



**Report Identification Number: SY-20-036**

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

**Issue Date: Jan 07, 2021**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 year(s)

**Jurisdiction:** Chenango  
**Gender:** Male

**Date of Death:** 07/30/2020  
**Initial Date OCFS Notified:** 07/30/2020

## Presenting Information

Chenango County Department of Social Services received an SCR report that alleged on 7/30/20 the grandmother left the 2-year-old subject child unsupervised in the living room of the home for an unknown period of time. During that time the 2-year-old left the home. When the grandmother realized the child had left the home, she searched her home and then her property. The grandmother located the child in a pond on her property. When the grandmother entered the pond to retrieve the child she noticed he was unresponsive and immediately called 911 at 2:49PM. Emergency medical services arrived at the scene at 3:03PM and began CPR and transported the child to the hospital. The child was later pronounced deceased at the hospital.

## Executive Summary

This fatality report concerns the death of a 2-year-old male child that occurred on 7/30/20. The investigation began on 7/30/20, after an SCR report was received. The report alleged that while not adequately supervised, the subject child left the grandmother's home and drowned in a pond on the property. There were three surviving siblings, ages 9-years-old, 6-years-old and 3-months-old. The subject child resided with the mother, father, 6-year-old sibling and 3-month-old sibling. The 9-year-old sibling resided with his mother and regularly visited the father's home. The siblings were assessed to be safe in the care of their parents.

On 7/30/20, Chenango County Department of Social Service (CCDSS) learned of the drowning of the subject child and immediately began gathering information related to the incident. It was determined at the time of the incident, the grandmother, 6-year-old sibling, 3-month-old sibling and subject child were at the grandmother's home. The parents were at work and regularly utilized the grandmother for child care. The grandmother was assisting the 6-year-old with bible study, the 3-month-old was taking a nap and the subject child was believed to be resting on the sofa watching television. After approximately 10 minutes of bible study, the grandmother went to check on the children and was unable to locate the subject child. The grandmother searched inside and outside of the home. The subject child was located floating face up in a pond about 200 yards from the home by the grandmother and 6-year-old sibling. The grandmother retrieved the child, called 911 and performed CPR until emergency medical services arrived and transported the child to the hospital.

Life saving measures were performed on the child for approximately two hours before he was pronounced deceased at the hospital at approximately 4:46PM. An autopsy was completed and provisional results were made available to CCDSS. The provisional diagnosis was fresh water drowning. The official results were pending toxicology testing. CCDSS collaborated with law enforcement regarding the fatality. At the time the CPS case was determined, law enforcement had not pursued any criminal charges against the grandmother and the criminal investigation was closed.

CCDSS interviewed the 9-year-old and 6-year-old surviving siblings and assessed their homes for safety. The 9-year-old sibling was not present at the time of the fatality therefore he had no direct knowledge of the incident. His mother's home was assessed and there were no safety concerns identified. The 6-year-old sibling discovered the subject child in the pond and witnessed the life saving measures that followed. There were no concerns for the safety of the 3-month-old child. The parents were provided with safe sleep guidelines and reported they followed safe sleep recommendations.

CCDSS discussed needs and services for the grandmother, parents and surviving siblings. The parents, grandmother and 6-year-old sibling were enrolled in mental health services at case closure. CCDSS gathered sufficient information



throughout the investigation through casework and collateral contacts to unsubstantiate the allegations against the grandmother. The investigation was unfounded and closed on 9/8/20.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:

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

### Determination:

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

### Explain:

Casework activity was commensurate with best casework practice as outlined in the CPS manual.

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:

The siblings were assessed to be safe in the care of their parents and it was determined there was no further need for CPS intervention.

## 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: 07/30/2020

Time of Death: Unknown



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

**County where fatality incident occurred:** Chenango

**Was 911 or local emergency number called?** Yes

**Time of Call:** 02:49 PM

**Did EMS respond to the scene?** Yes

**At time of incident leading to death, had child used alcohol or drugs?** N/A

**Child's activity at time of incident:**

Sleeping                       Working                       Driving / Vehicle occupant

Playing                           Eating                           Unknown

Other

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

**How long before incident was the child last seen by caretaker?** 10 Minutes

**At time of incident supervisor was:**

Drug Impaired                       Absent

Alcohol Impaired                       Asleep

Distracted                               Impaired by illness

Impaired by disability                       Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1

**Adults:** 0

**Household Composition at time of Fatality**

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Year(s)
Deceased Child's Household	Father	No Role	Male	32 Year(s)
Deceased Child's Household	Mother	No Role	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Month(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Other Household 1	Grandparent	Alleged Perpetrator	Female	62 Year(s)
Other Household 2	Sibling	No Role	Male	9 Year(s)

**LDSS Response**

CCDSS received an SCR report on 7/30/20 regarding the fatal incident. CCDSS had an open CPS investigation at the time of the death with allegations unrelated to the fatality. CCDSS initiated their investigation, checked the CPS history, contacted the source and coordinated efforts with law enforcement within 24 hours of the receipt of the report.

CCDSS interviewed the grandmother and learned of the events leading up to the subject child drowning. The grandmother reported she was at her home with the 6-year-old sibling, 3-month-old sibling and 2-year-old subject child. The grandmother put the 3-month-old to sleep for a nap and the subject child was in the living room laying down on the sofa



watching television. The 6-year-old sibling requested the grandmother assist her with bible study, so the grandmother and 6-year-old went to the screened in porch in order to not disturb the subject child and 3-month-old. Approximately ten minutes later, the grandmother went to check on the children and was unable to locate the subject child. The grandmother searched the inside and outside out the home. The grandmother then walked to the pond and the 6-year-old sibling accompanied her. The sibling reported seeing something in the pond and the grandmother then found the subject child floating face up in the pond in his diaper. The grandmother retrieved the child and attempted to call 911 but cell phone reception was poor, so she carried the subject child to the trail. Dispatch instructed the grandmother on CPR until EMS arrived and transported the child to the hospital where he was pronounced deceased.

CCDSS gathered information from collaterals. Emergency medical services arrived to the scene and law enforcement was already present. The grandmother was reported to be frantic and in a state of shock. The responding EMT reported no other CPS concerns. Law enforcement was contacted regularly throughout the investigation and reported there was no criminality related to the fatality. CCDSS spoke to hospital staff who reported there were several family members at the emergency room when the subject child was brought in, including the parents and grandmother. There were no other CPS concerns identified. The pediatrician for all of the children was contacted and had no concerns for the care of the subject child or siblings.

The 6-year-old sibling and 3-month-old sibling stayed with the paternal aunt and uncle following the fatality. CCDSS completed a home visit at the aunt and uncle's and assessed the children for safety. The 6-year-old was interviewed and reported she was doing bible study with her grandmother on the porch when the subject child went outside and drowned. The 6-year-old sibling reported the subject child and 3-month-old sibling were supposed to be sleeping. The sibling reported she helped her grandmother look for the subject child. The 9-year-old sibling was at his mother's house at the time of the incident. The 9-year-old was interviewed at his mother's home and there were no safety concerns identified.

The 9-year-old sibling's mother reported no concern for the care of her child while with his father or paternal grandmother. The father of the 6-year-old sibling resided out of state and was unable to be interviewed in person. CCDSS interviewed him via telephone and he reported no in person contact with his child for several years. The mother and father were interviewed throughout the investigation and had no concern for the care of their children while with the grandmother. There were concerns identified for the parent's mental health, which were addressed by CCDSS.

**Official Manner and Cause of Death**

**Official Manner:** Pending  
**Primary Cause of Death:** Pending  
**Person Declaring Official Manner and Cause of Death:** Unknown

**Multidisciplinary Investigation/Review**

**Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?**No  
**Comments:** CCDSS collaborated with law enforcement regarding the fatality and investigation.

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No  
**Comments:** Chenango County does not have an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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055166 - Deceased Child, Male, 2 Yrs	055172 - Grandparent, Female, 62 Year(s)	DOA / Fatality	Unsubstantiated
055166 - Deceased Child, Male, 2 Yrs	055172 - Grandparent, Female, 62 Year(s)	Inadequate Guardianship	Unsubstantiated
055166 - Deceased Child, Male, 2 Yrs	055172 - Grandparent, Female, 62 Year(s)	Lack of Supervision	Unsubstantiated

## CPS Fatality Casework/Investigative Activities

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

## Additional information:

The father of the 6-year-old sibling resided out of state and was unable to be interviewed face-to-face. He was contacted via telephone regarding the CPS investigation.

## 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"/>



<b>Are there any safety issues that need to be referred back to the local district?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>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?</b>	<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
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
CCDSS adequately assessed for the needs of the family and made referrals as appropriate.

### Placement Activities in Response to the Fatality Investigation

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

**Explain as necessary:**  
There was no removal of any of the other children.

### 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



# Child Fatality Report

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

**Additional information, if necessary:**

The surviving siblings, parents and grandmother were offered grief counseling services. Funeral arrangements and employment were discussed with the family and there were no needs identified. The parents were offered prevention services and declined. The mother, father, grandmother and 6yo sibling were engaged in mental health services at case closure. It was unknown if the 9yo sibling was enrolled.

**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:**

CCDSS offered grief counseling for the surviving siblings.

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

**Explain:**

CCDSS offered the grandmother and parents grief counseling and on going prevention services.

## History Prior to the Fatality

## Child Information



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

### 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)
07/05/2020	Deceased Child on Report, Male, 2 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Months	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Years	Father, Male, 32 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged that on 7/4/20 the father and mother had a verbal dispute that escalated to a physical dispute while the 6-year-old sibling, 2-year-old subject child, and 3-month-old sibling were in the home. The father grabbed the mother by the back of the head and pushed the mother down to the floor. The mother had an unknown role.

**Report Determination:** Unfounded **Date of Determination:** 09/16/2020

**Basis for Determination:**  
 CCDSS unsubstantiated the allegation of Inadequate Guardianship against the father because they determined the event was an isolated incident and the parents had the 6-year-old sibling go into her room prior to the fight escalating. CCDSS also determined that the father responded to the incident by obtaining appropriate services for himself prior to CPS involvement.

**OCFS Review Results:**  
 CCDSS assessed safety of the children within 24 hours and found there to be no immediate safety concerns for them. CCDSS completed all casework activity in a timely fashion, commensurate with case circumstances. CCDSS appropriately determined the allegations given the information obtained during the investigation. CCDSS explored service needs with the family and determined the parents had obtained services prior to CPS involvement. Although the family was involved in services in response to the domestic incident, CCDSS missed opportunities to provide information on services specific to domestic violence.

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

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

There was no CPS investigative history more than three years prior to the fatality.

#### 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