



**Report Identification Number: BU-21-021**

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

**Issue Date: Nov 30, 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

<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:** 2 month(s)

**Jurisdiction:** Cattaraugus  
**Gender:** Female

**Date of Death:** 06/27/2021  
**Initial Date OCFS Notified:** 06/27/2021

## Presenting Information

Cattaraugus County Department of Social Services (CCDSS) received an SCR report on 6/27/2021, which alleged that on 6/26/2021 at approximately 10:00 PM, the mother (SM) placed the 2-month-old subject child (SC) and the 5-year-old sibling (SS) to sleep on the same side of a sectional sofa. The mother fell asleep at approximately 1:45 AM. The mother woke up at approximately 8:30 AM and noticed the 2-month-old child's position had changed and she was facing the opposite direction and was on her stomach. The child was cold to the touch and blueish in color. The mother called 911 and emergency responders attempted life saving measures until they arrived at the hospital where the child was pronounced dead at 9:26 AM. The mother had no explanation for the child's death. The sibling, the mother's friends and their children, ages 1-year-old and 5-months-old, had unknown roles.

## Executive Summary

This report concerns the death of the 2-month-old subject child which occurred on 6/27/2021 while in the care of her mother. The mother was temporarily staying with two friends and their two children on the night of the fatal incident.

On 6/26/2021 at 10:30 PM, the mother placed the child and the 5-year-old sibling on a sectional couch to sleep. The subject child was placed on her back in the divot between the cushion and the back of the couch. The children were placed with their feet facing each other. The mother fell asleep on the other section of the couch at approximately 1:45 AM on 6/27/2021 and awoke in the morning at approximately 8:30 AM. The mother found that the child had flipped her position, was cold to the touch, and blueish in color. 911 was called and the child was pronounced dead at the hospital at 9:26 AM.

CCDSS coordinated their investigation with law enforcement and interviewed all persons present at the time of the incident. During the investigation, CCDSS identified concerns for the mother's drug use, and she tested positive for methamphetamines. As a result of the mother's drug use, CCDSS filed a Neglect Petition and developed a safety plan with the maternal grandparents to care for the 5-year-old sibling. CCDSS put services into place to address the family's needs while the petition was pending in family court.

Allegations of drug abuse were identified during the investigation for the other adults present in the household on the night of the fatal incident. The allegations were investigated by CCDSS in a separate investigation. The safety of the 1-year-old and 5-month-old children was assessed and a safety plan was made with the family to have the children cared for by a paternal aunt while the allegations were investigated.

The final autopsy was pending at the time the investigation was closed. CCDSS determined the allegations of DOA/Fatality for the subject child and Inadequate Guardianship for both the subject child and 5-year-old sibling against the mother as substantiated and a long-term case was opened for further CPS intervention. The mother identified knowledge of safe sleep practices to CCDSS though she did not adhere to them due to being homeless at the time of the fatal incident. The allegations of DOA/Fatality for the other adults present in the household were unsubstantiated.

## Findings Related to the CPS Investigation of the Fatality

### Safety Assessment:



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

**Determination:**

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

Was the decision to close the case appropriate? N/A

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

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

**Explain:**  
The case record had detailed documentation of supervisory consultation. The decision was made to open the case for long-term CPS services upon the closing of the investigation.

**Required Actions Related to the Fatality**

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

**Fatality-Related Information and Investigative Activities**

**Incident Information**

Date of Death: 06/27/2021

Time of Death: 09:26 AM

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

County where fatality incident occurred: Cattaraugus

Was 911 or local emergency number called? Yes

Time of Call: 08:35 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  
 Other

Eating

Unknown

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

**How long before incident was the child last seen by caretaker?** 6 Hours

**At time of incident was supervisor impaired?** Unknown if they were 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	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	25 Year(s)
Deceased Child's Household	Other Adult - Mother's friend	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Other Adult - Mother's friend	Alleged Perpetrator	Male	39 Year(s)
Deceased Child's Household	Other Child - Mother's friend's child	No Role	Male	1 Year(s)
Deceased Child's Household	Other Child - Mother's friend's child	No Role	Male	5 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	5 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)
Other Household 2	Other Adult - BF to SS	No Role	Male	24 Year(s)

### LDSS Response

CCDSS received the SCR report, coordinated their response with LE, and notified the DA of the child's death. LE informed CCDSS that the SC had been found unresponsive by the SM after being placed to sleep on her back on a sectional sofa. The SM found the child on her stomach cold to the touch and blueish in color.

CCDSS interviewed the SM in the home of her friends, OA1 and OA2, where she had stayed for 2 nights. The SM stated she had been staying between friends' homes at the time of the incident. The SM stated that she had put the SC and the SS to sleep on a section of the couch with their feet facing each other. The SC was placed to sleep on her back in the indent between the cushion and the back of the couch. The SM stated she fell asleep around 1:45 AM and awoke at approximately 8:30 AM and found the SC's position had flipped, she was on her stomach, and unresponsive. The SM screamed for help and one of the OAs contacted 911.

The OA1 and OA2 were interviewed in their home and provided a similar version of events to CCDSS. During the investigation, concerns for drug use by the SM, OA1, and OA2 were raised. OA1 and OA2 submitted drug screens which returned positive for illicit substances. CCDSS created a safety plan for the OA's children, ages 1 year and 5-months-old to stay with their paternal aunt while the allegations were investigated further. The allegations were investigated in a separate case.



The SM provided a drug screen which returned a positive result for methamphetamines on 7/12/2021. It was alleged during the investigation that the SM had used methamphetamines with the OA1 on the night of the fatal incident, though both claimed that they had last used on 6/25/2021, not the night of 6/26/2021 when the fatal incident occurred. A safety plan for the 5-year-old SS to stay with the maternal grandparents was made with the SM and a Neglect Petition was filed against the SM.

LE informed CCDSS that their investigation was still open at the time that the CCDSS investigation was being determined. LE stated they were waiting on the toxicology report before deciding on whether to pursue criminal charges or not.

The BF was interviewed regarding the allegations in the report. The BF stated he was in Oklahoma for work at the time of the incident and identified no knowledge of the fatal incident. Services were discussed with the BF and declined. The BF to the SS was interviewed and expressed no knowledge of the fatal incident and filed for full custody of the SS during the investigation. Custody was pending through court at the time this report was written. The BF to the SS identified historical knowledge of the SM's drug use and denied knowledge of drug use at the time of the fatal incident.

Emergency room records were obtained for the SC. The records stated there were no signs of trauma to the SC. The records also showed that the hospital was informed that the SC had been sleeping through the night, which was recorded as uncommon in a child of the SC's age.

CCDSS filed a Neglect Petition against the SM and put services in place to address the mental health and substance abuse issues identified in the investigation. The allegations of DOA/Fatality and Inadequate Guardianship were substantiated against the SM regarding the SC, and the allegation of Inadequate Guardianship was substantiated against the SM regarding the SS. The allegations of DOA/Fatality against the OA1 and OA2 regarding the SC were unsubstantiated. The investigation was closed, and a long-term case was opened for additional CPS monitoring.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** Cattaraugus 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
058681 - Deceased Child, Female, 2 Mons	058682 - Mother, Female, 25 Year(s)	DOA / Fatality	Substantiated
058681 - Deceased Child, Female, 2 Mons	058682 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated
058681 - Deceased Child, Female, 2 Mons	058683 - Other Adult - Mother's friend, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated



058681 - Deceased Child, Female, 2 Mons	058683 - Other Adult - Mother's friend, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
058681 - Deceased Child, Female, 2 Mons	058684 - Other Adult - Mother's friend, Male, 39 Year(s)	DOA / Fatality	Unsubstantiated
058681 - Deceased Child, Female, 2 Mons	058684 - Other Adult - Mother's friend, Male, 39 Year(s)	Inadequate Guardianship	Unsubstantiated
058685 - Sibling, Female, 5 Year(s)	058682 - Mother, Female, 25 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

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

### Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
<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 checked="" type="checkbox"/>	<input 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 assessed throughout the investigation and services were offered and accepted both in relation to the death of the SC and to address the concerns for the SM's drug use. The initial safety assessment was completed on 6/29/2021, a day late. The surviving children are documented in the case record to have been assessed as safe despite the safety assessment not being completed in a timely manner.

### 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?**

Family Court                       Criminal Court                       Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
07/28/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	058682 Mother Female 25 Year(s)	



**Comments:** CCDSS filed an Article 10 Neglect Petition against the mother as the mother tested positive for illicit drugs, and did not have stable housing.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input 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:**

Services were offered to the sibling in relation to the death of the SC and were declined by the SM.

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

**Explain:**

Services were put in place to address the concerns for the SM's substance abuse and issues with homelessness.

### History Prior to the Fatality



### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

- Drug exposed  With fetal alcohol effects or syndrome
- With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/11/2020	Other Child - Half-sibling, Male, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Other Child - Half-sibling, Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	

**Report Summary:**

The SCR report alleged that the SM hit the 4-year-old sibling on his leg several times sometime between 6/4/2020-6/9/2020. It was unknown if the sibling sustained any marks or bruises. The sibling was afraid of the SM as a result. The BM to the 4-year-old sibling, the BF, and the 1-year-old sibling had unknown roles.

**Report Determination:** Indicated**Date of Determination:** 08/07/2020**Basis for Determination:**

CCDSS investigated the allegations and it was determined through interviews with all parties that the incident did not occur as reported and there was no evidence that the SM had hit the 4-year-old sibling. During the investigation, a separate incident occurred in which the BM to the 4-year-old and 1-year-old siblings was physically assaulted in the presence of the children by the SM during a custody exchange. The BM was in her car when the SM hit her multiple times and pulled the BM's hair out. The allegations were added to the open investigation and investigated by CCDSS. The SM was arrested and charged with assault in the third degree and the allegations were substantiated against the SM.

**OCFS Review Results:**

CCDSS conducted an investigation that met regulatory requirements and assessed the safety and risk to the children throughout the investigation. A determination of the allegations was made in congruence with the evidence gathered.

**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