



**Report Identification Number: SY-22-017**

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

**Issue Date: Sep 23, 2022**

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

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

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

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

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

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

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

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



## Abbreviations

<b>Relationships</b>		
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	
<b>Contacts</b>		
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		
<b>Allegations</b>		
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	
<b>Miscellaneous</b>		
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:** 5 day(s)

**Jurisdiction:** St. Lawrence  
**Gender:** Male

**Date of Death:** 04/17/2022  
**Initial Date OCFS Notified:** 04/21/2022

## Presenting Information

The death of the 5-day-old infant was reported to OCFS by the St. Lawrence County Department of Social Services (SLCDSS) through the required Agency Reporting Form 7065. The infant passed away in the hospital on 4/17/22 from natural causes related to being deprived of oxygen during child birth after the mother's uterus ruptured.

## Executive Summary

On 4/17/22, the St. Lawrence County Department of Social Services (SLCDSS) was notified that the 5-day-old male infant passed away in the hospital on that date. SLCDSS had an open CPS investigation at that time, which was received on 4/13/22, after the mother tested positive for marijuana, cocaine and amphetamines and the infant tested positive for marijuana and cocaine at the time of the infant's birth on 4/12/22.

During the investigation, it was learned that the infant was born in a hospital in St. Lawrence County via an emergency C-section after the mother went into labor prior to her scheduled C-section date. During the emergency C-section it was learned that the mother's uterus had ruptured, and the infant was found outside the uterus. He had been deprived of oxygen for an unknown amount of time and he was unresponsive. The infant was placed on life support and transferred to a hospital in Onondaga County for a higher level of care. It was determined the infant had no neurological response, and the parents made the decision to withdraw care on 4/16/22. The infant was pronounced deceased on 4/17/22 at 3:15 AM. The parents admitted to using marijuana on occasion and to using cocaine on the evening of 4/10/22 at a celebration of life gathering for a friend that passed away. The parents had two other children, ages 5 and 1 years, who were in the care of a relative on that date.

An autopsy was performed, and it was documented the infant had a history of seizures and hypoxic ischemic encephalopathy. The finding was "acute on chronic hypoxic/ischemic perinatal brain injury". A law enforcement investigation was not deemed necessary since the infant died from natural causes.

SLCDSS made collateral contacts and there were no concerns expressed for the parents' care of the siblings. The parents denied drug use since 4/10/22, and the siblings were assessed to be safe with the parents. The parents were referred for chemical dependency, mental health, and grief services, but they declined all services since they denied any intention to use cocaine again and they had a large support system of family and friends.

SLCDSS unsubstantiated the allegations of the 4/13/22 investigation based on a lack of evidence that the mother's drug use led to her going into labor and her uterus rupturing. The case record did not reflect that a medical professional was consulted to determine if the mother's substance use caused or contributed to the mother going into labor and her uterus rupturing. The autopsy found that the infant died from natural causes due to a lack of oxygen during childbirth; however, it was unclear if the events leading to the infant's birth and ultimate death was the result of abuse or maltreatment by a caretaker.

### PIP Requirement

SLCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the SLCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SLCDSS will review the plan and revise as needed to address ongoing concerns.



## 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? N/A

### Determination:

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

### Explain:

The death of the infant was not reported to the SCR, therefore Safety Assessments and a case determination were not required.

Was the decision to close the case appropriate? Yes

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 case record did not reflect that a medical professional was consulted to determine if the mother's substance use caused or contributed to the mother going into labor and her uterus rupturing, resulting in the infant's death.

## 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: 04/17/2022

Time of Death: 03:15 AM

Date of fatal incident, if different than date of death:

04/16/2022

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

No

Did EMS respond to the scene?

No

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: Hospitalized

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

**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted
- Absent
- Asleep
- Other: N/A

**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	No Role	Male	5 Day(s)
Deceased Child's Household	Father	No Role	Male	33 Year(s)
Deceased Child's Household	Mother	No Role	Female	32 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)

**LDSS Response**

SLCDSS investigated the circumstances surrounding the infant's death by reviewing SCR history, speaking to hospital staff, school staff, the medical examiner's office, and relatives. They reviewed records from the hospital, pediatrician, and the mother's obstetrician. The safety of the siblings was assessed, and the parents were referred for the appropriate services.

The parents denied regular cocaine use and said they had only used the drug a few times prior to 4/10/22. They said they regretted their decision to use cocaine that night, but they were grieving the loss of a close friend and under a lot of stress. They denied using cocaine since that date and they reported they were not going to use it again. The parents did not believe the mother's cocaine use caused her to go into labor two days later. They appeared to be sober at all casework contacts and the oldest sibling did not report any concerns for her care. The mother said she went into labor prior to her scheduled C-section date and when the doctor performed the C-section, the infant was outside of her uterus since her uterus had ruptured. She and the father stayed at the hospital with the infant, and they were highly advised to end life support as the infant's condition would not improve and he would never breathe on his own. The parents said the infant passed away a short time after care was withdrawn.

The mother's obstetrician records showed she was receiving regular prenatal care and there were no positive drug screens noted during the pregnancy. The records stated the mother's uterus ruptured at the previous C-section incision site and the infant and placenta were found outside the uterus. Upon birth, resuscitation measures were immediately started as the infant did not have a heart rate. His heart rate returned, but there was no neurological response. The siblings' pediatrician



records showed the siblings were up to date with routine medical care and the youngest sibling was receiving the required medical care for her diagnosed medical condition.

### Official Manner and Cause of Death

**Official Manner:** Natural

**Primary Cause of Death:** From a medical cause

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

### Multidisciplinary Investigation/Review

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

### 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"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatality Safety Assessment Activities

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



# Child Fatality Report

<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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**Explain:**  
The siblings' safety was assessed within 7 days of the infant's death. The infant's death was not reported to the SCR, therefore 24-hour and 30-day Safety Assessments were not required.

### 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:**  
Risk was adequately assessed and the parents were referred for chemical dependency, mental health and grief services; however, they declined all services.

### 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"/>

### 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



<b>Bereavement counseling</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No**

**Explain:**

The parents were provided with information on grief services for the siblings and the parents declined.

**Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No**

**Explain:**

The parents were referred for grief services, mental health services, chemical dependency services and burial assistance. The parents declined all 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?** Yes

### Infants Under One Year Old



**During pregnancy, mother:**

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed

- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

**Infant was born:**

- 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)
04/13/2022	Deceased Child, Male, 1 Days	Mother, Female, 32 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged the mother and infant tested positive for cocaine and marijuana at the time of the infant's birth on 4/12/22. The roles of the father and two siblings were unknown.

**Report Determination:** Unfounded**Date of Determination:** 07/25/2022**Basis for Determination:**

The mother and infant tested positive for cocaine and marijuana at the time of the infant's birth on 4/12/22. The mother and father admitted to using cocaine on 4/10/22 but they denied that the siblings were in their care at the time. The mother's uterus ruptured on the evening of 4/12/22, resulting in an emergency C-section. The infant was deprived of oxygen for an undetermined period of time and he was placed on life support at birth. The parents withdrew care and the infant passed away on 4/17/22. The allegations were unsubstantiated based on a lack of evidence that the mother's drug use led to her going into labor and her uterus rupturing.

**OCFS Review Results:**

Safety Assessments and the RAP were completed timely and accurately. SLCDSS spoke to school staff, medical professionals and relatives. They interviewed the parents and oldest sibling and observed the youngest sibling and infant. SLCDSS referred the parents for chemical dependency services, mental health services, and bereavement services and they declined all services. The case record did not reflect that a medical professional was consulted to determine if the mother's substance use caused or contributed to the mother going into premature labor and her uterus rupturing, resulting in the infant's death.

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

**Issue:**

Contact/Information From Reporting/Collateral Source

**Summary:**

The case record did not reflect that a medical professional was consulted to determine if the mother's substance use caused or contributed to the mother going into premature labor and her uterus rupturing, resulting in the infant's death.

**Legal Reference:**

18 NYCRR 432.2(b)(3)(ii)(b)

**Action:**

SLCDSS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.



# Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/06/2021	Sibling, Female, 4 Months	Mother, Female, 30 Years	Fractures	Unsubstantiated	No
	Sibling, Female, 4 Months	Mother, Female, 30 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 4 Months	Mother, Female, 30 Years	Internal Injuries	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged the now 1-year-old sibling was in the care of the mother when she sustained a total of 8 bilateral rib fractures (5 on the right and 3 on the left). The sibling was not able to inflict these injuries herself. Furthermore, due to the fractures the sibling sustained further internal injuries as a result. The role of the father was unknown.

**Report Determination:** Unfounded **Date of Determination:** 04/07/2021

**Basis for Determination:**  
 The sibling was born with a congenital condition that required hospitalization from birth through December 2020 and she underwent multiple surgeries and medical procedures during that time. On 2/5/21, the sibling was ill due to her condition and she was re-admitted to the hospital. A scan showed old rib fractures, which were determined to be caused by prior surgeries and medical procedures. The sibling's medical records confirmed the rib fractures were noted prior to the sibling being discharged to the parents' care in December. The sibling received the necessary medical care for her condition and hospital staff reported no concerns.

**OCFS Review Results:**  
 SLCOSS spoke to the source of the report, hospital staff, family members and friends. The now 5-year-old sibling's safety was assessed and attempts were made to interview her. The parents were interviewed and the now 1-year-old sibling was observed via video call since they were at a hospital out of state. Safety Assessments and the RAP were completed timely and accurately and the allegations were appropriately unsubstantiated.

**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 New York State.

**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