input 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"/>



NYS Office of Children and Family Services - Child Fatality Report

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: SLCDSS determined, during the course of the investigation, that the SM allowed a Level 3 Sex Offender to be in the presence of the surviving half siblings, the SM did not provide food on a consistent basis, the SM and MGM abused prescription drugs, and were under the influence of drugs while caring for the surviving half siblings. The SF did not abide by the terms of his parole. SLCDSS appropriately filed a petition in court and the surviving children were placed with the PGM.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
Unknown	Adjudicated Neglected	There was not a disposition
Respondent:	033185 Mother Female 28 Year(s)	
Comments:	SLCDSS filed an Article 10 petition on behalf of the surviving half siblings, and named the SM and the SF as respondents. FC placed the surviving half siblings with a relative. During the proceedings, Family Court issued Orders of Protection that the SM and SF only have supervised contact with the surviving half siblings. A disposition hearing is scheduled for 12/6/16.	

Services Provided to the Family in Response to the Fatality

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



NYS Office of Children and Family Services - Child Fatality Report

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

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- Was there an open CPS case with this child at the time of death? 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? Yes
- Was the child acutely ill during the two weeks before death? Yes

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:



NYS Office of Children and Family Services - Child Fatality Report

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

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/09/2015	12574 - Other Child - Half Sibling, Male, 7 Years	12573 - Mother, Female, 26 Years	Educational Neglect	Indicated	Yes

Report Summary:
 The SCR registered a subsequent report with the allegation of EdN. The SM failed to ensure the 7 year old half sibling attended school, and as a result, the surviving sibling was failing the school year. The SF was a no role.

Determination: Indicated **Date of Determination:** 03/31/2015

Basis for Determination:
 There was sufficient credible evidence to sub the allegation of EdN regarding the SM as the school provided the attendance records.

OCFS Review Results:
 No legal consultation took place, but the family had PPRS and failed to progress with those services, and the SM had a previously indicated investigation for EdN.

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

Issue:
 Assessment as to need for Family Court Action

Summary:
 No legal consultation took place, however SLCDSS provided PPRS services to the family. The family failed to progress with PPRS services and the 7 year old surviving half sibling did not attend school regularly and consistently, and as a result, the child was failing the school year.

Legal Reference:
 SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

Action:
 SLCDSS will conduct legal consultations as needed.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/30/2014	12578 - Other Child - Half Sibling, Female, 4 Years	12577 - Mother, Female, 25 Years	Inadequate Guardianship	Far-Closed	No
	12578 - Other Child - Half Sibling, Female, 4 Years	12577 - Mother, Female, 25 Years	Lack of Supervision	Far-Closed	
	12579 - Other Child - Half Sibling, Male, 6 Years	12577 - Mother, Female, 25 Years	Inadequate Guardianship	Far-Closed	
	12579 - Other Child - Half Sibling, Male, 6 Years	12577 - Mother, Female, 25 Years	Lack of Supervision	Far-Closed	

Report Summary:
 The SCR registered a report regarding concerns of IG and LS. The SM left the 4 year old and 6 year old surviving half



NYS Office of Children and Family Services - Child Fatality Report

siblings home alone while the SM was at work. The MGM was present in the mornings to place the 6 year old surviving half sibling on the bus for school. Other concerns were that the 6 year old surviving half sibling smoked an e-cigarette, the children are dirty and have body odor. SLCDSS determined the case would be assigned to FAR.

OCFS Review Results:

SLCDSS engaged the family and SLCDSS continued to provide the family with PPRS. SLCDSS appropriately assessed and monitored safety and risk throughout the duration of the FAR case.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
05/15/2014	12583 - Aunt/Uncle, Female, 13 Years	12584 - Unrelated Home Member, Male, 39 Years	Lack of Medical Care	Unfounded	No

Report Summary:

The SCR registered a report with the allegations of LMC. The BF of the 13 year old MA failed to provide the MA with appropriate medical care. The MGM was a no role.

Determination: Unfounded

Date of Determination: 08/04/2014

Basis for Determination:

There was not sufficient credible evidence to sub the allegation of LMC.

OCFS Review Results:

OCFS agreed with the investigation determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
04/30/2014	12592 - Other Child - Half Sibling , Male, 6 Years	12591 - Mother, Female, 25 Years	Lacerations / Bruises / Welts	Unfounded	Yes
	12592 - Other Child - Half Sibling , Male, 6 Years	12591 - Mother, Female, 25 Years	Inadequate Guardianship	Unfounded	
	12592 - Other Child - Half Sibling , Male, 6 Years	12593 - Grandparent, Female, 42 Years	Inadequate Guardianship	Unfounded	
	12592 - Other Child - Half Sibling , Male, 6 Years	12593 - Grandparent, Female, 42 Years	Lacerations / Bruises / Welts	Unfounded	

Report Summary:

The SCR registered a subsequent report with allegations of IG and L/B/W. The SM and the MGM provided no explanations for injuries observed on the 6 year old surviving half sibling. The SF, the 4 year old surviving sibling were no roles.

Determination: Unfounded

Date of Determination: 06/11/2014

Basis for Determination:

There was not sufficient credible evidence to sub the allegations of IG and L/B/W. SLCDSS provided the family with PPRS. However, SLCDSS was informed that the 6 year old surviving half sibling had excessive absences from school, and was going to fail and repeat the school year. SLCDSS did not add the allegation of EdN and did not address these allegations with the SM or MGM.

OCFS Review Results:

OCFS agreed with the determination for the allegations of IG and L/B/W. However, the school stated attendance was a



NYS Office of Children and Family Services - Child Fatality Report

concern and the 6 year old surviving half sibling would repeat the year due to excessive absences. SLCDSS did not address this with the family, and the allegation of EdN was not added to the investigation.

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

Issue:

Appropriateness of allegation determination

Summary:

SLCDSS, during the course of the investigation, was informed that the 6 year old surviving half sibling did not attend school regularly and consistently. SLCDSS obtained information that the 6 year old surviving half sibling, would repeat the school year as a result of missing school. SLCDSS did not add the allegation of EdN and did not address this allegation with the family.

Legal Reference:

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

Action:

SCLDSS will address all allegations on open cases.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
01/24/2014	12599 - Aunt/Uncle, Female, 16 Years	12597 - Grandparent, Female, 42 Years	Inadequate Guardianship	Indicated	No
	12599 - Aunt/Uncle, Female, 16 Years	12597 - Grandparent, Female, 42 Years	Other	Indicated	
	12599 - Aunt/Uncle, Female, 16 Years	12598 - Unrelated Home Member, Male, 43 Years	Other	Unfounded	

Report Summary:

St. Lawrence Family Court issued a court ordered investigation with the allegations of EdN, IG, and OTH/COI regarding the MGM. The BF of the MA was a no role. An additional MA resided with her BF and was not in the care of the MGM.

Determination: Indicated

Date of Determination: 03/27/2014

Basis for Determination:

There was sufficient credible evidence to sub the allegations of EdN, IG, and OTH/COI. The MGM failed to produce the 16 year old MA for the LDSS, and there was a warrant for the 16 year old MA's arrest. SLCDSS collaborated with LE to assess the safety of the 16 year old MA, and when SLCDSS was able to locate the 16 year old MA, she was arrested and transported to Non-Secure Detention. SLCDSS appropriately filed a neglect petition against the MGM and the BF of the MA. The 16 year old MA was placed in foster care and OOP were issued that the MGM have no unsupervised contact with either other child. The other child resided with the BF during the course of the investigation.

OCFS Review Results:

OCFS agreed with the investigation determination.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
12/03/2013	12605 - Other Child - Half Sibling, Male, 3 Months	12602 - Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded	No
	12603 - Other Child - Half Sibling, Male, 5 Years	12602 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded	



NYS Office of Children and Family Services - Child Fatality Report

12603 - Other Child - Half Sibling, Male, 5 Years	12602 - Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded
12604 - Other Child - Half Sibling, Female, 3 Years	12602 - Mother, Female, 25 Years	Inadequate Food / Clothing / Shelter	Unfounded
12604 - Other Child - Half Sibling, Female, 3 Years	12602 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
12605 - Other Child - Half Sibling, Male, 3 Months	12602 - Mother, Female, 25 Years	Parents Drug / Alcohol Misuse	Unfounded
12603 - Other Child - Half Sibling, Male, 5 Years	12602 - Mother, Female, 25 Years	Educational Neglect	Indicated

Report Summary:

The SCR registered a subsequent report with the allegations of EdN, IF/C/S, and PD/AM. The SM illegally obtained prescription drugs and abused the prescription drugs while caring for the surviving half siblings. Additionally, the surviving half siblings were not fed consistently, missed meals, and that the 5 year old surviving siblings missed school due to the drug abuse. The SF was a no role.

Determination: Indicated**Date of Determination:** 02/26/2014**Basis for Determination:**

There was not sufficient credible evidence found to sub the allegations of IF/C/S and PD/AM. There was sufficient credible evidence found to sub that allegation of EdN, and SLCDSS provided the family with PPRS.

OCFS Review Results:

SLCDSS gathered sufficient information to make appropriate safety and risk decisions.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
09/25/2013	12608 - Aunt/Uncle, Female, 16 Years	12607 - Grandparent, Female, 42 Years	Educational Neglect	Indicated	No

Report Summary:

The SCR registered a report with the allegation of EdN. It alleged the MGM did not require the 16 year old MA to attend school regularly and consistently. The MGM was the subject with the allegation of EdN regarding the MA. The MA missed excessive amounts of school and this occurred last school year.

Determination: Indicated**Date of Determination:** 12/05/2013**Basis for Determination:**

SLCDSS gathered sufficient evidence to substantiate the allegations of EdN regarding the MGM. SLCDSS did not file a neglect petition because the MA's school filed a petition to compel the Other Child to attend school.

OCFS Review Results:

OCFS agreed with the investigation determination.

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

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

9/24/03- MGM was sub for IG, LS, PD/AM of the SM, MGM was unsub for EN and EdN.



NYS Office of Children and Family Services - Child Fatality Report

1/2/94- the MGM and SM were no roles in an sub OTH case
 2/3/08 and 2/17/08, the SM was a no role, the BF was sub for IG of the oldest surviving half sibling
 2/8/10, BF was no role, regarding a different household
 6/23/08, the BF was a no role regarding a different household.
 8/31/08, the SM was a no role and SLCDSS provided her with PPRS. The BF was sub for IG of the oldest surviving half sibling
 1/24/09, the SM was a no role, the BF was sub for IG of the oldest surviving sibling.
 11/30/09, the SM and oldest surviving siblings were no roles in an IND case involving a different household.
 5/10/11, the SM was unsub for of IG and PD/AM regarding the surviving half siblings. The BF was a no role.
 The MGM was a no role in two sub cases in 12/20/05 and 3/24/06 and a no role in an unsub case from 4/16/08. The MGM was unsub in 9/24/07, 3/20/08, 4/30/14, for OC not on this fatality report.

SF History:

10/16/05, BF was sub for IG, and unsub for PD/AM of OC not related to this fatality report.
 3/26/06, BF was no role in case of OC not related to this fatality report
 12/5/06, BF was sub for MN and unsub for IG of OC not related to this fatality report
 5/18/07, BF was unsub for PD/AM, L/B/W, LS, IG, B/S, and MN of OC not related to this fatality report
 6/27/08, 8/2/08, 10/8/08, BF was a no role, OC not related to this fatality report
 3/19/08 BF unsub for PD/AM and IG of OC not related

Known CPS History Outside of NYS

None

Required Action(s)

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

Yes No

Preventive Services History

SLCDSS provided the SM and the surviving half siblings with PPRS services from 6/23/09 through 4/7/15, and SLCDSS provided the family with counseling and home making services. SLCDSS closed the PPRS case at the SM's request. On 6/23/09, the oldest half sibling was placed with a relative and was returned to the SM on 6/30/2010. The youngest half sibling remained in the care of the SM and was not removed from the SM's care. Throughout the PPRS case, the family was provided with home making services, counseling, and substance abuse services.

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