



Report Identification Number: RO-19-030

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

Issue Date: Jan 17, 2020

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships		
BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	PS-Parent Sub
CH/CHN-Child/Children	OA-Other Adult	
Contacts		
LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPS-Child Protective Services		
Allegations		
FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Other	
Miscellaneous		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



Case Information

Report Type: Child Deceased
Age: 7 day(s)

Jurisdiction: Steuben
Gender: Male

Date of Death: 08/04/2019
Initial Date OCFS Notified: 08/04/2019

Presenting Information

An SCR report alleged on 8/4/19, the seven-day-old infant was in the care of the mother and maternal grandparents. Around 11:56 AM, the infant was in a bedroom in the home, stopped breathing, and passed away. There was no explanation for the death of the infant. The role of the two-year-old sibling was unknown.

Executive Summary

On 8/4/19, the Steuben County Department of Social Services (SCDSS) received an SCR report regarding the death of the seven-day-old infant. There was an open CPS Services case at the time of the infant's death, which was opened on 10/25/17, to assist the mother in caring for the sibling and with managing the mother's mental health disorder. At the time of the infant's death, the mother and infant resided with the maternal grandparents, two-year-old sibling, 15-year-old maternal aunt, and 20-year-old unrelated home member. All household members were home on the night of the incident and 15 and 10-year-old maternal cousins were visiting and spent the night. The sibling's father did not reside in the home and he had supervised visitation with the sibling. The father of the infant was unknown.

A joint investigation with law enforcement revealed on 8/4/19 around 6:00 AM, the mother was breastfeeding the infant and she fell asleep. The mother woke up at 12:00 PM, finding the infant still lying between her left arm and left breast, and he was purple and not breathing. The mother yelled for help and the maternal grandmother came and took the infant into the living room and performed CPR while the 10-year-old cousin called 911. Law enforcement and EMS arrived and brought the infant outside to the ambulance, where resuscitative efforts were not performed, as it was evident the infant had been deceased for a while. The coroner arrived and pronounced the infant deceased at 12:20 PM.

An autopsy was performed, and the final report had not been received at the time this report was written. The coroner said the autopsy was inconclusive and lab testing was still pending. He believed the cause of death would most likely be accidental and the manner of death had not yet been determined. The law enforcement investigation remained open with no charges filed at the time this report was written.

The mother and sibling's father had a history of untreated mental health concerns and domestic violence incidents with law enforcement intervention, which resulted in a finding of Neglect. The sibling was placed with the maternal grandparents under Article 1017 on 1/15/19, then the grandparents obtained Article 6 custody on 7/10/19. When the infant was born there were concerns for the mother's mental health instability and a safety plan was initiated that the mother and infant would reside with the grandparents and the grandparents would supervise the mother's contact with the infant. The family reported the infant was sleeping in a bassinet in the grandparent's bedroom at night, although SCDSS learned after the infant's death, that the infant slept in the mother's bedroom every night. After the infant's death, the mother moved out of the grandparent's home and the grandparents supervised her contact with the sibling.

SCDSS completed a thorough investigation and referred the family for bereavement counseling services. The allegations were unfounded due to a lack of credible evidence. Although the mother fell asleep while breastfeeding the infant, it could not be determined that her actions caused the infant's death. The investigation and the CPS Services case was closed since the mother declined Preventive Services and the sibling was safe in the grandparent's custody.

PIP Requirement



This review resulted in a citation related to casework practice. In response, SCDSS will submit a PIP to the Regional Office within 30 days of receipt of this report. The PIP will identify what action(s) the SCDSS has taken, or will take, to address the cited issue(s). For citations where a PIP is currently implemented, SCDSS will review the plan(s) 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?** 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 unfound and close the investigation 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 best casework practice.

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: 08/04/2019

Time of Death: 12:20 PM

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

Unknown

County where fatality incident occurred:

Steuben

Was 911 or local emergency number called?

Yes

Time of Call:

11:56 AM

Did EMS respond to the scene?

Yes

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

N/A

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 6 Hours

At time of incident supervisor was:

Drug Impaired

Absent

Alcohol Impaired

Asleep

Distracted

Impaired by illness

Impaired by disability

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	No Role	Female	15 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	7 Day(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	55 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Male	59 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	20 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	24 Year(s)

LDSS Response

Upon receipt of the SCR report, SCDSS spoke to law enforcement and observed the mother's interview at the police station. They spoke to the source of the report, reviewed the 911 call, and searched SCR history. A home visit was conducted, and all household members and the cousins were interviewed about the incident. The cousins and aunt were assessed to be safe in their parent's care and the sibling was assessed to be safe in the custody of the grandparents. A safety plan was initiated that the grandparents would supervise the mother's contact with the sibling.



Through interviews it was learned that the infant was born full-term and was healthy. The family reported they had a baby shower for the mother on 8/3/19 that ended around 7:00 PM. The sibling and grandmother slept through the night and the rest of the household members were woken up around 12:00 AM because there was a bat in the home. The grandfather went back to bed and the 15-year-old aunt and 15-year-old cousin stayed in the mother’s bedroom with the infant while the mother tried to catch the bat. The infant woke up several times and the mother fed him at 3:00 AM, then he fell back asleep. The mother caught the bat around 5:30 AM and everyone went to bed. The infant woke up at 6:00 AM and the mother laid in bed and held him in her left arm. She began to breastfeed him, then she fell asleep. The 15-year-old aunt and cousin reported that they tried to check on the infant at 10:00 AM, but the mother’s bedroom door was locked. The mother woke up at 12:00 PM and realized that the infant was still lying in her left arm, with his head near her left breast. The infant was purple, so the mother began mouth-to-mouth resuscitation and yelled for the grandmother. The grandmother took the infant and performed CPR. The 10-year-old cousin called 911 and handed the phone to the mother. The grandfather was outside and unaware of the incident until law enforcement arrived.

The family denied that anyone was under the influence of any drugs, alcohol or medication at the time of the incident. They were aware of safe sleep guidelines and reported the infant usually slept in a bassinet in the mother’s bedroom. The mother admitted this was not the first time she had fallen asleep while holding the infant. The mother denied knowing who the father of the infant was and reported there were several men that could be his father.

SCDSS contacted all necessary collaterals, including law enforcement, the coroner, EMS, and the children’s pediatrician. First responders reported that it was clear the infant had been deceased for a while based on his appearance, and no medical intervention was administered.

Official Manner and Cause of Death

Official Manner: Pending

Primary Cause of Death: Undetermined if injury or medical cause

Person Declaring Official Manner and Cause of Death: Other physician

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? No

Comments: Steuben 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
052641 - Deceased Child, Male, 7 Days	052644 - Grandparent, Male, 59 Year(s)	Inadequate Guardianship	Unsubstantiated
052641 - Deceased Child, Male, 7 Days	052645 - Grandparent, Female, 55 Year(s)	DOA / Fatality	Unsubstantiated
052641 - Deceased Child, Male, 7 Days	052645 - Grandparent, Female, 55 Year(s)	Inadequate Guardianship	Unsubstantiated
052641 - Deceased Child, Male, 7 Days	052642 - Mother, Female, 21 Year(s)	DOA / Fatality	Unsubstantiated



Child Fatality Report

052641 - Deceased Child, Male, 7 Days	052642 - Mother, Female, 21 Year(s)	Inadequate Guardianship	Unsubstantiated
052641 - Deceased Child, Male, 7 Days	052644 - Grandparent, Male, 59 Year(s)	DOA / Fatality	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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: SCDSS offered the mother bereavement counseling and Preventive Services and she declined all services.				

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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The grandparents retained Article 6 custody of the sibling.				

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 Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Additional information, if necessary:
 SCDSS offered Preventive Services and bereavement services to the mother and sibling's father and they declined all services.

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

Explain:
 The mother and grandparents were referred for bereavement 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? 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
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Infant was born:

Drug exposed

With fetal alcohol effects or syndrome

With neither 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)
12/27/2018	Sibling, Female, 2 Years	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Sibling, Female, 2 Years	Other Adult - Sibling's Father , Male, 23 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Female, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Sibling, Female, 2 Years	Other Adult - Sibling's Father , Male, 23 Years	Inadequate Guardianship	Substantiated	
	Aunt/Uncle, Female, 14 Years	Grandparent, Male, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Male, 59 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Male, 59 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Male, 59 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 2 Years	Grandparent, Male, 59 Years	Swelling / Dislocations / Sprains	Unsubstantiated	

Report Summary:

An SCR report alleged the mother and sibling's father engaged in a physical altercation on 12/26/18 while the two-year-old sibling was present in another room close by. There was a history of altercations between the mother and sibling's father in the presence of the sibling. An SCR report received on 2/5/19, alleged the maternal grandfather pushed the aunt and she fell into the sibling, causing a swollen lip.

Report Determination: Indicated

Date of Determination: 02/25/2019

Basis for Determination:

The mother and sibling's father had a verbal altercation and the sibling's father punched holes in the wall while the sibling was present in the home. The sibling's father was mentally unstable and he and the mother did not follow the safety plan that the sibling would be cared for by the grandparents. They had a history of leaving small items accessible to the child that were a choking hazard. An Article 10 Neglect Petition was filed and the sibling was placed with the maternal grandparents under Article 1017. The allegations against the grandfather were unsubstantiated. The family denied that the grandfather pushed the aunt and the sibling did not have any marks or bruise

OCFS Review Results:

SCDSS interviewed the mother, sibling's father, grandparents and aunt, and they observed the sibling. The necessary collaterals were contacted, safety assessments and the RAP were completed accurately and timely, and the required notification was provided to the adults. A Neglect Petition was appropriately filed and the sibling placed with the grandparents. The grandparent's home was assessed to be safe.



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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/12/2018	Sibling, Female, 2 Years	Mother, Female, 20 Years	Lack of Supervision	Unsubstantiated	No

Report Summary:

An SCR report alleged on 10/12/2018, the mother was sound asleep and was difficult to awaken when the two year-old sibling was awake, up and active. The child was unsupervised for an undetermined length of time. Such incidents occurred in the past on multiple occasions.

Report Determination: Unfounded

Date of Determination: 12/20/2018

Basis for Determination:

The mother and sibling's father denied the allegations and the mother was found to be awake and alert at all home visits. The sibling appeared well-cared for. The aunt and grandparents assisted the mother and sibling's father in caring for the child. The case remained open for Preventive Services.

OCFS Review Results:

SCDSS interviewed the mother, sibling's father and maternal grandmother and observed the sibling, who appeared to be well-cared for. The home was assessed to be safe and the parents were engaged in the required services through the open Preventive Services case. The safety assessments and RAP were completed timely and accurately and the required notifications were provided to the required adults.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/17/2018	Sibling, Female, 2 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Female, 2 Years	Mother, Female, 20 Years	Lack of Supervision	Unsubstantiated	

Report Summary:

An SCR report alleged the mother slept during the day on a regular basis, leaving the sibling unsupervised in a Pack 'N Play for significant periods of time. The mother slept so soundly that she could not hear the sibling if something were to happen.

Report Determination: Unfounded

Date of Determination: 07/24/2018

Basis for Determination:

The mother denied the allegations and stated that she was staying awake with the sibling during the day. The sibling appeared healthy and well-cared for. The mother and sibling resided with the maternal grandparents, who provided support, and there was an open Preventive Services case.

OCFS Review Results:

SCDSS interviewed the mother, sibling's father and the grandparents. They observed the sibling, who appeared to be well-cared for. The home was assessed to be safe. The necessary collaterals were contacted and the family was already receiving the needed services through the open Preventive Services case. Safety assessments and the RAP were completed accurately and timely and the required notifications were provided to the adults.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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10/11/2016 | Sibling, Female, 4 Days | Mother, Female, 18 Years | Inadequate Guardianship | Unsubstantiated | No

Report Summary:

An SCR report alleged the mother had mental health concerns and was off her medication due to breastfeeding. The mother had assaultive behaviors in the past and was on probation for assault. There was physical violence between the mother and sibling's father in the past; however, it was unknown if anything had occurred in the presence of the sibling. There was a concern about the mother's ability to care for the sibling.

Report Determination: Unfounded

Date of Determination: 11/28/2016

Basis for Determination:

The mother and sibling's father had the needed supplies and were appropriately caring for the sibling. They stayed at the paternal grandmother's home with the infant due to having roaches and bed bugs at their home. The mother was engaged in services with Healthy Families. The mother had been successfully discharged from Steuben County Mental Health a year prior and she denied any current mental health issues. The mother and sibling's father denied there was domestic violence.

OCFS Review Results:

SCDSS interviewed the mother, sibling's father and the grandparents. They observed the sibling, who appeared to be well-cared for. The home was assessed to be safe and safe sleep education was provided. Safety assessments and the RAP were completed accurately and timely and the required notification was provided to the adults.

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

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

There were six SCR reports against the maternal grandparents regarding their children from 2009-2015. Three cases were unfounded and three cases were indicated with allegations of inadequate guardianship, lack of supervision, excessive corporal punishment, swelling/dislocation/sprains, and lacerations, bruises, welts.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

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: 10/25/2017

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: 10/25/2017

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

**Additional information, if necessary:**

N/A

Required Action(s)**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes No

Issue:	Timely/Adequate Case Recording/Progress Notes
Summary:	Multiple progress notes were not entered contemporaneously.
Legal Reference:	18 NYCRR 428.5
Action:	SCDSS will enter progress notes contemporaneously as events occur.

Preventive Services History

A Preventive Services case opened on 10/23/2017, due to the mother having a diagnosed mental health disorder, she was on probation, and she needed assistance caring for the sibling. The mother and sibling's father were minimally cooperative with services and did not follow safety plans regarding supervision. The mother was sleeping during the day and not supervising the sibling. The sibling's father was mentally unstable, resulting in police involvement, and he did not engage in mental health services. The mother did not remain engaged with mental health services or attend school as required, resulting in a probation violation and incarceration for several months. An Article 10 Neglect Petition was filed and on 1/15/19, the sibling was placed with the maternal grandparents under Article 1017. In April 2019, there was a finding of Neglect and a one-year order of supervision required both adults to complete mental health and parenting services.

The grandparents received Article 6 custody of the sibling on 7/10/19, and the order of supervision was vacated. The infant was born on 7/28/19, and a safety plan was initiated that the mother would be supervised with the infant until she completed a mental health evaluation. The infant died on 8/4/19 and the services case closed on 10/31/19, as the sibling had achieved permanency and the mother declined Preventive Services.

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:
01/08/2019	Adjudicated Neglected	Order of Supervision
Respondent:	052642 Mother Female 21 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and sibling's father regarding the sibling. On 1/15/19, the sibling was placed under Article 1017 with the maternal grandparents. On 4/9/19, the mother consented to a finding of Neglect and a one-year order of supervision was ordered.	



Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
01/08/2019	Adjudicated Neglected	Order of Supervision
Respondent:	052646 Other Adult Male 24 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and sibling's father regarding the sibling. On 1/15/19, the sibling was placed under Article 1017 with the maternal grandparents. On 4/26/19, the sibling's father consented to a finding of Neglect and a one-year order of supervision was ordered.	

Family Court Petition Type: Other Family Court (Including Article 6 Custody/Guardianship)		
Date Filed:	Fact Finding Description:	Disposition Description:
	There was not a fact finding	CustodyGuardianship assigned to relative or non-relative (Article 6 non-foster care)
Respondent:	None	
Comments:	The maternal grandparents were granted Article 6 custody of the sibling on 7/10/19.	

Have any Orders of Protection been issued? Yes	
From: 04/09/2019	To: 04/09/2020
Explain: An Order of Protection was issued against the mother and sibling's father that they refrain from offensive conduct towards the sibling.	

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