



Report Identification Number: NY-22-085

Prepared by: New York City Regional Office

Issue Date: Mar 24, 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: New York
Gender: Male

Date of Death: 10/13/2022
Initial Date OCFS Notified: 10/13/2022

Presenting Information

An SCR report alleged that on 10/13/22 at approximately 6:00-7:00 AM, the 4-month-old infant woke up and the mother breastfed the infant. At approximately 10:00 AM, the mother placed the infant on the mother's bed and surrounded the infant with pillows. The mother then left the infant on the bed in unsafe sleeping conditions from 10:00 AM-10:27 AM. Sometime in that timeframe the infant suffocated as the infant's body was wedged between the wall and the bed. At 10:27 AM, the mother observed the infant was unresponsive. The mother failed to call 911 and waited approximately 2 hours and 30 minutes before calling 911 for help, delaying medical care for the infant. At 1:27 PM, the mother called 911 and emergency medical services (EMS) were dispatched at 1:28 PM. EMS arrived at the mother's home at 1:36 PM. Life saving measures such as CPR were performed on the infant by EMS. The hospital performed life support measures which were unsuccessful. The infant was pronounced deceased at 2:08 PM.

Executive Summary

On 10/13/22, an SCR report was received regarding the death of the 4-month-old male infant that occurred on that date. The report contained allegations of DOA/Fatality, Inadequate Guardianship, and Lack of Medical Care against the mother of the infant. The Administration for Children's Services (ACS) received the report and investigated the infant's death. At the time of the infant's death, he resided with his mother and father. The 3-year-old sibling resided out of state with his father and the mother had regular visitation with the sibling.

The investigation revealed that on 10/13/22 around 8:40 AM, the mother placed the infant on his stomach for a nap on a queen-sized bed in the living room with three pillows around him. After the father left for work at 9:00 AM, the mother went into her bedroom and fell asleep. The mother checked on the infant around 10:00 AM and 12:30 PM, and both times the infant was still sleeping, so the mother went back to sleep in her bedroom. The mother woke up and checked on the infant at 1:21 PM, and she saw that he had rolled and became wedged in a space between the mattress and wall. She checked the infant's pulse, and he was unresponsive, so she did chest compressions and called the paternal grandmother. The mother called 911 at 1:27 PM and she performed CPR until EMS arrived. EMS performed life-saving measures on the infant and transported him to the hospital via ambulance. Efforts to resuscitate the infant were unsuccessful and he was pronounced deceased at 2:08 PM.

An autopsy was performed, and the results were pending at the time this report was written. The medical examiner stated there was no trauma observed on the infant's body and he appeared to be well cared for. The medical examiner said the mother's explanation of the infant moving around on the bed and becoming wedged between the bed and wall appeared plausible. Law enforcement closed their investigation with no charges filed and the DA's office reported the case would remain open pending the final autopsy results.

ACS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother based on the infant being declared deceased after the mother placed him in an unsafe sleep environment, left him unsupervised, and he was found wedged between the mattress and the wall. ACS unsubstantiated the allegation of Lack of Medical Care since the mother obtained emergency medical care immediately upon finding the infant unresponsive. A Family Services Stage was opened from 10/18/22-11/2/22 to conduct a Child Safety Conference. No family court intervention was sought, and the parents were referred for bereavement services, mental health counseling, substance abuse services, and burial assistance. The parents utilized burial assistance and the mother engaged in mental health counseling. ACS assisted the sibling's father with obtaining services in his state regarding the sibling's developmental disability.



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 case was appropriately indicated and closed.

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 case circumstances.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 10/13/2022

Time of Death: 02:08 PM

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

Unknown



County where fatality incident occurred: New York
 Was 911 or local emergency number called? Yes
 Time of Call: 01:27 PM
 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	4 Month(s)
Deceased Child's Household	Father	No Role	Male	24 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	25 Year(s)
Other Household 1	Sibling	No Role	Male	3 Year(s)

LDSS Response

ACS investigated the infant's death by speaking to the source of the report, reviewing SCR history, listening to the 911 call, and reviewing records from the hospital, fire department and EMS. ACS spoke to hospital staff, the district attorney's office, law enforcement, the medical examiner, neighbors, the sibling's father, the sibling, and other relatives.

Home visits were conducted, and the parents were interviewed. The home was observed to be a one-bedroom apartment. There was a queen-sized bed in the corner of the living room with less than a foot between the right side of the bed and the wall. The parents said the infant slept on this bed or they co-slept with the infant in their bed nightly. There was a portable crib with several items inside that was set up in the living room. The parents reported they were aware of safe sleep guidelines. They said they only used the portable crib for the first month because the infant slept better on the bed. The mother said she had been residing in both New York State and the state the father resided in prior to the infant's birth. The infant was born full-term in the state the father resided in. He was seen once by a pediatrician in that state, but he had not yet been seen by a pediatrician in New York State since the mother returned to New York two months prior. The parents said the infant had fallen off the bed while the father was caring for him and into the same space between the bed and wall 3 weeks prior to the fatal incident. They did not seek medical attention since the infant seemed fine at that time. The parents admitted to smoking marijuana frequently; however, denied using any substances on the morning of the incident.

The mother reported that on 10/13/22, she placed the infant in the middle of the bed in the living room, on his stomach with his face turned to the side. She placed the infant on top of a fitted sheet and a thin comforter, and she surrounded the infant with 3 pillows so he would not roll off the bed. The mother said she then went into her bedroom and fell asleep. The mother checked on the infant around 10:00 AM and 12:30 PM and he was still sleeping and appeared fine at that time, so



she returned to her bedroom and went back to sleep. She woke up and checked on the infant at 1:21 PM, and she found him in the top right corner of the bed, the pillows were moved, and the infant's feet were down with his head and face on the mattress and his body wedged in the small space between the mattress and the wall. She picked up the infant, who was pale, and she did not feel a pulse. She called the paternal grandmother and told her the infant was not breathing, then she called 911 and ran downstairs and out front of her building with the infant to wait for the ambulance. A neighbor spoke to the 911 dispatcher and provided the mother with instructions for CPR until EMS arrived.

The father said when he left for work around 9:00 AM, the infant was sleeping on the bed in the living room and appeared fine at that time. He said the paternal grandmother called him and told him the infant was not breathing so he went to the hospital. He arrived at 2:30 PM and he was notified the infant was deceased.

The sibling's father confirmed the sibling resided with him out of state and the mother regularly visited the child. He had no concerns for the mother's care of the children. ACS spoke to the sibling several times via video chat but he was unable to be interviewed due to a developmental disability. ACS sent law enforcement to conduct a welfare check at the sibling's home, and he was assessed to be safe in his father's care.

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: There is no OCFS approved Child Fatality Review Team in New York City.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
062957 - Deceased Child, Male, 4 Mons	062958 - Mother, Female, 23 Year(s)	DOA / Fatality	Substantiated
062957 - Deceased Child, Male, 4 Mons	062958 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
062957 - Deceased Child, Male, 4 Mons	062958 - Mother, Female, 23 Year(s)	Lack of Medical Care	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 checked="" 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 type="checkbox"/>	<input checked="" 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 sibling and his father resided out of state and were spoken to over the phone. Efforts to interview the sibling were unsuccessful due to a developmental disability.

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 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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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"/>



Child Fatality Report

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 adequately assessed and the appropriate services were offered to the family.

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 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 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 type="checkbox"/>	<input checked="" 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 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:

ACS assisted the sibling's father in obtaining services for the sibling in the state they resided in.

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

Explain:

The parents received burial assistance and the mother engaged in mental health counseling.

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
- 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)
03/19/2020	Sibling, Male, 1 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No

Report Summary:



An SCR report alleged the mother grabbed a neighbor by her hair while she was holding the sibling. The mother also pulled a knife on a neighbor while she was holding the sibling. The sibling was not injured.

Report Determination: Unfounded

Date of Determination: 04/21/2020

Basis for Determination:

The mother, sibling's father, and sibling were residing in a family shelter and it was determined the sibling's needs for food, clothing and shelter were met. The mother, shelter staff, and another shelter resident confirmed the mother got into a verbal altercation with a former resident of the shelter; however there was no evidence a physical altercation took place or that the sibling was placed in any harm.

OCFS Review Results:

ACS conducted announced and unannounced visits at the shelter, interviewed the mother and sibling's father and observed the sibling. Safety assessments and the RAP were completed timely and accurately and notice of the report was provided to the parents. ACS spoke to shelter staff, another shelter resident, a relative, and the sibling's pediatrician and daycare provider. Collateral contacts had no concerns for the sibling and he was assessed to be safe. The mother and sibling's father identified no service needs and the case closed.

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

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS

ACS contacted CPS in the state the sibling and his father resided and there was no CPS history reported.

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