



Report Identification Number: SY-17-053

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

Issue Date: May 23, 2018

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

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

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

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

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

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

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

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



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 4 month(s)

Jurisdiction: Jefferson
Gender: Male

Date of Death: 12/01/2017
Initial Date OCFS Notified: 12/01/2017

Presenting Information

On 12/1/2017, the 5-month-old SC passed away while in the care of the SF. The SF put the SC in the crib at an unknown time. The SF had fallen asleep on the couch, upon waking the SF checked on the 3yo SS who was sleeping on a separate couch. The SF then checked on the SC and found the him unresponsive, laying between the rail of the crib and the mattress. The SF called for assistance when he found the SC unresponsive. The SC was taken for medical attention and pronounced dead 9:31PM. The SC was an otherwise healthy child. It was unknown how long the SF had been sleeping. The crib was purchased used and was missing screws. The side of the crib was propped up by a comforter, due to the missing screws. There were blankets found in the crib with the SC. The SM was at work at the time of the incident. The SM was aware of the condition of the crib. The 3yo SS had an unknown role.

Executive Summary

Jefferson County Department of Social Services (JCDSS) received an SCR report on 12/01/2017, about the fatality. The 5-month-old SC and the 3yo SS had been in the care of the SF. The SM was at work. The SF awoke a little before 9:00PM and found the SC had become twisted in the blanket and was wedged in between the space in the crib rail and the floor. The SF said the SC was unresponsive. He said he started CPR and called the SM, who told him to call 911. EMS arrived and transport the SC to the hospital where he was pronounced dead at 9:35PM.

Within the first 24hrs, JCDSS assessed the safety of the 3yo SS at the MGP' home. JCDSS interviewed the MGP's and saw and observed the home. There were no immediate concerns for the safety of the SS. However, JCDSS had made a temporary safety plan with the parents and the MGP'. All parties agreed to the plan that the SS would stay with the MGP's and they would not be unsupervised with the SS.

JCDSS interviewed the SF, SM and the BF about alcohol/drug misuse. All parties denied any misuse of drugs/alcohol. JCDSS requested that they all submit to a drug test based on reviewed history.

The ME's findings were that the SC cause of death was positional asphyxiation and the manner accidental. There were no arrests.

JCDSS gathered records pertaining to the death of the SC, as well as any records about the care of SC and the care of the SS. JCDSS made referrals for bereavement counseling and continued to offer support and services to all family members throughout the investigation. JCDSS temporarily opened a Preventive services case and conducted an evaluation with the parents and the SS, to assess the need for possible services. The evaluation was completed and there were no recommended services but provided family with brochures and information for community based services. JCDSS provided the family with information about safe sleep practice.

JCDSS appropriately Sub the allegations of DOA/fatality, LS and IG against the SM and the SF for the SC. The allegations of LS and IG were Sub against the parents for the 3yo SS. Based on interviews and admission by the parents that they had purchased a crib for the SC from a garage sale but failed to purchase screws for the crib in a timely manner. The crib was unsafe. The parents shared caretaking responsibilities and the SF was overtired from working nights and not able to stay awake while caring for the children and provide proper supervision. The SM was aware the SF was overtired and not able to stay awake. Both parents told JCDSS that they were educated about safe sleep but placed the SC in an



unsafe sleep environment. There was credible evidence to support the allegations. The parents failed to provide a minimum degree of care. The case was IND and closed-referred to community based services.

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? 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 has detail of the consultation.

Explain:
JCDSS conducted a thorough investigation and offered appropriate services to all family members prior to closing the investigation.

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: 12/01/2017

Time of Death: 09:31 PM

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

Unknown



County where fatality incident occurred: Jefferson

Was 911 or local emergency number called? Yes

Time of Call: 09:06 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

Sleeping Working Driving / Vehicle occupant

Playing Eating Unknown

Other

Did child have supervision at time of incident leading to death? No - but needed

At time of incident supervisor was:

Drug Impaired Absent

Alcohol Impaired Asleep

Distracted Impaired by illness

Impaired by disability Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	21 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	3 Year(s)
Other Household 1	Father	No Role	Male	33 Year(s)

LDSS Response

JCDSS conducted a joint investigation with LE. JCDSS went to the Watertown Police Department (WPD) and conducted interviews with the SF and the SM about the events on 12/1/2017 that led to the death of the 5-month-old SC. The parents explained that they had purchased a crib at a garage sale and there were screws missing from the front panel. The SM said they were waiting for her paycheck to buy replacement screws for the crib. The SM told JCDSS that there was a pillow from the couch in the crib because the SC had been congested. The SC was also covered in a blanket and there was another blanket rolled up to fill in the gap between where the mattress ended and the crib rail started. The crib rail was pushed up against the back of the loveseat to hold the crib rail in place. The SM stated she had placed the SC to sleep in the crib on his back, on the pillow to keep him elevated due to the congestion. The SM stated she covered the SC with a blanket. This was sometime about 3:20PM. She said the 3yo SS was asleep on the loveseat. She said they were on the big couch and fell asleep. The SM said she got up at 4:10PM, when the alarm went off. The SM said she put a blanket over the SS, got dressed and left for work at 4:29PM. The SM said she received a phone call from the SF at 9:01PM, he told her the SC was not breathing. The SM told him to call 911. The SM said she left work, and arrived at the home at 9:35PM. The SM, the SF and the SS went to the hospital. The MGP's met them at the hospital and took the SS to their home.



The SF's interview was consistent with the SM's. The SF provided the details about what had occurred after the SM left for work. The SF told JCDSS that the SM left for work at 4:30PM. He said he was sleeping on the couch near the crib. The SS was on the couch next to the crib and watching TV. When he awoke a few minutes before 9:00PM, he saw the SS on the couch asleep and he looked in the crib and didn't see the SC. He said the lights were off and he said he looked in the bedroom and upstairs for the SC. He then found the SC in the blanket like he had been twisting and turning it. He had slipped through the space and had become entangled in the blankets. The SF said he picked the SC up and placed him on the bed. He said the SC's lips were purple. He said he listened for a heartbeat and he thought he heard one. He said he started CPR and called the SM who told him to call 911. The SF said that the LE and EMS arrived and he took the SS upstairs so she wouldn't see.

JCDSS told parents they needed to assess the safety of the SS. JCDSS made a safety plan with the parents. The parents agreed to plan. JCDSS offered the parents referrals for bereavement services. JCDSS obtained information about the BF.

JCDSS then went to the home of the MGP's and interviewed them. They MGP's agreed to the safety plan and they had never had any concerns about the care that the parents provided the chn. JCDSS observed the home and observed and spoke with the SS. There were no immediate concerns for the safety of the SS.

JCDSS obtained information from collaterals and family about the death of the SC and about the care of the SS. A Preventive case was opened for bereavement services. The parents agreed to an evaluation for themselves and the SS. JCDSS requested that the SM, SF and the BF submit to a drug test, based on previous history with JCDSS. The SM and the BF's test was negative and the SF tested positive for marijuana use. The SF had admitted prior to the test that he had used marijuana but never when caring for the children or in the home. The evaluations were completed and there were no recommended services needed.

ME's autopsy findings were that the SC cause of death was positional asphyxiation and the manner accidental. There were no arrests.

Official Manner and Cause of Death

Official Manner: Accident

Primary Cause of Death: From an injury - external cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

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

Comments: Jefferson County Department of Social Services does not have an OCFS approved fatality team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
046001 - Deceased Child, Male, 4 Mons	046002 - Father, Male, 21 Year(s)	DOA / Fatality	Substantiated
046001 - Deceased Child, Male, 4 Mons	046002 - Father, Male, 21 Year(s)	Lack of Supervision	Substantiated



Child Fatality Report

046001 - Deceased Child, Male, 4 Mons	046003 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
046001 - Deceased Child, Male, 4 Mons	046002 - Father, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
046001 - Deceased Child, Male, 4 Mons	046003 - Mother, Female, 24 Year(s)	DOA / Fatality	Substantiated
046001 - Deceased Child, Male, 4 Mons	046003 - Mother, Female, 24 Year(s)	Lack of Supervision	Substantiated
046004 - Sibling, Female, 3 Year(s)	046003 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
046004 - Sibling, Female, 3 Year(s)	046002 - Father, Male, 21 Year(s)	Lack of Supervision	Substantiated
046004 - Sibling, Female, 3 Year(s)	046002 - Father, Male, 21 Year(s)	Inadequate Guardianship	Substantiated
046004 - Sibling, Female, 3 Year(s)	046003 - Mother, Female, 24 Year(s)	Lack of Supervision	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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>

Explain as necessary:
The 3yo SS was not removed from her home.

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

Other, specify: information was provided about safe sleep

Additional information, if necessary:

JCDSS asked the parents to submit to a drug test. The parents agreed and were tested. The SM tested negative. The BF of the 3yo SS tested negative. The SF of the SC tested positive for marijuana but denied using when caring for the children. The SM and the SF submitted to an evaluation and the evaluation did not recommend any services at this time.

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:

JCDSS offered referrals for bereavement services for all family members.

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

Explain:

JCDSS offered referrals for bereavement services to all family members

History Prior to the Fatality



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? 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)	Status/Outcome	Compliance Issue(s)
02/16/2017	Sibling, Female, 2 Years	Father, Male, 32 Years	Other	Unfounded	No
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Other	Unfounded	

Report Summary:

Jefferson County Family Court ordered a 1034 investigation. The allegation was other which refers to COI.

Determination: Unfounded

Date of Determination: 04/21/2016

Basis for Determination:

JCDSS interviewed the parents and collateral contacts were made as well as home visits. The allegation of other was Usub against the SM and the BF of the SS. There were no safety concerns for the care of the SS. The parents share custody. The case was UNF and closed-no services required.

OCFS Review Results:

OCFS review found that JCDSS gathered sufficient information to make a determination in this case.

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

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

06/02/2014- allegations of PD/AM and IG against the SM and the BF for the SS. The case was IND and opened with court ordered preventive services. JCDSS filed and Article 10 neglect petition. The SS was placed in the care of the MGP under 1055 a non-relative resource. The case was closed on 6/4/2015, the parents fully cooperated with services and the SS was returned to the parents.

Known CPS History Outside of NYS

There was no known history outside of NYS.



Preventive Services History

Preventive Services opened for this family after an Article 10 Neglect Petition was filed in Family Court. Parents agreed to the placement of the SS with the MGP. Parents cooperated with services and entered treatment programs and successfully completed their programs. The SS was returned to the parents on 6/5/2015 and the case was closed and no further services were needed.

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