



Report Identification Number: SY-21-042

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

Issue Date: Jan 28, 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 month(s)

Jurisdiction: Oswego
Gender: Female

Date of Death: 08/16/2021
Initial Date OCFS Notified: 08/16/2021

Presenting Information

An SCR report stated that on 8/15/21 at about 10:00PM, the mother and father went to bed with the 2-month-old subject child, sleeping with them in the same bed. On 8/16/21 at 4:00AM, the mother got up and fed the child formula and they went back to sleep. The parents woke up at 6:00AM to find the child unresponsive in the bed. She was bleeding from the nose and mouth and had a blue skin tone. Both of the parents attempted to perform cardiopulmonary resuscitation and called 911. The child was transported by emergency medical services to the hospital emergency room where she was pronounced deceased. It was alleged the child died as a result of co-sleeping with the mother and the father.

Executive Summary

On 8/16/21, Oswego County Department of Social Services (OCDSS) received an SCR report regarding the death of the 2-month-old female subject child that had occurred on the same date. At the time of the death, the child resided with the parents, grandparents and the 17-year-old uncle. The 17-year-old uncle was assessed to be safe in the care of the grandparents.

OCDSS completed collateral and casework contacts and learned that on the evening of 8/15/21, the mother fed the subject child and placed her to sleep in a bassinet located at the foot of the parents' bed. On the morning of 8/16/21, the mother changed the child's diaper and fed her formula. The mother placed the child back to sleep in the bassinet. A few hours later the mother woke up and picked the child up from the bassinet. The mother reported the child felt rigid and was not moving. The mother woke up the father and he called 911. The parents performed CPR until the arrival of emergency medical services. First responders arrived and transported the child to the hospital where she was pronounced deceased.

Law enforcement investigated the death and had not pursued any criminal charges at the time this report was written. An autopsy was performed, and the preliminary results were made available to OCDSS, which listed the cause and manner of death as pending further testing. The external examination showed a small female infant with no evidence of congenital disease or injury. The internal examination showed normal internal organs.

The parents and grandparents were offered grief counseling services but declined them. The 17-year-old uncle was enrolled in mental health counseling prior to the death and additional services were discussed with him. OCDSS had not yet determined the CPS investigation at the time this report was written.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?** Yes



○ Safety assessment due at the time of determination? N/A

● Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? The CPS report had not yet been determined at the time this Fatality report was written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS investigation had not yet been determined at the time this report was written.

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:

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: 08/16/2021

Time of Death: 08:39 AM

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

County where fatality incident occurred: Oswego

Was 911 or local emergency number called? Yes

Time of Call: 07:11 AM

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

How long before incident was the child last seen by caretaker? 3 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

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	Aunt/Uncle	No Role	Male	17 Year(s)
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	Grandparent	No Role	Female	57 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	48 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Other Household 1	Other Adult - Father of 17yo uncle	No Role	Male	55 Year(s)

LDSS Response

Upon receipt of the SCR report on 8/16/21, OCDSS initiated their investigation and coordinated efforts with LE, notified the district attorney's office, conducted a CPS history check, interviewed the family, assessed the safety of the 17-year-old uncle and spoke to the source.

OCDSS obtained information from law enforcement regarding the fatality, as they had completed interviews with the grandparents and parents prior to child protective services arrival to the home. On 8/15/21, the mother and child drove the father to work and then spent time with a family friend. The mother left the child with one of the friends while she went to the grocery store. Later on in the day, the mother took the child to pick up the father from work and they returned home around 10:30PM. The mother fed the subject child and placed her to sleep in a bassinet located at the foot of the parents' bed. On the morning of 8/16/21, the mother changed the child's diaper and attempted to feed her four ounces of formula; however, she would only eat two. The mother placed the child back to sleep in the bassinet. A few hours later the mother woke up and picked the child up from the bassinet. The mother reported the child felt rigid and was not moving and she had wet blood around her nostrils. The mother woke up the father and he called 911. The parents performed CPR until the arrival of emergency medical services.

The grandmother reported that it was typical for the parents to co-sleep with the child. The parents denied that they had co-slept with the child the night of the fatality. The mother stated she placed the child to sleep on her back in a basinet; however, the father had reported that the child was sleeping on her stomach. The child was wearing a onesie and there was a small blanket in the basinet. The preliminary autopsy report stated that lividity was noted on both anterior and posterior surfaces of the child's body suggesting that at some point she was lying in the prone position.

The 17-year-old uncle was not present when the fatality occurred. He was interviewed and did not report any safety



concerns. The 17-year-old expressed a desire to increase his mental health counseling, which OCDSS coordinated. The father had three other children who resided with their mother in Oneida County. The father had no contact with them. The siblings' mother had an open preventive services case at the time of the death. Oneida County assessed the safety of the surviving siblings at the request of OCDSS.

OCDSS visited the home and determined it was cluttered, but there were no safety concerns for the 17-year-old uncle. OCDSS spoke with collaterals, who reported the subject child was born premature by C-section. She spent twelve days in the NICU. The pediatrician last examined the child for a routine well child exam on 8/11/21 and there were no abnormal findings. The parents were educated on safe sleep guidelines during the child's medical appointments and reported the child slept on her back separate from them.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

Comments: OCDSS indicated in their 24-hour fatality report that the fatality would be referred to their OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
058847 - Deceased Child, Female, 2 Month(s)	058848 - Mother, Female, 30 Year(s)	DOA / Fatality	Pending
058847 - Deceased Child, Female, 2 Month(s)	058848 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Pending
058847 - Deceased Child, Female, 2 Month(s)	058848 - Mother, Female, 30 Year(s)	Lacerations / Bruises / Welts	Pending
058847 - Deceased Child, Female, 2 Month(s)	058849 - Father, Male, 30 Year(s)	DOA / Fatality	Pending
058847 - Deceased Child, Female, 2 Month(s)	058849 - Father, Male, 30 Year(s)	Inadequate Guardianship	Pending
058847 - Deceased Child, Female, 2 Month(s)	058849 - Father, Male, 30 Year(s)	Lacerations / Bruises / Welts	Pending

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Personnel	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>

Explain:
The Risk Assessment Profile had not yet been completed at the time this report was written.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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

OCDSS discussed counseling services with the 17-year-old uncle.

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

Explain:

OCDSS provided the parents and grandparents with information on grief counseling; however, they declined to utilize the services.

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?** 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)
06/16/2020	Sibling, Female, 9 Years	Other Adult - Mother of siblings, Female, 29 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Female, 9 Years	Other Adult - Mother of siblings, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of siblings, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of siblings, Female, 29 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of siblings, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of siblings, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of siblings, Female, 29 Years	Excessive Corporal Punishment	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of siblings, Female, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of siblings, Female, 29 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of siblings, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of siblings, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Other Adult - Mother of siblings, Female, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 7 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 9 Years	Other Adult - Mother of siblings, Female, 29 Years	Lack of Supervision	Substantiated	
	Sibling, Female, 7 Years	Other Adult - Mother of siblings, Female, 29 Years	Lack of Supervision	Substantiated	
Sibling, Female, 4 Years	Other Adult - Mother of siblings, Female, 29 Years	Lack of Supervision	Substantiated		



Child Fatality Report

Sibling, Female, 9 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Lack of Supervision	Substantiated
Sibling, Female, 7 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Lack of Supervision	Substantiated
Sibling, Female, 4 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Lack of Supervision	Substantiated
Sibling, Female, 9 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 7 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Female, 4 Years	Other Adult - Parent substitute of siblings , Male, 33 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

An SCR report was received by Oneida County Department of Social Services (OCDSS) and alleged that the mother and parent substitute of the now 10, 5 and 8-year-old SSs were drinking alcohol to the point of intoxication on a daily basis. When under the influence, the SS's mother became violent and the parent substitute passed out. The SS's mother and parent substitute got into physical altercations in the presence of the SSs. The parent substitute choked the SS's mother and punched her in the head. The SS's mother kicked the parent substitute in the face. On 7/13/20, an SCR report alleged that the father was aware of the concerns in the SS's mother's home and failed to intervene.

Report Determination: Indicated**Date of Determination:** 09/11/2020**Basis for Determination:**

OCDSS determined through casework and collateral contacts that there was credible evidence to substantiate PD/AM against the SS's mother, LS against the SS's BM and PS and IG against the SS's BM, PS and the SF. OCDSS determined when they interviewed the SF that he was aware of the concerns of substance misuse by the SS's BM and concerns for domestic violence in the presence of the SSs and he failed to intervene.

OCFS Review Results:

OCDSS completed all required face-to-face interviews, completed several home visits, addressed concerns of subsequent SCR reports, contacted the sources, provided notification letters, and completed required assessments. OCDSS discussed the concerns of domestic violence and substance misuse with the SS's BM and provided appropriate services.

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

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

Between 2011 and 2018, there were two indicated CPS investigations and two unfounded CPS investigations regarding the uncle against the grandmother and a parent substitute of the uncle. Substantiated allegations included Inadequate Guardianship and Lacerations/Bruises/Welts. Unsubstantiated allegations included Internal Injuries and Excessive Corporal Punishment. In 2014, the grandmother had a CPS FAR case, which was closed with no safety concerns.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.



Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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

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