



Report Identification Number: RO-22-025

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

Issue Date: Feb 16, 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: Wayne
Gender: Female

Date of Death: 09/01/2022
Initial Date OCFS Notified: 09/01/2022

Presenting Information

An SCR report alleged on 9/1/22, at about 9:10 AM, the mother checked on the 4-month-old subject child. The child was not breathing. The mother lifted the child's legs and the child's buttock area had loose feces. The mother called the grandmother for help. The grandmother attempted to suck some mucus out of the child's mouth. The grandfather aided by performing chest compressions on the child. An adult called 911. EMS arrived and transported the child to the hospital, where she was pronounced deceased. The adults did not have an explanation for the child's death.

Executive Summary

This fatality report concerns the death of the 4-month-old child that occurred on 9/1/22. A report was made to the SCR on the same day with concerns the mother checked on the child and found her unresponsive and not breathing. The child subsequently passed away. At the time of the child's death, she resided with her mother, maternal grandparents and 2-year-old sibling. The 2-year-old sibling was assessed to be safe in the care of the family.

Wayne County Department of Social Services (WCDSS) coordinated investigative efforts with law enforcement upon receipt of the SCR report. Law enforcement closed their investigation without any charges. An autopsy was performed; however, the final results were not yet available at the time this report was written.

The mother reported changing the child's diaper when she noticed the child was not breathing. The mother suctioned the child's mouth and nose while she asked the maternal grandparents for help. The grandmother performed rescue breaths while the grandfather performed CPR and the mother called 911. The child was transported to the hospital where she was pronounced deceased. The father was not present at the time of the fatal incident.

WCDSS made collateral contacts including the pediatrician. The pediatrician reported the child had a respiratory virus 1 month prior to the death. The pediatrician did not have concerns for the care provided to the child.

WCDSS conducted home visits and interviewed family members. The 24-hour required report and Safety Assessment were completed timely. The 30-day Safety Assessment was not completed. WCDSS unsubstantiated the allegations of Inadequate Guardianship and DOA/Fatality against the mother, grandmother, and grandfather. The Investigation Conclusion Narrative noted the allegations were unsubstantiated as there was not a fair preponderance of evidence to support the allegations. WCDSS did not document a basis for their determination.

The family was offered bereavement services in response to the death. The grandmother accepted the referral. The mother was not ready to participate in the services. The father and grandfather declined the referral. The family did not require further intervention from WCDSS, and the case was closed on 10/31/22.

PIP Requirement

WCDSS will submit a PIP to the Rochester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the WCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, WCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

The record did not reflect a 30-day Safety Assessment was completed.

Required Actions Related to the Fatality

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

Issue:	Timely/Adequate 30-Day Safety Assessment
Summary:	The record did not reflect a 30-day Safety Assessment was completed.
Legal Reference:	CPS Program Manual, Chapter 6, K-2
Action:	WCDSS will document and approve all Safety Assessments within the required timeframes.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/01/2022

Time of Death: 10:30 AM

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

09:00 AM



County where fatality incident occurred: Wayne
Was 911 or local emergency number called? Yes
Time of Call: Unknown
Did EMS respond to the scene? Yes
At time of incident leading to death, had child used and/or ingested alcohol or drugs? N/A
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	Grandparent	Alleged Perpetrator	Male	53 Year(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	51 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	23 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	24 Year(s)

LDSS Response

On 9/1/22, WCDSS received the fatality report from the SCR. Within the first 24 hours of the investigation, WCDSS attempted to contact the source of the report, coordinated investigative efforts with law enforcement, notified the medical examiner's office of the death, and completed a CPS history check. The safety of the sibling was assessed.

Law enforcement stated they did not have concerns for foul play and believed the child may have passed away as a result of a respiratory illness. The mother reported to law enforcement that the child had a viral infection a month prior to the fatal incident. On the day of the death, the mother lifted the child's legs to change her diaper and noticed the child's anus was "loose". At that time, the child was alive and breathing; however, the child stopped breathing so the mother suctioned the child's nose with a bulb syringe. The mother yelled for help and called 911 while the grandfather performed CPR until EMS arrived and transported the child to the hospital. Law enforcement reported the mother appeared sober and that nothing in the home was concerning. Law enforcement believed the sibling appeared well cared for.

On 9/2/22, WCDSS made a home visit and interviewed the grandfather. He said the child was awake and happy when the grandfather came home from work around 7:00 AM. The grandfather reported that on 9/2/22, around 9 AM, the mother woke him up saying the child was not breathing. The grandfather performed CPR while the mother called 911. He said the child had been congested but did not have a fever. The grandfather did not report any concerns for the care of the child.

The grandmother was interviewed and reported that on 9/1/22, the mother and children woke up around 4:30 AM, and that the mother needed to go to a drug treatment clinic. Around 4:45 AM, the child was fed and then the mother, grandmother



and children went to the clinic and returned home between 7:00- 7:30 AM. At that time, the child appeared sleepy. The grandmother held the child and the child acted normally. The mother then held the child for approximately 30 minutes while she sat on the couch. The mother was changing the child’s diaper, and presumed the child was asleep as the child was a heavy sleeper. The mother noticed the child sounded congested, so she suctioned the child’s nose and noticed the child was not breathing. The mother yelled for the grandmother who picked the child up and realized the child was limp. The grandmother gave the child rescue breaths while the mother woke up the grandfather. The grandfather performed CPR while the mother called 911.

When interviewed by WCDSS, the mother stated the child had a viral infection a month prior to the death. It was unclear if the child was ill on the day of her passing. The mother reported that on the night prior to the child’s death, the child ate normally. The mother’s recollection of the fatal incident reflected the grandmother’s recollection.

The father was interviewed and reported that on the day prior to the child’s death, she appeared normal. The child was not ill, but the family was suctioning her mucus from her nose. The father was not present on the day of the fatal incident and therefore, did not have additional information.

WCDSS gathered information from the pediatrician, who reported the child had a respiratory illness a month prior to the death. The pediatrician reported the mother appeared tired and fell asleep at office visits; however, reported the mother was appropriately concerned about the child’s health when she was ill.

The family was offered services in response to the fatality. The grandmother accepted grief counseling; however, the other adults declined the referral. The family were providing adequate care for the sibling at the time of case closure.

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: Wayne 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
062411 - Deceased Child, Female, 4 Mons	062413 - Mother, Female, 23 Year(s)	DOA / Fatality	Unsubstantiated
062411 - Deceased Child, Female, 4 Mons	062413 - Mother, Female, 23 Year(s)	Inadequate Guardianship	Unsubstantiated
062411 - Deceased Child, Female, 4 Mons	062414 - Grandparent, Male, 53 Year(s)	DOA / Fatality	Unsubstantiated
062411 - Deceased Child, Female, 4 Mons	062414 - Grandparent, Male, 53 Year(s)	Inadequate Guardianship	Unsubstantiated
062411 - Deceased Child, Female, 4 Mons	062415 - Grandparent, Female, 51	DOA / Fatality	Unsubstantiated



Child Fatality Report

Mons	Year(s)		
062411 - Deceased Child, Female, 4 Mons	062415 - Grandparent, Female, 51 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input 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 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"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: The sibling did not need to be removed.				

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? N/A

Explain:

Due to the sibling's age and development, she was not offered services.

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

Explain:

With exception of the grandmother, the adults declined bereavement services.

History Prior to the Fatality

Child Information

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

Was the child ever placed outside of the home prior to the death? No

Were there any siblings ever placed outside of the home prior to this child's death? No

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
- With fetal alcohol effects or syndrome



Exhibiting withdrawal symptoms

With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/21/2022	Sibling, Female, 2 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 2 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Female, 3 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 3 Months	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged on 7/21/22, the mother used an unspecified substance to the point of impairment. While impaired and in the community, the mother was unable to adequately care for the child and sibling. The mother was nodding off while holding the child. The mother repeatedly required prompts to stay awake while holding the child and could not adequately care for the sibling. The mother had a history of using opiates.

Report Determination: Unfounded

Date of Determination: 10/14/2022

Basis for Determination:

The allegations were unsubstantiated. The Investigation Conclusion Narrative noted the mother attended a drug treatment clinic daily. The mother lived with her parents and the family denied drug misuse. The mother submitted to a random drug screening which was negative for all substances.

OCFS Review Results:

The investigation was initiated timely, and diligent attempts were made to contact the source. Safe sleep literature was provided. A CPS history check was documented. The record did not reflect the father was provided with written notice. The mother and grandparents were provided with written notice untimely.

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

Issue:

Failure to provide notice of report

Summary:

Although written notice of the SCR report was provided to the grandparents and mother, it was provided untimely on 8/22/22. The record did not reflect written notice was provided to the father.

Legal Reference:

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

Action:

WCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/12/2022	Sibling, Female, 2 Years	Mother, Female, 23	Inadequate	Unsubstantiated	Yes



	Years	Guardianship	
Deceased Child, Female, 1 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report alleged the mother was the sole caretaker for the sibling and child. The mother was overwhelmed and unable to safely and adequately care for the children. The mother repeatedly fell asleep while standing up, while changing the child's diaper and while being the sole caregiver of the children.

Report Determination: Unfounded**Date of Determination:** 07/18/2022**Basis for Determination:**

The Investigation Conclusion Narrative noted the mother was compliant with her substance abuse treatment program and it was learned the mother had an infection which caused her to fall asleep/lose consciousness. The mother lived with her parents who helped care for the children.

OCFS Review Results:

The investigation was initiated timely, and the source was contacted. A CPS history check was documented. Safe sleep literature was provided to the mother. There were missed opportunities to gather information from collateral contacts. The family was interviewed together, and the home was assessed.

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

Although WCDSS contacted the office of a medical provider who verified a specific infection could result in loss of consciousness, the record did not reflect a discussion was had with the BM's provider verifying that the BM had an infection causing her to become unconscious; therefore, there were missed opportunities to gather pertinent information.

Legal Reference:

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

Action:

WCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/24/2019	Sibling, Female, 1 Days	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 1 Days	Mother, Female, 20 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Female, 1 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report alleged the mother gave birth to the sibling and both the mother and sibling tested positive for high levels of methadone and oxycodone. The sibling was not experiencing withdrawal symptoms. The mother received prenatal care and tested positive for the same drugs on 12/16/19 and on 12/22/19. A subsequent report was received on 1/7/20 alleging the mother failed to provide adequate supervision to the sibling. The mother placed the sibling on the floor of a public space while she slept, putting the sibling at risk of harm.

Report Determination: Unfounded**Date of Determination:** 02/21/2020**Basis for Determination:**



The allegations were unsubstantiated. WCDSS noted the sibling was not tested for drugs at birth and that she did not experience withdrawal symptoms. The sibling gained weight at a healthy rate and the mother appeared to be “more awake and aware” when she was with the sibling. WCDSS obtained information that the mother tested negative for methadone since April 2019, and that an over-the-counter pain medication can produce a false positive for oxycodone. There were no concerns for the sibling according to the pediatrician.

OCFS Review Results:

The investigation was initiated timely, and the sources were contacted. A CPS history check was completed. Safe sleep guidance was provided. A Plan of Safe Care was completed with the mother. The 7-day Safety Assessment was completed untimely. WCDSS did not offer preventive services to the family. Written notice of the SCR report was not provided to an individual residing with the family.

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-day Safety Assessment was completed untimely on 1/3/20.

Legal Reference:

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

Action:

WCDSS will document and approve all Safety Assessments within the required timeframes.

Issue:

Failure to provide notice of report

Summary:

Although written notice of the SCR report was provided to the parents, the record did not reflect written notice was provided to an individual who was reported to live with the family.

Legal Reference:

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

Action:

WCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Issue:

Failure to Offer Appropriate Services

Summary:

Although the BM worked with a service provider regarding substance abuse treatment, there were concerns the BM was under the influence of drugs and was abnormally tired while caring for the SS. The BM was discharged from a community-based service for noncompliance. WCDSS did not offer the BM preventive services for ongoing casework monitoring.

Legal Reference:

SSL §424(10);18 NYCRR 432.3(p)

Action:

When service needs are identified, WCDSS will make the appropriate referral to preventive services in an effort to determine whether there are services that can benefit the family.

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.

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.

Additional Local District Comments

There are no safety issues to be referred back to the local district.

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