



Report Identification Number: BU-22-004

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

Issue Date: Jun 09, 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

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: 3 month(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 02/21/2022
Initial Date OCFS Notified: 02/21/2022

Presenting Information

Chautauqua County Department of Social Services (CCDSS) received an SCR report alleging on 2/21/22 the otherwise healthy subject child passed away. The subject child was in her car seat and the mother placed the car seat on the bed. The mother left the room for approximately 5 minutes and when she returned, the subject child was face down on the bed unresponsive. A subsequent report received on 2/21/22 alleged the subject child was sleeping in a baby carrier on top of the bed in which the mother was sleeping. The father fed the subject child and placed her back into the carrier. The father then went into another room to watch television. The father checked on the subject child and found her out of the carrier, face down on the bed, unresponsive and blue in color with blood coming from her nose. The parents called 911 and performed CPR until EMTs arrived and continued performing CPR. The subject child arrived at the hospital and was pronounced deceased at 3:52AM.

Executive Summary

This fatality concerns the death of a 3-month-old female subject child that occurred on 2/21/22. The report contained allegations of DOA/Fatality and Inadequate Guardianship against the mother and father, as well as Lack of Supervision against the mother. At the time of her death, the subject child resided with her mother, father, and maternal uncle. The subject child’s maternal grandmother and 14-year-old maternal aunt lived in a downstairs apartment.

Chautauqua County Department of Social Services (CCDSS) completed collateral contacts and casework activity and learned that on 2/21/22 the subject child was put in a bounce chair, unrestrained, on top of the mother and father’s bed. The mother went to sleep in her bed next to the bounce chair, while the father played video games in another room with a paternal uncle. The father reported that he would periodically check on the child. The father went to check on the subject child around 3:14AM and found that she was no longer in the bounce chair. The father found the subject child next to the bounce chair, face down on the bed with blood on her face. The father woke the mother, and the child was brought to the maternal grandmother who performed cardiopulmonary resuscitation until emergency medical services arrived. The subject child was brought to the hospital where she was later pronounced deceased.

An autopsy was performed, and an official cause and manner of death were pending at the time the CPS investigation was closed; however, there were no external injuries observed and the medical examiner noted the subject child appeared well-nourished. The medical examiner described the subject child’s lungs as being “heavy,” meaning they weighed more than expected. Further testing was being completed to determine if bottle propping contributed to the subject child’s death. There had been no criminal charges filed pertaining to the subject child’s death, though the criminal investigation remained open.

The allegations of DOA/Fatality and Inadequate Guardianship against the mother and father were substantiated. CCDSS determined there was a fair preponderance of evidence to support that the mother and father failed to meet a minimum degree of care, resulting in the subject child’s death as the parents were made aware of safe sleep practices and put the subject child in an unsafe sleeping environment. The allegation of Lack of Supervision against the mother was unsubstantiated. All household members were offered bereavement services. The father was mandated to attend counseling as a condition of his probation, which he was on for charges unrelated to the fatality. The mother was still considering services at the time the CPS investigation closed.

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? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Chautauqua County Department of Social Services made an appropriate determination based on evidence obtained throughout the investigation.

Was the decision to close the case appropriate? Yes

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

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

Explain:

Casework activity was commensurate with the case circumstances.

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: 02/21/2022

Time of Death: 03:52 AM

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

County where fatality incident occurred: Chautauqua

Was 911 or local emergency number called? Yes

Time of Call: 03:20 AM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:



- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

Did child have supervision at time of incident leading to death? Yes
How long before incident was the child last seen by caretaker? 20 Minutes
At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Asleep
- Absent
- Other: **In another room playing video games**

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	Aunt/Uncle	No Role	Male	23 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	20 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)

LDSS Response

Upon receipt of the SCR report, CCDSS coordinated their investigation with law enforcement, notified the district attorney's office and medical examiner, spoke with collateral sources, and interviewed all household members.

CCDSS interviewed the mother and father on 2/21/22. The father reported feeding the subject child around midnight, burping her, and then placing her in a bounce chair on top of the mother and father's full-size bed. The father did not strap the child into the bounce chair but stated he tucked the child in with a blanket. The mother and father both reported that the subject child would not sleep on her back this night, and this was the reason they used the bounce chair. The mother went to sleep in the bed the subject child's bounce chair was on around 1:00AM due to not feeling well, and the father played video games with a paternal uncle in another room. The father reported that he periodically checked on the child during breaks in his video game, approximately every 4 minutes. The father went to check on the child around 3:14AM and did not see the subject child in the bounce chair. The father found the subject child next to the bounce chair, face down on the bed near the mother's leg. The father observed the subject child's face in the blanket, neck tucked to her chest and blood on her face. The father woke the mother, who began screaming. The subject child was brought downstairs to the maternal grandmother's apartment. The grandmother blew in the subject child's face and performed cardiopulmonary resuscitation until emergency medical services arrived and took over life-saving measures. The subject child was transported to the hospital and pronounced deceased at 3:52AM.

Law enforcement responded to the residence and observed that the home was not the cleanest; however, did not note any safety concerns. CPS observed a bassinet and portable crib in the parents' bedroom, though both were filled with various items and did not appear to be slept in. Both parents admitted to smoking marijuana regularly. The mother denied smoking marijuana on the date of the subject child's death and reported that if she smoked, she would leave the child with the



grandmother. The father stated that he smoked marijuana on the evening preceding the subject child's death but denied being impaired. The maternal uncle who resided in the home was interviewed and reported hearing the mother screaming. The uncle stated he tried to remove himself from the panic but corroborated the parents' version of events following the subject child being found unresponsive.

CCDSS learned through their investigation that the subject child had medical complications while in utero and the mother used marijuana throughout her pregnancy; however, the subject child was born full term at 37 weeks gestation with no medical conditions. All household members and numerous collateral sources were contacted and expressed no concern for the parent's ability to care for the subject child. There were no surviving siblings. The 14-year-old aunt was interviewed and deemed to be safe with the grandmother.

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 referred to an OCFS approved Child Fatality Review Team? No

Comments: Chautauqua 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
059851 - Deceased Child, Female, 3 Mons	059852 - Mother, Female, 21 Year(s)	DOA / Fatality	Substantiated
059851 - Deceased Child, Female, 3 Mons	059852 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Substantiated
059851 - Deceased Child, Female, 3 Mons	059853 - Father, Male, 20 Year(s)	DOA / Fatality	Substantiated
059851 - Deceased Child, Female, 3 Mons	059853 - Father, Male, 20 Year(s)	Inadequate Guardianship	Substantiated
059851 - Deceased Child, Female, 3 Mons	059853 - Father, Male, 20 Year(s)	Lack of Supervision	Unsubstantiated

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

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

Explain:

The father was engaged in counseling, which was mandated as a condition of his probation. The mother was considering counseling; however, was not yet engaged at the time of case closure. The maternal grandmother and maternal uncle felt the mother needed counseling, and reported they would continue to encourage her to receive services. The uncle was seeking counseling, and services were also offered to the grandmother and 14-year-old maternal aunt.

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? N/A
- 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)
11/17/2021	Deceased Child, Female, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

**Report Summary:**

An SCR report alleged the mother gave birth to the now deceased child on 11/17/22. At the time of birth, the mother tested positive for marijuana and the subject child's results were still pending.

Report Determination: Unfounded**Date of Determination:** 12/16/2021**Basis for Determination:**

The mother admitted to using marijuana during her pregnancy to help with nausea. The subject child tested negative for marijuana, and there was no negative effect on the child. The mother reported no longer using marijuana at case closure. CCDSS made scheduled and unscheduled visits to the home and the mother always appeared sober and coherent.

OCFS Review Results:

A thorough investigation was completed with regards to the allegations. The safety of the child was assessed upon receipt of the report. Relevant collaterals were contacted. Safe sleep was discussed with both parents and a safe sleep environment was observed for the infant. However, the record did not reflect a formal plan of safe care was obtained, though the record does show discussions with mom around supports and services.

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

Failure to complete, document, and monitor a Plan of Safe Care

Summary:

Although the record reflected that a plan was made with the mother, CCDSS failed to develop, document and monitor a Plan of Safe Care to address the health and substance use disorder treatment needs of both the subject child and the mother despite knowledge the child was identified as being born exposed to substances.

Legal Reference:

17-OCFS-LCM-03 & 18-OCFS-LCM-06

Action:

CCDSS will complete, document and monitor a Plan of Safe Care that specifically addresses the child affected by substance abuse and the affected caregiver. CCDSS will complete the required form (OCFS-2196 Plan of Safe Care), when developing and documenting the Plan of Safe Care with the family.

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