



Report Identification Number: BU-23-020

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

Issue Date: Dec 08, 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: 4 month(s)

Jurisdiction: Chautauqua
Gender: Female

Date of Death: 06/23/2023
Initial Date OCFS Notified: 06/23/2023

Presenting Information

On 6/23/2023, Chautauqua County Department of Social Services (CCDSS) received an SCR report alleging the death of the 4-month-old subject child. Around 9:30 PM on 6/22/2023, the father put the subject child to sleep in a bassinet next to his bed. Around 3:50 AM on 6/23/2023, the father woke up and checked on the subject child and found that she was unresponsive. The father contacted 911 at 3:56 AM. Emergency medical services and law enforcement responded to the home; however, the subject child was pronounced deceased at 4:29 AM. The subject child was otherwise healthy and the father had no explanation for her death.

Executive Summary

This report concerns the death of the 4-month-old subject child which occurred on 6/23/2023. At the time of her death, the subject child resided with her father. The mother was in an inpatient rehab facility and had supervised visitation with the subject child. There was a 4-year-old surviving maternal half-sibling who resided with his father and had supervised visitation with the mother at the rehab facility.

On 6/22/2023, the subject child stayed at the home of a babysitter from about 5:30 AM to 4:30 PM, while the father was at work. The father picked up the subject child, went grocery shopping, and returned home. Between 7:00 and 7:30 PM, the father fed and burped the subject child. Between 8:00 and 8:30 PM, the father put the child to sleep in her bassinet next to the father's bed. The subject child was swaddled and placed to sleep on her back with a pacifier in her mouth. The father checked on the subject child between 9:00 and 9:30 PM. The subject child appeared well at that time and the father went to sleep shortly thereafter. Around 3:45 AM on 6/23/2023, the father woke and observed the subject child was face-down and unresponsive. The subject child was warm to the touch. The father began to perform chest compressions and contacted 911. Law enforcement and emergency medical services responded to the home and took over resuscitative measures. The subject child was transported to the hospital via ambulance and life-saving care continued until she was pronounced deceased at 4:29 AM.

Law enforcement and emergency medical services noted no obvious trauma or suspicious injuries to the subject child. An investigation of the home showed the subject child's bassinet contained 2 blankets and a pacifier. There was no sign of vomit or aspiration on the subject child or in the bassinet.

An autopsy was performed, and the coroner noted no visible marks or bruises were observed on the subject child. There was no petechia around the eyes and the subject child had normal lividity. The preliminary coroner's report noted the subject child's cause of death was pending. The medical examiner stated there were no findings of trauma and no obvious signs of a cause or death. The final autopsy report and death certificate were pending further testing, including toxicology. The medical examiner stated the death could be the result of infection and/or unsafe sleep. Law enforcement noted there did not appear to be any criminality related to the death of the subject child and the law enforcement investigation was closed unless there were concerns found in the pending toxicology testing.

The CPS investigation was completed on 8/17/2023. The allegations of Inadequate Guardianship and DOA / Fatality were unsubstantiated against the father regarding the subject child. The Investigation Conclusion Narrative noted there was not a preponderance of evidence to support the death was the result of unsafe sleep or any other abuse or neglect by the father. The father acted appropriately in contacting emergency services and performing life-saving measures upon finding the subject child unresponsive.



Initially, the surviving half-sibling was assessed to be safe in the care of his father. During the investigation, the surviving half-sibling moved to the mother’s home after her early discharge from inpatient rehab. The mother reported being engaged in outpatient substance abuse treatment. The mother signed a release for CCDSS to speak with her substance abuse treatment provider; however, the record reflected no attempts were made to contact or gather information from the provider.

Fatality-related services were offered to all family members. The father accepted bereavement counseling services. The father of the half-sibling declined services on behalf of himself and the half-sibling. The mother accepted bereavement services as well as preventive services for herself and the half-sibling.

PIP Requirement

This review resulted in a citation related to casework practice. In response, CCDSS will submit a PIP to the Buffalo Regional Office within 30 days of receipt of this report. The PIP will identify what actions the CCDSS has taken, or will take, to address the cited issues. For citations where a PIP is currently implemented, CCDSS will review the plans and revise as needed.

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?** No
- **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:

There was not an adequate assessment of safety for the surviving half-sibling at the time of case closure. CCDSS was aware of the mother's significant substance misuse history and was aware the mother was discharged early from inpatient rehab due to the death of the subject child; however, there was no recorded attempt to gather information related to her substance abuse treatment services.

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

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:

Pertinent information was gathered from the family and collateral sources to determine the reported allegations. Preventive services were appropriately offered to the mother and were accepted. There was not an adequate assessment of safety for the surviving half-sibling at the time of case closure.

Required Actions Related to the Fatality

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

Issue:	Pre-Determination/Assessment of Current Safety/Risk
Summary:	The mother had a recent and significant history of substance misuse; however, the record reflected no attempts were made to gather information from her substance abuse treatment providers despite the surviving half-sibling being in her care.
Legal Reference:	18 NYCRR 432.2 (b)(3)(iii)(b)
Action:	CCDSS will prioritize making an adequate assessment of safety and risk to all children in the household, and continue an on-going assessment of safety and risk throughout the length of the investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 06/23/2023

Time of Death: 04:29 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:

03:56 AM

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	Deceased Child	Alleged Victim	Female	4 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Other Household 1	Mother	No Role	Female	24 Year(s)
Other Household 2	Other Adult - Father of the Half Sibling	No Role	Male	26 Year(s)
Other Household 2	Other Child - Half Sibling	No Role	Male	4 Year(s)

LDSS Response

Immediately upon receipt of the SCR report, CCDSS interviewed the mother and father of the subject child, assessed the safety of the half-sibling residing with his father, coordinated the investigation with law enforcement, notified the district attorney's office of the fatality, conducted a search of the family's CPS history, and gathered information from collateral sources.

The father was interviewed and reported the subject child had been sick in the days before her death. The subject child had a fever on 6/18/2023 which went away the next day. The subject child was seen by her pediatrician on 6/20/2023, diagnosed with an ear infection, and prescribed antibiotics which were administered as directed. On 6/22/2023, the father left the subject child with a babysitter while he was at work. The father picked the subject child up from the babysitter, went grocery shopping, fed and burped the subject child, and placed the subject child to sleep without incident. The father checked on the subject child around 10:00 PM and noted she had rolled to her stomach; however, her nose and mouth were not obstructed by the mattress. The record did not reflect if the father returned the subject child to her back. Around 4:45 AM on 6/23/2023, the father woke and checked on the subject child. The subject child was warm to the touch but did not respond. The father was concerned and noticed the subject child was not breathing. The father began to perform 2-fingered chest compressions and contacted 911. The father took direction from the 911 operator and placed the subject child on a blanket on the floor and performed chest compressions until first responders arrived. The father stated the subject child was placed to sleep on her back, was swaddled, and had a pacifier in her mouth. The father stated there was a small blanket on the child as the air conditioner was running.

The mother was interviewed and reported she was inpatient at a rehab facility at the time of the subject child's death. The mother stated she was contacted by the father shortly after the subject child was transported to the hospital and was released from the rehab facility due to the circumstances. The mother stated the father detailed the events of 6/22/2023 and 6/23/2023 to her, and the details are substantively similar to those disclosed by the father to CCDSS.

CCDSS interviewed the subject child's babysitter who reported they were aware the subject child had an ear infection but noted the subject child appeared healthy and happy throughout the day on 6/22/2023. The babysitter reported no concerns for the subject child in the care of the father.

CCDSS gathered records from the subject child's pediatrician and learned the subject child was up to date with well visits and immunizations at the time of her death. The records showed the subject child was seen at the emergency room due to projectile vomiting over a period of days and underwent surgery to her stomach on 4/2/2023, without complications. The subject child was seen for follow-up visits as appropriate in the months prior to her death and there were no ongoing health concerns for the subject child. The subject child was seen on 6/20/2023 and diagnosed with an ear infection.

CCDSS interviewed the father of the surviving half-sibling who had no specific knowledge of the subject child's death. The father of the half-sibling stated the half-sibling did have minimal contact with the subject child, while on supervised visitations with the mother; however, did not appear to be affected by learning of the death of the subject child.



At the time the CPS investigation was completed, the half-sibling had returned to the home of the mother and was residing there full-time with visits to his father on weekends. The mother consented to a voluntary preventive services case to aid her ongoing engagement with substance abuse treatment and mental health, which opened upon the closure of the CPS investigation.

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
065261 - Deceased Child, Female, 4 Mons	065262 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
065261 - Deceased Child, Female, 4 Mons	065262 - Father, Male, 25 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input checked="" 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 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 harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Explain:
 There was not an adequate assessment of safety for the surviving half-sibling at the time of case closure. The half-sibling had moved and was residing full-time with the mother. CCDSS was aware of the mother's significant substance misuse history and was aware the mother was discharged early from inpatient rehab due to the death of the subject child; however, there was no recorded attempt to gather information from the mother's current substance abuse treatment provider.

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:
 Services were offered as appropriate to address identified service needs.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

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:



Although the father of the surviving sibling declined bereavement services on behalf of the sibling, the mother accepted preventive services on behalf of herself and the surviving sibling.

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

Explain:

Bereavement services were provided to the father. The mother accepted voluntary preventive services.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes

Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- 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)
01/30/2023	Deceased Child, Female, 1 Days	Mother, Female, 24 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Female, 1 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged the mother tested positive for marijuana, opiates, and cocaine upon the birth of the newborn subject child on 1/30/2023. The subject child's toxicology reports were pending. The mother did not have an adequate safety plan for the subject child.

Report Determination: Indicated

Date of Determination: 05/04/2023

Basis for Determination:

The Investigation Conclusion Narrative noted the allegations of Inadequate Guardianship and Parent's Drug / Alcohol Misuse were substantiated against the mother regarding the subject child. At the time of delivery, the mother and subject



child tested positive for marijuana, cocaine, and buprenorphine. Due to the subject child's medical circumstances and withdrawal symptoms, the subject child was transferred to another health facility after her birth. The subject child required specialized medical care due to her withdrawal symptoms. The mother engaged with substance abuse treatment and the subject child was in the care of the father at the time the CPS investigation was closed.

OCFS Review Results:

The investigation was initiated timely and contact was made with all family members to assess the safety of the subject child and surviving sibling. Pertinent information was gathered and the determination of the allegations was made in congruence with the information gathered. Multiple progress notes were entered over 30-days past their corresponding event date. Although there was a plan of safe care, concerns arose regarding the mother's continued substance misuse and failure to follow the recommendations of her treatment providers; however, the record did not reflect a safety plan was considered or implemented and the mother continued to act as a sole caretaker for the subject child.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

The record reflected that 20 out of 66 progress notes were entered, or contained an addendum that was entered, over 30 days past the corresponding event date.

Legal Reference:

18 NYCRR 428.5

Action:

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

On 2/21/2023, CCDSS learned the mother continued to test positive for substances and was not complying with the recommendations of her treatment provider or treatment court. The record did not reflect a safety plan was considered or implemented, despite the concerns and the mother's continued role as the sole caretaker of the subject child while the father was at work.

Legal Reference:

18 NYCRR 432.2 (b)(3)(iii)(b)

Action:

CCDSS will document all applicable actions and considerations with respect to safety planning, including but not limited to: including all family members when devising the plan; adequately monitoring the plan; and, consulting the legal department if there is reason to believe the safety plan may not be sufficient to protect the child(ren).

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/13/2022	Sibling, Male, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Mother, Female, 23 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:



An SCR report alleged the mother was misusing opiates while the sole caretaker of the 4-year-old surviving half-sibling. On 7/12/2023, the mother was allegedly under the influence with the half-sibling in the car when she got into an accident. The report further alleged the mother had pushed the half-sibling when she was frustrated and under the influence and caused the child to sustain a head injury.

Report Determination: Unfounded

Date of Determination: 08/24/2022

Basis for Determination:

The Investigation Conclusion Narrative noted the mother was in car accident with the surviving half-sibling; however, the half-sibling was not injured. The mother reported she was struggling with an opiate addiction and sought substance abuse treatment and mental health treatment. CCDSS noted the allegations were unsubstantiated as the mother sought treatment for her substance issues and as the half-sibling did not appear to be affected by the car accident.

OCFS Review Results:

CCDSS made efforts to locate and assess for the safety of the surviving half-sibling immediately upon receipt of the SCR report. When located, the half-sibling was assessed to be safe in the care of his father. Although the mother reported she was in a car accident with the half-sibling in the car and was struggling with an addiction to opioid painkillers, the record did not reflect an attempt to gather records from law enforcement, the mother's probation officer, or the mother's substance abuse treatment provider.

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

The case was predetermined to the assessment of the allegations. All family members reported the mother had been in a car accident with the surviving half-sibling and reported the mother's recent misuse of opiates; however, the record did not reflect an attempt to gather information from law enforcement, the mother's probation officer, or the mother's substance abuse treatment provider.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

CCDSS will fully explore the extent of what is alleged as it pertains to the safety and risk to the allegedly maltreated child.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/28/2022	Other Child - Half-Sibling, Male, 3 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - Half-Sibling, Male, 3 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Half-Sibling, Male, 3 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half-Sibling, Male, 3 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Other Child - Half-Sibling, Male, 3 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the mother and the father misused cocaine, Xanax, and alcohol on a daily basis while the sole caretakers of the then 3-year-old surviving half-sibling. The parents would become impaired and fall asleep, leaving the sibling to fend for himself. The report alleged the mother attacked the father in the presence of the half-sibling and that



both parents would drive the the half-sibling in the car while they were impaired. It was further alleged that the mother left the half-sibling unsupervised in a running vehicle for 10-15 minutes.

Report Determination: Unfounded

Date of Determination: 02/28/2022

Basis for Determination:

The Investigation Conclusion Narrative noted the mother and father denied all substance use other than the occasional use of marijuana and reported they did not use marijuana while caretakers for the half-sibling. The mother and father were found to be sober and appropriate during all home visits and no evidence of substance misuse was observed in the home. The mother and father denied domestic violence. The parents reported the half-sibling was left in the running vehicle on one occasion while the mother ran into the home to retrieve food for a trip, no longer than 1-2 minutes.

OCFS Review Results:

CCDSS initiated a timely investigation and made multiple attempted home visits to assess the safety of the half-sibling. The mother and father denied the reported allegations and allowed CCDSS into the home. The half-sibling was observed to be safe in the care of the mother and father. CCDSS made multiple attempted home visits and telephone calls to the father of the surviving half-sibling; however, the father of the half-sibling did not respond to CCDSS. CCDSS spoke with law enforcement and did not learn of any concerns for the family.

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

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

The mother was the subject of an SCR report dated 7/14/2018 which contained unfounded allegations of Inadequate Guardianship and Parent's Drug / Alcohol Misuse regarding the surviving half-sibling.

Known CPS History Outside of NYS

There was no known history outside of NYS.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No