



Report Identification Number: BU-22-030

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

Issue Date: May 04, 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: 2 month(s)

Jurisdiction: Chautauqua
Gender: Male

Date of Death: 11/15/2022
Initial Date OCFS Notified: 11/15/2022

Presenting Information

An SCR report alleged on 11/15/22, around 3:00 AM, the paternal aunt fed the 2-month-old child and put him back in his crib to sleep. The aunt checked on the child around 7:45 AM and realized that the child was unresponsive. The aunt called the grandmother into the room. CPR was performed and 911 was called. The grandfather was in the home during the incident; it was unknown what actions he took during this time. EMS arrived at the home and transported the child to the hospital, where he was pronounced deceased at approximately 8:54 AM. The child was otherwise healthy, and the adults did not have an explanation for his death. A subsequent report received on 11/15/22 alleged the aunt, grandmother and mother were caring for the child, thus the mother was added as an alleged subject.

Executive Summary

This fatality report concerns the death of the 2-month-old child that occurred on 11/15/22. A report was made to the SCR on the same day with concerns the child passed away unexpectedly and without explanation while in the care of his grandparents and paternal aunt. A subsequent report alleged the mother was a caregiver for the child at the time of the fatal incident. The report was consolidated with the initial investigation. At the time of the child’s death, the family had an open Preventive Services Case as the child resided with the grandparents as a result of the parents historically being unable to care for the 2 and 3-year-old siblings and 2 other children who the mother surrendered her rights to, and the other children were subsequently adopted. The siblings began residing with the paternal grandparents, who obtained custody of them. At the time of his death, the child resided with his grandparents, paternal aunts, and the 2 and 3-year-old siblings who were assessed to be safe. The mother had a 4-year-old child who was in her father’s care. The father had a 7-year-old child who was in the care of her mother. These siblings did not have relationships with the parents.

Chautauqua County Department of Social Services (CCDSS) coordinated investigative efforts with law enforcement upon receipt of the initial SCR report. An autopsy was performed; however, the final autopsy report remained pending at the time this report was written. Staff at the coroner’s office reported there were no items in the child’s sleeping area. The coroner’s office suspected the child’s cause of death would be determined to be sudden infant death syndrome. No criminal charges were filed.

The grandparents and subject aunt reported the aunt cared for the child on the night prior to his death and the child acted normally. The child was fed a bottle around 3:00 AM, was burped, swaddled and then the aunt placed him in a Rock ‘n Play sleeper. Around 8:00 AM, the aunt checked on the child, finding him “staring into space” and unresponsive. She screamed for the grandmother, who called 911 and performed CPR at the instruction of the operator until first responders arrived. The child was pronounced deceased at the home.

CCDSS gathered information from collateral contacts including staff at the pediatrician’s office, hospital staff, the parents and other family members. There were no concerns for the care of the surviving children.

CCDSS unsubstantiated the allegations noting that the cause of death was expected to be sudden infant death syndrome and that there were no suspicious marks or bruises on the child. The investigation revealed the adults provided a minimum degree of care to the child and the child’s cause of death was not yet determined. CCDSS documented the family was unaware Rock ‘N Play sleepers were recalled and believed they were practicing safe sleeping recommendations. The grandmother disposed of the sleeper after learning of its dangers.



The family was offered burial assistance and declined. The paternal aunt showed interest in grief counseling; however, it remained unknown if she enrolled in therapy. Furthermore, it remained unknown if the grandparents or parents accepted bereavement services. The Preventive Services Case was closed as the grandparents had custody of the surviving siblings, and no service needs were identified. The investigation was closed on 12/19/22.

PIP Requirement

CCDSS and Cattaraugus County Department of Social Services will submit PIPS to the Buffalo Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the counties has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, the counties will review the plans 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

Explain:

The decision to close the case was appropriate.

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 casework requirements.

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: 11/15/2022

Time of Death: 08:54 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:

Unknown

Did EMS respond to the scene?

Yes

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

Unknown

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	Aunt/Uncle	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	18 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	63 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	67 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	28 Year(s)
Other Household 1	Mother	Alleged Perpetrator	Female	28 Year(s)

LDSS Response

On 11/15/22, CCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, CCDSS coordinated investigative efforts with law enforcement, contacted the source of the report and the district attorney's office, documented a CPS history check and assessed the safety of the siblings in the care of the grandparents.

A hospital nurse reported the aunt fed the child around 3:00 AM and put him back to sleep. Around 7:30 AM, she found



the child unresponsive and blue in color. She called out for the grandmother who called 911 and began resuscitation efforts. There were no suspicious injuries observed on the child.

On 11/15/22, interviews were conducted at the home. The grandmother said that at 8:00 AM, the aunt yelled that the child was having a seizure. The child was “staring into space.” The grandmother realized the child was not breathing and she called 911. She performed CPR until first responders arrived and took over. The child was transported to the hospital where he was pronounced deceased.

The aunt reported she cared for the child the night prior to the death and that there was nothing out of the ordinary. She fed the child around 3:00 AM, burped him and placed him in the Rock ‘N Play sleeper swaddled with nothing near his face. Around 5:00 AM, the child was asleep and was sucking on his pacifier. Around 8:00 AM, she observed the child to be “staring into space” and yelled for the grandmother. She was unaware the child’s sleeper had been recalled.

The grandfather declined to be interviewed face-to-face. Over the phone, he said he was in the bathroom when the aunt discovered the child unresponsive. He observed the grandmother performing CPR until EMS arrived. He did not have additional information. The other aunt in the home was not present at the time of the fatal incident. She did not have concerns for the care of the child.

The parents were interviewed in their home. The mother saw the child the day prior to the death and said he was happy and smiling. She received a call from the grandmother between 8:00 – 9:00 AM “freaking out” and saying to go to the hospital. The mother went to the hospital and was told the child had passed away. The mother said the child hated sleeping in a bassinet and slept in the Rock ‘N Play. She was unaware the sleeper was recalled and reported the sibling had historically slept in one and was fine. The father denied having additional information.

The family did not want to continue preventive services, stating the surviving children were in the custody of the grandparents and the parents were only working toward having the child returned to them. After completing all required casework, the case was closed.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

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
063095 - Deceased Child, Male, 2 Mons	063096 - Grandparent, Female, 63 Year(s)	DOA / Fatality	Unsubstantiated
063095 - Deceased Child, Male, 2 Mons	063096 - Grandparent, Female, 63 Year(s)	Inadequate Guardianship	Unsubstantiated



Child Fatality Report

063095 - Deceased Child, Male, 2 Mons	063098 - Aunt/Uncle, Female, 19 Year(s)	DOA / Fatality	Unsubstantiated
063095 - Deceased Child, Male, 2 Mons	063098 - Aunt/Uncle, Female, 19 Year(s)	Inadequate Guardianship	Unsubstantiated
063095 - Deceased Child, Male, 2 Mons	063102 - Mother, Female, 28 Year(s)	DOA / Fatality	Unsubstantiated
063095 - Deceased Child, Male, 2 Mons	063102 - Mother, Female, 28 Year(s)	Inadequate Guardianship	Unsubstantiated

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input type="checkbox"/>	<input checked="" 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"/>

Additional information:

The grandfather declined to be interviewed face-to-face. The siblings were too young to be interviewed.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

district?				
-----------	--	--	--	--

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	-------------------------------------	--------------------------

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"/>

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"/>

Explain as necessary:
 The siblings did not need to be removed as a result of the fatality investigation.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No

Services Provided to the Family in Response to the Fatality

Services	Provided After	Offered, but	Offered, Unknown	Not Offered	Needed but	N/A	CDR Lead to
----------	----------------	--------------	------------------	-------------	------------	-----	-------------



	Death	Refused	if Used		Unavailable		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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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? No

Explain:

Services in response to the death were not provided to the siblings due to their ages.

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

Explain:

The adults were offered bereavement services in response to the death. The aunt accepted the referral; however it remained unknown if she engaged in counseling. Similarly, it remained unknown if the grandparents or parents engaged in counseling. The family declined funeral assistance.

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? Yes
- 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
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- 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)
08/30/2022	Deceased Child, Male, 1 Days	Mother, Female, 28 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Father, Male, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report received by Chautauqua County Department of Social Services alleged the mother gave birth to the subject child on 8/20/22. The mother previously lost custody of 4 children due to her inability to care for them. Two of the children were adopted.

Report Determination: Indicated

Date of Determination: 10/14/2022

Basis for Determination:

The allegations were substantiated; neither parent demonstrated behaviors to alleviate the dangers presented to the children and posed imminent risk for the newborn child. The child began residing with the paternal grandparents on 9/1/22, who were seeking to obtain custody. The 2 youngest siblings resided with the grandparents, who had custody of them.

OCFS Review Results:

The investigation was initiated timely, and interviews were completed. The source was contacted. There was not documentation safe sleeping recommendations were provided to the grandmother. The Safety Assessments were completed accurately. The allegation of Inadequate Guardianship was added and substantiated against the father. The parents were not provided with written notice.

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

Issue:

Failure to provide safe sleep education/information

Summary:

Although the mother was provided with safe sleep recommendations and sleeping arrangements were observed for the other children, the record did not reflect the grandmother was provided with safe sleep education.

Legal Reference:

13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

Action:

Chautauqua County will provide information on sleep safety to the parents and caretakers of infants and parents-to-be



whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

Issue:

Failure to provide notice of report

Summary:

The record did not reflect the parents were provided with written notice of the SCR report.

Legal Reference:

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

Action:

Chautauqua County will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/29/2020	Sibling, Male, 1 Days	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 1 Days	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report received by Cattaraugus County Department of Social Services alleged on 12/29/20, the mother gave birth to the then 1-day-old sibling. The mother had children removed from her care that have yet to be returned to her.

Report Determination: Indicated

Date of Determination: 01/26/2021

Basis for Determination:

The allegations were substantiated as it was believed the sibling was placed at imminent risk of harm by the father due to his history of sexual abuse. The parents did not provide adequate guardianship to the siblings, who remained in Foster Care as the mother did not complete "the services recommended". The father's Abuse Petition regarding historical sexual abuse of a child who was later adopted remained pending in Family Court.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. A CPS history check was documented. Safe sleep information was reviewed. The allegation of Inadequate Guardianship was added and substantiated against the father. The sibling was placed with the paternal grandmother. Written notice of Indication was provided untimely. The father was not provided with Notice of Existence.

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

Issue:

Failure to provide notice of report

Summary:

Although the mother was provided with written notice timely, the record did not reflect the father was provided with written notice.

Legal Reference:

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

Action:

Cattaraugus County will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Issue:

Failure to Provide Notice of Indication

Summary:

Although Notice of Indication was provided to the parents, it was provided untimely on 3/2/21.



Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

Within 60 days, whether a report assigned to the investigative track is “indicated” or “unfounded”, and if “indicated”, Cattaraugus County must deliver or mail to the subject(s) and other persons named in the report, except children under the age of 18 years, a written notification, within 7 days of the determination, in such form as required by OCFS.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
02/05/2020	Sibling, Female, 2 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Male, 3 Months	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Months	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Female, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Male, 4 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Female, 5 Years	Mother, Female, 25 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Male, 4 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Female, 5 Years	Father, Male, 27 Years	Sexual Abuse	Substantiated	

Report Summary:

An SCR report investigated by Cattaraugus County Department of Social Services alleged the father was sexually abusing the adopted 5-year-old child and ejaculating on her. Further details were unknown. The mother was aware but allowed the father to have contact with the children. The maternal grandfather was a known sex offender. The mother allowed the maternal grandfather to be a caregiver to the children.

Report Determination: Indicated

Date of Determination: 03/10/2020

Basis for Determination:

The Investigation Conclusion Narrative reflected the parents were found together with the children, which violated an order of protection that barred the father from contact with the children. The related children were removed from the mother’s care. The mother left the children in the maternal grandfather’s care, despite him historically sexually abusing her. The allegation of IG was added and substantiated against the father regarding the adopted children.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. Law enforcement was notified. A CPS history check was completed. Written Notice of Existence and Notice of Indication was not provided timely or to all required persons. The mother consented to placement. Safe sleep information was provided.

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

Issue:

Failure to provide notice of report

**Summary:**

Although written notice of the SCR report was provided to the parents, it was provided untimely on 3/26/20. The record did not reflect written notice was provided to the other parents of the 3, 4 and 6-year-old children or the grandfather.

Legal Reference:

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

Action:

Cattaraugus County will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Issue:

Failure to Provide Notice of Indication

Summary:

Although Notice of Indication was provided to the parents, it was provided untimely on 3/26/20. The record did not reflect Notice of Indication was provided to the other parents of the 3-year-old sibling and other children or to the grandfather.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

Within 60 days, whether a report assigned to the investigative track is “indicated” or “unfounded”, and if “indicated”, Cattaraugus County must deliver or mail to the subject(s) and other persons named in the report, except children under the age of 18 years, a written notification, within 7 days of the determination, in such form as required by OCFS.

Issue:

Review of CPS History

Summary:

A CPS history check was completed untimely on 2/20/20.

Legal Reference:

18 NYCRR 432.2(b)(3)(i)

Action:

Cattaraugus County will review and document all prior CPS history within regulatory required timeframes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/14/2019	Sibling, Male, 1 Months	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 3 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 1 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Male, 4 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Female, 5 Years	Father, Male, 26 Years	Inadequate Guardianship	Substantiated	
	Other Child - Adopted Child, Female, 5 Years	Father, Male, 26 Years	Sexual Abuse	Substantiated	

Report Summary:

An SCR report investigated by Cattaraugus County Department of Social Services alleged on 12/19/22, the father took a



5-year-old child for a walk. On the walk, the father asked that child to perform oral sex on him. A duplicate report was received on 1/11/20.

Report Determination: Indicated

Date of Determination: 01/22/2020

Basis for Determination:

The Investigation Conclusion Narrative stated the 5-year-old child was sexually abused by the father twice. An interview with that child included detailed sexual activity between her and the father. The allegation of IG was added against the father regarding the children and the investigation was indicated. A Preventive Service Case was opened.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was completed. The source and law enforcement were contacted. An Abuse Petition was filed in Family Court and an order of protection was obtained barring the father from contact with the children; an arrest was pending. Written Notice of Existence and Notice of Indication was not provided to all adults.

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

Issue:

Failure to provide notice of report

Summary:

Although Notice of Existence was provided to the fathers, it was not provided to the mothers.

Legal Reference:

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

Action:

Cattaraugus County will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

Issue:

Failure to Provide Notice of Indication

Summary:

Although written Notice of Indication was provided to the father, it was not provided to the other parents.

Legal Reference:

18 NYCRR 432.2(f)(3)(xi)

Action:

Within 60 days, whether a report assigned to the investigative track is “indicated” or “unfounded”, and if “indicated”, Cattaraugus County must deliver or mail to the subject(s) and other persons named in the report, except children under the age of 18 years, a written notification, within 7 days of the determination, in such form as required by OCFS.

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

There is no CPS history more than 3 years prior to the fatality.

Known CPS History Outside of NYS

There is no known CPS history outside of New York.

Services Open at the Time of the Fatality

Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes

Date the preventive services case was opened: 09/08/2022

Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes



Date the Child Protective Services case was opened: 09/08/2022

Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, how many days was it overdue? The FASP was completed 12 days late.				
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:

CCDSS provided appropriate services in attempt to unify the subject child with the parents.

Preventive Services History

A services case was opened on 1/6/20 due to information revealed during a CPS investigation that began on 12/14/19. The investigation revealed the 5yo now adopted child who was in the care of the parents and in the custody of the SM, was sexually abused by the BF. The SM did not intervene to protect that child and subsequently, the BF encouraged another child to sexually abuse her. During the services case, an Abuse Petition was filed by Cattaraugus County Department of Social Services on 12/24/19 on behalf of the 5yo child, and a Neglect Petition was filed on behalf of the 3yo SS and the 4yo now adopted child. The SM consented to the removal of the 4 and 5yo children and the 3yo SS; they were placed in Foster Care. The 2 eldest SSs went into the care of their respective parents. The SM surrendered the now adopted children on 4/28/21. After the birth of the youngest sibling, she was removed and placed with the grandparents. The parents were unwilling to participate in services to be reunited with the SSs. The parents were unwilling to participate in services including an advocate for victims of DV, parenting classes, MH counseling and a substance abuse treatment program for the BF's possible addiction. There were no children in the care of the parents; therefore, the case was closed on 9/1/21.

Foster Care Placement History

On 2/27/20, the SM consented to the removal of the now adopted children, and the 3yo SS; the SS was placed with the grandparents. The now adopted children were placed in Foster Care and the SM voluntarily surrendered them on 4/28/21 and they were freed for adoption. Following her birth, on 12/30/20, the 2yo SS was removed and placed with the grandparents. On 8/25/21, the 2 and 3yo SSs entered a KinGAP placement and remained with their grandparents.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to 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:
12/24/2019	There was not a fact finding	Care/Custody to Local Social Services District
Respondent:	063102 Mother Female 28 Year(s)	



Comments:	An Article 10 Neglect Petition was filed against the parents involving then 1 day and 1-year-old siblings. As a result, the children were removed from the care of the parents on 2/27/20 and were placed in Foster Care and were in the home of the paternal grandparents. On 5/7/21, the grandparents applied for KinGAP and were approved on 8/25/21.
------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Family Court Petition Type: FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
12/29/2019	There was not a fact finding	Care/Custody to Local Social Services District

Respondent:	063103 Father Male 28 Year(s)
--------------------	-------------------------------

Comments:	The then 1-day-old and then 1-year-old siblings were removed from the care of the parents as the mother failed to keep the children away from the father, who had a history of sexually abusing children. The 1-day-old sibling was born during the case. The parents had a history of failing to care for their children; therefore, the siblings began residing with the paternal grandparents.
------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Have any Orders of Protection been issued? Yes

From: Unknown	To: Unknown
----------------------	--------------------

Explain: An order of protection was issued barring the father from contact with the children.

Additional Local District Comments

CCDSS agrees with the review, based on case information.

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