



## Report Identification Number: RO-23-001

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

**Issue Date: Jun 21, 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	
<b>Allegations</b>		
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
<b>Miscellaneous</b>		
IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	COS-Court Ordered Services
OP-Order of Protection	RAP-Risk Assessment Profile	FASP-Family Assessment Plan
FAR-Family Assessment Response	Hx-History	Tx-Treatment
CAC-Child Advocacy Center	PIP-Program Improvement Plan	yo- year(s) old
CPR-Cardiopulmonary Resuscitation		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** Chemung  
**Gender:** Male

**Date of Death:** 01/01/2023  
**Initial Date OCFS Notified:** 01/01/2023

## Presenting Information

Two SCR reports were received on 1/1/23 that alleged at approximately 6:00 AM the 2-month-old infant was fed a bottle of formula, then laid down to sleep. One report alleged the infant was laid down on a couch to sleep. The second report alleged the infant was placed face up on the bed between the parents. At approximately 10:30 AM the mother awoke to find the infant not breathing and unresponsive. The infant had lividity on his back and the back of his head as well as signs of rigor mortis. The mother called 911 and the father was given instructions on how to perform CPR. The infant was transported to the hospital by EMS and CPR was performed on the way. Upon arrival to the hospital CPR was performed for 15 minutes with no success and the infant was pronounced deceased at 10:50 AM.

## Executive Summary

On 1/1/23, the Chemung County Department of Social Services (CCDSS) received two SCR reports regarding the death of the 2-month-old male infant. At the time of the infant's death, he resided with his mother, father and 1-year-old sibling. The sibling's father had regular visitation with the sibling. The infant's father had another child that resided out of state with that child's mother and the father had visitation with her every other weekend. The child was assessed to be safe in her mother's care.

CCDSS conducted a joint investigation into the infant's death with law enforcement. It was learned that on the morning of 1/1/23 the mother went to sleep around 3:00 AM and the father stayed up watching a movie. Around 6:00 AM, the father fed the infant a bottle then attempted to burp the infant. The infant did not burp and he had fallen asleep, so the father placed him on the adult bed between himself and the mother. The infant was placed on his back on top of a baby blanket that was laid out flat on the mattress. Each parent had a separate blanket and pillow and there were no blankets covering the infant. The parents awoke around 10:00 AM, and they discovered the infant was still on his back between the parents and he was unresponsive. The mother called 911 and the father performed CPR on the infant on the living room floor. First responders arrived and took over life-saving measures. The infant was transported to the hospital by ambulance, and he was pronounced deceased at 10:50 AM.

Due to the unknown nature of the infant's death, a temporary safety plan was initiated for the grandparents to supervise the mother and father with the sibling until the preliminary autopsy results were received. The safety plan was lifted when law enforcement reported the infant's death was not suspicious and there was no trauma on the infant's body. The sibling was then assessed to be safe in the mother's care.

The final autopsy report stated that based on consideration of the autopsy examination findings, review of available records, microbiologic testing and toxicological analysis, the death of the infant, to a reasonable degree of medical certainty, is ascribed to sudden death associated with an unsafe sleeping environment. Although the sleeping environment (on an adult bed between parents) supports the possibility of accidental overlaying/suffocation, this cannot be established with scientific certainty. Therefore, the manner of death is best classified as undetermined. The report further noted the infant had no traumatic injuries, congenital anomalies, or developmental abnormalities. The postmortem respiratory panel was positive for Rhinovirus with no microscopic evidence of pneumonia, bronchitis, or bronchiolitis. Law enforcement closed their investigation with no charges filed.

CCDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother and father based on the finding that the infant's death was associated with the unsafe sleeping environment in which the infant was co-



sleeping between the parents on an adult bed with blankets and pillows. The parents were referred for mental health, grief, and domestic violence services. The parents had not engaged in services at the time the investigation closed.

## 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: 01/01/2023

Time of Death: 10:50 AM



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

Unknown

**County where fatality incident occurred:**

Chemung

**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?**

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	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	22 Year(s)

### LDSS Response

CCDSS investigated the infant's death by reviewing SCR history, the 911 call, and records from the hospital, pediatrician, and law enforcement. They spoke to the sources of the reports, law enforcement, hospital staff, the coroner's office, and the pediatrician. CCDSS conducted home visits and interviewed the mother, father, sibling's father, maternal and paternal grandparents. Notice of Existence and information on mental health and grief counseling services were provided to the parents. Due to a history of intimate partner violence, the parents were referred for domestic violence services.

The parents reported that the infant was treated for a respiratory illness in November and the whole family had a viral infection in December that the infant was treated for at the hospital. They reported the infant had no signs of illness, and he was behaving and eating normally on 12/31/22. On that date, the father and infant went to the paternal grandmother's home, and they left to go home around 10:00 PM. The mother worked until 11:00 PM and the sibling was at his father's home all day. The mother picked up the sibling and they arrived home around 11:30 PM. The family watched the ball drop together for New Year's Eve. The parents admitted to regular marijuana use; however, denied using any alcohol or drugs on this date. The sibling went to sleep in his bedroom, and around 2:00 AM, the mother, father and infant laid down in the parent's bed. The mother fell asleep around 3:00 AM and the father stayed up to watch a movie. Around 6:00 AM, the father fed the infant 5oz. of formula in a bottle and he attempted to burp the infant. The infant spit up but did not burp and fell asleep. The parent's said the infant normally slept on the outside of the bed next to the mother, but the father decided to place the infant to sleep in between the parents on this date. The parents awoke around 10:30 AM and the infant was still on his back between the parents, but he was unresponsive. They immediately called 911 and the father performed CPR



per the dispatcher’s instructions. The parents denied the infant was sleeping on the couch as alleged. The parents said the sibling remained asleep in his bedroom during the entirety of the incident and had to be woken up to go to the maternal grandparent’s home when the parent’s left for the hospital.

Photos of the home that were taken by law enforcement following the incident showed the home was cluttered with clothing and other items, but there were no safety hazards present. There was a bassinet observed in the parent’s bedroom. There were 3 pillows, a fitted sheet, and a comforter observed on the parents’ bed. Where the infant’s head was placed, there was a large wet mark observed on the fitted sheet.

The sibling’s father’s home was assessed to be safe and he did not have any concerns for the sibling. The paternal grandmother confirmed the infant appeared to be healthy and acted normal while he and the father were at her home on 12/31/22. She had no concerns for the children. The mother of the father’s other child was spoken to and she had no concerns for the parents' care of the children.

Hospital staff reported there was no trauma observed on the infant’s body. There was lividity on the infant’s back which was consistent with the infant being on his back when he became unresponsive. Hospital records stated that the mother woke up to find the infant unresponsive. Life-saving measures were unsuccessfully performed for 7 minutes before the infant was pronounced deceased. Records showed the infant was born full term and discharged home with no concerns. The infant was documented to have been seen at the hospital on 12/4/22 and was diagnosed with a viral infection and discharged home on 12/5/22. Pediatrician records showed the infant was seen for a well child appointment on 12/19/22. The infant was healthy with a concern of slow weight gain.

### Official Manner and Cause of Death

**Official Manner:** Undetermined

**Primary Cause of Death:** From an injury - external 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 referred to an OCFS approved Child Fatality Review Team?** Yes

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
063756 - Deceased Child, Male, 2 Mons	063757 - Mother, Female, 22 Year(s)	DOA / Fatality	Substantiated
063756 - Deceased Child, Male, 2 Mons	063757 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Substantiated
063756 - Deceased Child, Male, 2 Mons	063759 - Father, Male, 29 Year(s)	DOA / Fatality	Substantiated
063756 - Deceased Child, Male, 2 Mons	063759 - Father, Male, 29 Year(s)	Inadequate Guardianship	Substantiated

### 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 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:**  
Risk was adequately assessed and the parents were referred for domestic violence, mental health, and grief 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Child Fatality Report

<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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:**

There were no service needs identified for the sibling.

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

**Explain:**

The parents were referred for mental health, grief and domestic violence services.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? 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)
11/23/2021	Sibling, Male, 9 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No



Sibling, Male, 9 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated
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**Report Summary:**

An SCR report alleged the mother had a history of mental illness that was not being addressed. She lacked parenting skills and displayed poor decision making skills regarding the sibling's care. The mother fed the sibling watered down food through a baby bottle, but since there were larger food pieces he began to choke. For an unknown period of time, the sibling was infested with head lice. The mother failed to change the sibling's diaper for multiple consecutive hours. As a result, the sibling was soaked with urine and had a diaper rash. A subsequent report received 12/14/21 alleged that on 12/10/21 the father side swiped another car with the sibling in the car and then drove away.

**Report Determination:** Unfounded**Date of Determination:** 03/30/2022**Basis for Determination:**

The investigation revealed the mother was providing the sibling with a minimum degree of care. The home was assessed to be safe and the sibling was observed to have no head lice and good hygiene. The mother did not appear to have any mental health concerns and she did not display any unusual or concerning behaviors. The parents denied the father was driving erratically or that he got into a car accident with the sibling in the car.

**OCFS Review Results:**

Home visits were conducted, the mother and father were interviewed and the sibling was observed. Safety Assessments and the RAP were completed timely and accurately. Safe sleep guidelines were discussed and Notice of Existence was provided to the mother. Attempts were made to locate the sibling's father. CCDSS spoke to the mother's friend, the maternal aunt, law enforcement, the father's parole officer, and the sibling's pediatrician. CCDSS referred the sibling for Early Intervention services.

**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)
06/14/2021	Sibling, Male, 4 Months	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 4 Months	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 4 Months	Mother's Partner, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 4 Months	Mother's Partner, Male, 23 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and her partner at the time abused marijuana on a frequent basis in the presence of the sibling and while caring for the sibling. The sibling was exposed to the harm of the smoke. Recently the mother placed the sibling on the couch and placed two firearms on him. Pictures were then taken.

**Report Determination:** Unfounded**Date of Determination:** 08/12/2021**Basis for Determination:**

The mother and her partner at the time denied that he resided in the mother's home. They denied drug use and there was no evidence of drugs in the home. There was a photo obtained by CCDSS of the sibling with two guns placed on him. The mother and partner denied taking the photo or having any knowledge of the photo prior to CCDSS showing it to them. The partner was arrested on 6/13/21 for criminal contempt and possession of a handgun; however, there was no evidence linking the mother and partner to the photo or of a negative impact on the sibling. The mother was advised she was responsible for the sibling's safety and to know the criminal background of people caring for the sibling.

**OCFS Review Results:**

CCDSS spoke to the source of the report, reviewed SCR history, and mailed the Notice of Existence to the mother, her



partner and sibling's father. A home visit was conducted, the mother was interviewed, and the sibling was assessed to be safe. Safe sleep guidelines were discussed and the necessary supplies were observed for the sibling. The mother's partner was interviewed over the phone at the jail where he was incarcerated. The sibling's father was added to the case and diligent attempts were made to contact him. Safety Assessments and the RAP were completed timely and accurately. Law enforcement and the mother's friend were contacted and the sibling's medical records were requested.

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

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

### 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