



**Report Identification Number: SY-21-006**

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

**Issue Date: Jul 15, 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:** 1 month(s)

**Jurisdiction:** Jefferson  
**Gender:** Male

**Date of Death:** 01/25/2021  
**Initial Date OCFS Notified:** 01/25/2021

## Presenting Information

Jefferson County Department of Social Services received an SCR report which alleged that on 1/25/21, the subject child died while in the care of the father. On 1/25/21, the father took the child out of his crib at 5:45AM and proceeded to give him a bottle and burp him. The father did not put the child back in his crib, but continued to hold him. The father fell asleep on the sofa while holding the child. The father woke up around 6:40AM and the child was cold and unresponsive. The father called 911. The child was otherwise healthy and the father had no explanation for his death. The child did not appear to have any visible injuries. The mother was hospitalized at the time and had no role.

## Executive Summary

On 1/25/21, the Jefferson County Department of Social Services (JCDSS) received an SCR report regarding the death of the 1-month-old male subject child. The report was subsequent to an open CPS investigation that began on 1/15/21, which was in regard to the parents not obtaining necessary medical care for the child following his birth at the home. The child resided with his mother and father. The father had a 3-year-old child whom resided with his mother outside of New York State; however, there were no efforts documented to assess the father's contact with the sibling nor the sibling's safety.

Through a joint investigation with law enforcement it was learned that on the morning of 1/25/21, the father was woken by the infant crying and picked him up out of his crib to bottle feed him. The father sat on the couch with the child, fed and burped him. The child fell asleep on the father's chest. The father fell asleep on the couch and woke up approximately 30 minutes later. The child was still on the father's chest and was not breathing. The father called 911 and initiated CPR. First responders arrived and performed life-saving measures on the way to the hospital in the ambulance. Attempted life saving measures continued at the hospital; however, they were not successful and the child was pronounced deceased at 7:27AM.

An autopsy was performed, and the manner of death was undetermined. The cause of death was undetermined with other significant conditions listed as "unsafe sleeping environment". The autopsy report showed that there was no evidence of external or internal injuries. Law enforcement determined there was no criminality regarding the fatality and closed their investigation.

JCDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the father. JCDSS determined there was credible evidence that the child died while lying on the shoulder of the father after being fed. Furthermore, JCDSS found that the unsafe sleep practice was not a condition they were able to rule out as a contributing factor of the child's death. JCDSS provided the family with information on grief counseling and mental health services. The investigation was closed on 5/5/21.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



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

- Safety assessment due at the time of determination? 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:**

Although all other regulatory requirements for CPS investigations were met, JCDSS did not assess the safety of the 3-year-old sibling whom resided out of state with his mother.

Was the decision to close the case appropriate? No

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

**Explain:**  
The record reflected that the father had a 3-year-old child whom resided out of state with his mother. JCDSS did not document an assessment of the father's relationship with the sibling and the sibling's safety.

### 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: 01/25/2021

Time of Death: 07:27 AM

Time of fatal incident, if different than time of death: 05:45 AM

County where fatality incident occurred: Jefferson

Was 911 or local emergency number called? Yes

Time of Call: 06:18 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?** 30 Minutes

**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 | Deceased Child | Alleged Victim      | Male   | 1 Month(s) |
| Deceased Child's Household | Father         | Alleged Perpetrator | Male   | 43 Year(s) |
| Deceased Child's Household | Mother         | No Role             | Female | 33 Year(s) |

### LDSS Response

JCDSS began their investigation upon receipt of the SCR report on 1/25/21. They searched SCR history, spoke to the source and gathered information from law enforcement. They conducted a home visit and interviewed the father, mother, uncle and grandfather.

Through interviews it was learned that following the birth of the child, the mother experienced medical complications and was hospitalized. She remained at the hospital at the time of the fatality. There were concerns that the mother's medical conditions were transferred to the child in utero and during the birth. JCDSS requested the father take the child for a medical exam and the child was not found to have the same conditions. Furthermore, there were no concerns noted for the child's health or the father's care of the child.

The father reported that on 1/25/21, between 5:45AM and 6:00AM, the father got the child out of the crib and bottle fed him. The father had no concerns for the child at that time. The father sat on the couch to burp the child and the child fell asleep on his shoulder in the burping position. The father was sitting upright on the couch and fell asleep. When he woke up at approximately 6:30AM, the child was on his shoulder in the same position. The child was unresponsive, cold to the touch, and not breathing. The father called the mother in a panic, then called 911 and began CPR. The mother confirmed that she received a call from the father informing her that the child was not breathing and she instructed him to call 911. First responders arrived and took over resuscitative efforts on route to the hospital.

JCDSS completed a home visit with law enforcement and a note from the mother addressed to the father was discovered. Within the note, the mother expressed concern for the father's drinking and co-sleeping with the child. The mother was interviewed via telephone due to her hospitalization. The mother reported that prior to her hospitalization, she and the father discussed her letter and agreed to stop co-sleeping with the child, which they stopped doing a night or two following their conversation. The mother further stated that she had no concerns the father was drinking to the point of impairment, rather having a beer or two after work. The mother reported she had spoken with the father via Facetime the night prior to the death, and he did not appear impaired. The father denied that he was drinking and first responders had no concerns that the father was impaired.



JCDSS interviewed the paternal grandfather and uncle, who both reported that they were at the home with the father and the child on the night of 1/24/21. They both expressed no safety concerns and reported that the father was sober and alert and the child appeared healthy and well cared for.

JCDSS spoke to the mother's midwife who assisted with the home birth of the child and the mother's prenatal care. The midwife reported the mother had declined medical testing during her prenatal care. The midwife recommended the mother go to the hospital the day of the birth and the parents declined any medical intervention. The child was assessed by the midwife on three occasions since his birth and there were no concerns for him. JCDSS documented a review of safe sleep guidance with the father prior to the fatality.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** Undetermined if injury or medical cause

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

| Alleged Victim(s)                     | Alleged Perpetrator(s)            | Allegation(s)           | Allegation Outcome |
|---------------------------------------|-----------------------------------|-------------------------|--------------------|
| 057462 - Deceased Child, Male, 1 Mons | 057464 - Father, Male, 43 Year(s) | DOA / Fatality          | Substantiated      |
| 057462 - Deceased Child, Male, 1 Mons | 057464 - Father, Male, 43 Year(s) | Inadequate Guardianship | Substantiated      |

### CPS Fatality Casework/Investigative Activities

|   | Yes                                 | No                                  | N/A                                 | Unable to Determine      |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| All children observed?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| When appropriate, children were interviewed?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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"/> |



# Child Fatality Report

|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Coordination of investigation with law enforcement?                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Additional information:**

The mother of the subject child was hospitalized and recovering from a medical procedure during the investigation. JCDSS documented a phone interview with her.

### Fatality Safety Assessment Activities

|   | Yes                      | No                                  | N/A                      | Unable to Determine      |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household? | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Economic support           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Funeral arrangements       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input 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"/> |



|   |                          |                          |                          |                          |                          |                                     |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| <b>Family or others as safety resources</b> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

**Explain:**

The mother and father were offered grief counseling and mental health counseling.

### 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

#### 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) |
|--------------------|--------------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 01/15/2021         | Deceased Child, Male, 1 Months | Mother, Female, 33 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Deceased Child, Male, 1 Months | Mother, Female, 33 Years | Lack of Medical Care    | Unsubstantiated    |                     |
|                    | Deceased Child, Male, 1 Months | Father, Male, 43 Years   | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Deceased Child, Male, 1 Months | Father, Male, 43 Years   | Lack of Medical Care    | Unsubstantiated    |                     |

**Report Summary:**

The mother gave birth to the subject child at home on 12/23/20. The mother was diagnosed with two contagious viral



infections. The mother and father were aware it was recommended the subject child get medically evaluated for the same two viruses due to their severity. The mother and father failed to follow through on getting the subject child medically evaluated. As a result the subject child was at risk of death.

**Report Determination:** Unfounded

**Date of Determination:** 04/02/2021

**Basis for Determination:**

JCDSS determined that several days after the SC's birth, the SM was hospitalized for an infection. Jefferson County Public Health initially attempted to contact the SF regarding the SC receiving necessary medical testing, as it was feared that the SC could have a fatal condition. JCDSS learned that the SF was unclear about whether or not the SC was given a test. Initially the SF was reluctant to get the SC a blood test but he eventually agreed. According to medical staff the SC was healthy and well cared for and all tests returned negative. The SC died during the open CPS investigation. Despite the initial concerns, the SC received necessary medical care.

**OCFS Review Results:**

JCDSS documented a CPS history check, sent notification letters within required timeframes, entered notes contemporaneously with their event dates, spoke to necessary collaterals and completed assessment tools timely and with accurate information. JCDSS reviewed safe sleep guidance with the father. It was documented that the father had another child whom resided out of the state with his mother. It was not documented that JCDSS assessed the father's relationship with the sibling or his safety.

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

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s)           | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--|-------------------------|--------------------|---------------------|
| 08/31/2018         | Sibling, Male, 10 Months | Other Adult - Mother of 10-month-old sibling, Female, 39 Years | Inadequate Guardianship | Unsubstantiated    | No                  |
|                    | Sibling, Male, 10 Months | Father, Male, 40 Years   | Inadequate Guardianship | Unsubstantiated    |                     |

**Report Summary:**

On 8/31/18, JCDSS was ordered to conduct a court ordered investigation regarding the father and mother of the then 3yo sibling after the mother of the sibling filed a petition in family court.

**Report Determination:** Unfounded

**Date of Determination:** 09/25/2018

**Basis for Determination:**

The mother of the sibling withdrew her petition on 08/15/18 and went to reside in Wisconsin with the sibling. Oneida County CPS in Wisconsin conducted a home visit and interviews and no safety concerns were noted. The sibling's mother reported that the father had been aggressive towards her on and off during their relationship and that things escalated in May 2018. CPS attempted to obtain locating information and discuss the concerns with the father and he refused to share information and reported he and the sibling's mother had settled the matter through their private attorneys.

**OCFS Review Results:**

JCDSS documented a CPS history check, sent notification letters within required timeframes, entered notes contemporaneously with their event dates, and completed assessment tools timely and with accurate information. JCDSS attempted contact with the father; however, he refused. The sibling and the sibling's mother relocated to another state and JCDSS contacted that state's local DSS and requested a home visit and safety assessment, which was completed.

**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