



Report Identification Number: BU-22-018

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

Issue Date: Feb 06, 2023

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 had an open investigation or a CPS monitored services 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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

Report Type: Child Deceased
Age: 5 month(s)

Jurisdiction: Cattaraugus
Gender: Male

Date of Death: 08/18/2022
Initial Date OCFS Notified: 08/18/2022

Presenting Information

Cattaraugus County Department of Social Services (CCDSS) received an SCR report on 8/18/2022, which alleged on the same date at approximately 10:00 AM, the mother (SM) fed the 5-month-old child (SC) a bottle. The mother then placed the child on top of the couch, propped up on a Boppy brand pillow and left the room. Approximately one hour later, the 13-year-old sibling (SS) entered the living room and realized something was wrong with the child and went to wake the mother and father (SF). The father called 911 immediately and the child was transported to the hospital by ambulance. The child was pronounced dead at 12:59 PM. The 13-year-old and 5-year-old siblings had unknown roles.

Executive Summary

This report concerns the death of a 5-month-old child which occurred while in the care of his mother and father on 8/18/2022. CCDSS received the SCR report and conducted their investigation jointly with law enforcement. The child lived with his mother, father, 18-year-old sibling, 13-year-old sibling, 5-year-old sibling, and the 18-year-old sibling's partner. The minor children were assessed as safe in the care of the mother and father.

CCDSS interviewed the parents with law enforcement. The mother disclosed she fed the child a bottle at approximately 8:30 AM and placed the child in a bouncy chair in the living room to nap. The mother returned to her bedroom and went back to sleep. The father stated he attended to the child at approximately 10:00 AM. The father placed the child on the couch, propped up in a Boppy brand pillow before returning to the bedroom with the mother to sleep. At approximately 11:00 AM, the 13-year-old sibling entered the living room where child had been on the couch and believed there to be something wrong and alerted the mother and father. A call was made to 911, and the child was transported by ambulance to the hospital where he was pronounced dead.

The adult sibling and unrelated home member were determined to not be persons legally responsible for the care of the 5-month-old child and did not participate in interviews with CCDSS. The 13-year-old and 5-year-old SSs were interviewed by CCDSS and expressed limited knowledge of the fatal incident. The 13-year-old SS stated she saw the SC on the couch and thought something was wrong and alerted the SM and the SF immediately. The 13-year-old SS did not place the SC on the couch and did not know how long he had been there prior to her seeing him.

The preliminary autopsy results showed the child died of positional asphyxiation, most likely after rolling from his back onto his stomach when propped on the Boppy pillow. Law enforcement did not suspect any criminality in the child's death, though they were awaiting the final autopsy report before closing their investigation. The final autopsy report was pending at the time CCDSS closed their investigation of the fatal incident.

The allegations of DOA/Fatality and Inadequate Guardianship against the mother and the father regarding the 5-month-old child were substantiated. CCDSS determined each parent left the child unsupervised in an unsafe sleep environment, which led to his death. The allegations of DOA/Fatality and Inadequate Guardianship against the 18-year-old sibling and the 19-year-old unrelated home member were unsubstantiated. CCDSS determined the 18-year-old sibling and her 19-year-old partner were not persons legally responsible for the care of the 5-month-old child. The family moved out of the state during the investigation and the case was closed.

PIP Requirement

CCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify



action(s) CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS 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:
 - 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? 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:

There was detailed documentation in the case record of supervisory consult throughout the investigation and the decision to close the case was made commensurate with the case circumstances.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 24 Hour Assessment
Summary:	The 24-hour safety assessment was not approved until 8/25/2022, 6 days past the due date.
Legal Reference:	SSL 424(6);18 NYCRR 432.2(b)(3)(i)
Action:	A safety assessment will be completed and approved by a supervisor within 24 hours of a report if such report contains the allegation of DOA/Fatality, as required.

Fatality-Related Information and Investigative Activities



Incident Information

Date of Death: 08/18/2022

Time of Death: Unknown

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

10:00 AM

County where fatality incident occurred:

Cattaraugus

Was 911 or local emergency number called?

Yes

Time of Call:

11:13 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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	5 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	32 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	38 Year(s)
Deceased Child's Household	Sibling	Alleged Perpetrator	Female	18 Year(s)
Deceased Child's Household	Sibling	No Role	Female	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Deceased Child's Household	Unrelated Home Member	Alleged Perpetrator	Male	19 Year(s)

LDSS Response

CCDSS received the SCR report, notified the DA, and coordinated their response with LE. LE informed CCDSS a preliminary investigation had been completed when LE responded to the 911 call. LE was informed the SC was fed a bottle by the SM, then placed on a bouncy chair and fell asleep. The SM returned to the bedroom and fell asleep. The SF checked on the SC approximately 30 minutes later and he placed the SC on the couch propped on a Boppy branded pillow at a 45-degree angle. The SF left the room and returned to bed with the SM. Approximately 90-120 minutes later, the 13-year-old SS entered the living room where the SC was asleep, noticed something was wrong, and alerted the SM and SF.

CCDSS interviewed the SM, SF, and SSs with LE. The SM stated she fed the SC between approximately 8:30-9:30 AM and placed the SC in a bouncer chair. The SM then returned to the bedroom to sleep more. The SF stated between approximately 10:00-10:30 AM, the SC was fussing, and he placed the SC on the couch in the Boppy pillow. The SC fell asleep and he returned to the bedroom with the SM. The SC was placed to sleep on the couch with the 5-year-old SS on



the same couch. The SM and SF stated it was approximately 90 more minutes until the 13-year-old SS alerted them something was wrong. Both the SM and SF disclosed a history of substance misuse and stated they were not under the influence of any substances at the time of the fatal incident. The SM and SF admitted to co-sleeping with the SC on a regular basis. The SM and SF stated they had knowledge of safe sleep practices; however they were not followed. An unutilized safe sleep environment for the SC was observed in the home. CCDSS offered the family financial assistance with funeral costs and emergency counseling services which were accepted. The SSs were assessed as safe in the care of the SM and SF.

LE informed CCDSS the preliminary autopsy results showed no signs of abuse or trauma present in the SC. The preliminary cause of death was attributed to positional asphyxiation due to the unsafe sleep conditions, though the official cause and manner of death would not be available until the final autopsy report was released. It appeared as if the SC had rolled on the Boppy pillow and was not able to move, causing the asphyxiation.

The adult sibling and unrelated home member were determined to not be persons legally responsible for the care of the SC and did not participate in interviews with CCDSS. Allegations in the SCR report against them were unsubstantiated.

The SM and SF informed CCDSS of their intentions to move out of the state during the investigation and stated they would seek counseling services independently. CCDSS confirmed the family had moved out of state and the investigation was closed.

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: 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
062401 - Deceased Child, Male, 5 Mons	062404 - Unrelated Home Member, Male, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
062401 - Deceased Child, Male, 5 Mons	062404 - Unrelated Home Member, Male, 19 Year(s)	DOA / Fatality	Unsubstantiated
062401 - Deceased Child, Male, 5 Mons	062405 - Sibling, Female, 18 Year(s)	DOA / Fatality	Unsubstantiated
062401 - Deceased Child, Male, 5 Mons	062405 - Sibling, Female, 18 Year(s)	Inadequate Guardianship	Unsubstantiated
062401 - Deceased Child, Male, 5 Mons	062402 - Mother, Female, 38 Year(s)	DOA / Fatality	Substantiated
062401 - Deceased Child, Male, 5 Mons	062402 - Mother, Female, 38 Year(s)	Inadequate	Substantiated



Child Fatality Report

Mons		Guardianship	
062401 - Deceased Child, Male, 5 Mons	062403 - Father, Male, 32 Year(s)	DOA / Fatality	Substantiated
062401 - Deceased Child, Male, 5 Mons	062403 - Father, Male, 32 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 type="checkbox"/>	<input checked="" 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"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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harm, were the safety interventions, including parent/caretaker actions adequate?				
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Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
Risk was assessed and appropriate services were offered and declined prior to the family moving out of the state.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:
Services were offered on behalf of the SSs and accepted by the family. Services were not implemented due to the family moving out of state.

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

Explain:
Services were offered in relation to the death of the SC and accepted by the family. Services were not implemented due to the family moving out of state.

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
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had a positive toxicology at the time of delivery
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs



Child Fatality Report

Used marijuana

Was not noted in the case record to have any of the issues listed

Infant was born:

With a positive toxicology

With fetal alcohol effects or syndrome

Exhibiting withdrawal symptoms

With none 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)
07/21/2021	Sibling, Female, 4 Years	Mother, Female, 37 Years	Other	Substantiated	No
	Sibling, Female, 4 Years	Father, Male, 31 Years	Other	Substantiated	
	Sibling, Female, 4 Years	Grandparent, Female, 49 Years	Other	Substantiated	

Report Summary:

The SCR report was received by CCDSS for a court ordered investigation. The paternal grandmother (PGM) filed for custody of the then 4-year-old SS due to concerns for the SM and SF's drug misuse and concerns for domestic violence between the SM and SF.

Report Determination: Unfounded

Date of Determination: 08/31/2021

Basis for Determination:

CCDSS met with all parties and the SM and SF agreed to not use illicit substances or argue in the presence of the children. The SM was participating in substance abuse treatment and compliant with services. There were no concerns for her misusing substances during the investigation and she had tested negative for all substances at her treatment program. The PGM dropped the petition for custody and the case was closed.

OCFS Review Results:

CCDSS conducted an investigation which met regulatory requirements. A determination of the allegations was made in congruence with the evidence gathered from familial and collateral sources.

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)
04/12/2021	Sibling, Female, 4 Years	Mother, Female, 37 Years	Other	Unsubstantiated	No
	Sibling, Female, 4 Years	Father, Male, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 12 Years	Father, Male, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 16 Years	Father, Male, 31 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 4 Years	Father, Male, 31 Years	Other	Unsubstantiated	

Report Summary:

The SCR report was received by CCDSS for a court ordered investigation. The paternal grandmother (PGM) filed for custody of the then 4-year-old SS due to concerns for the SM and SF's drug misuse and concerns for the SM's mental health.

Report Determination: Indicated

Date of Determination: 05/27/2021

Basis for Determination:

CCDSS met with all parties. The SM reported she was the victim of domestic violence perpetrated by the SF. The SF was arrested for assaulting the then 12-year-old SS while attempting to steal from the SM. The SF pushed the child to the ground causing an injury to her arm. The SM tested positive for illicit substances including cocaine and amphetamines.



The SM engaged in substance abuse treatment services. Custody was awarded to the SM and the investigation was closed with referrals to outside service providers.

OCFS Review Results:

CCDSS conducted an investigation which met regulatory requirements. The determination of the allegations was made in congruence with the evidence gathered and the investigation. The SM was engaged in substance abuse treatment services at the time the investigation was closed.

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)
01/08/2020	Sibling, Female, 15 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 10 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

The SCR report alleged on 1/7/2020, the SF choked the SM in the presence of the then 15, 10, and 2-year-old SSs. The SF had a history of assaulting the SM in the presence of the children. The SF acted aggressively toward and demeaning to the then 15-year-old SS. The SM had an unknown role.

Report Determination: Unfounded **Date of Determination:** 02/27/2020

Basis for Determination:

The SM and SF stated physical incidents occurred in the past and not in the presence of the children. The SM and SF identified having verbal arguments in the presence of the children and denied they had become physical. The then 15-year-old SS denied the SF becoming physical with her or speaking to her in a demeaning manner. The SM and the SF were not together at the time of the investigation and were living separately, with the SF often staying out of state with family.

OCFS Review Results:

CCDSS met with all family members and obtained information from relevant collateral sources. A determination of the allegations was made in congruence with the evidence gathered. The family was referred to voluntary community based services and the investigation was closed.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The Seven Day Safety Assessment was completed on 1/22/2020, 7 days late.

Legal Reference:

SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

Action:

CCDSS will complete all safety assessments within the required time frame.

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

There was one CPS investigation more than 3 years prior to the fatality. In November 2015, there was an allegation the SM failed to give the then 6-year-old SS asthma medication as prescribed. All parties denied the allegation and there was no evidence to suggest the medication was not being administered as prescribed and there were no concerns identified for the child by medical providers.



Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

Preventive Services History

Preventive services were provided in 2016 to the family to assist with the then 11-year-old SS's school attendance and to provide grief counseling following the death of her biological father. Attendance issues improved and the prevention case was closed.

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