



Report Identification Number: RO-23-004

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

Issue Date: Aug 08, 2023

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

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

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

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

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

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

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

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



Abbreviations

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



Case Information

Report Type: Child Deceased
Age: 6 month(s)

Jurisdiction: Steuben
Gender: Male

Date of Death: 03/03/2023
Initial Date OCFS Notified: 03/03/2023

Presenting Information

An SCR report alleged on 3/3/23, the father woke up the 6-month-old infant at 3:00 AM to feed him. The father placed the infant back into the portable crib with multiple heavy blankets, comforters, and a bottle. At approximately 6:52 AM, the mother went to feed the infant and found him laying face down in the portable crib. The infant was unresponsive, cold to the touch, and had mucus around his nose. The mother immediately called for emergency medical services. Law enforcement arrived to the home at 6:54 AM, and EMS arrived approximately 2 minutes later and administered CPR on the infant. The infant was unable to be resuscitated and was pronounced deceased. The mother, father and maternal uncle were aware that the infant was sleeping with heavy blankets and comforters making it an unsafe sleeping situation, and resulting in the infant's death. There were additional concerns that the mother, father, and maternal uncle left marijuana accessible to the 8 and 6-year-old siblings.

Executive Summary

On 3/3/23, the Steuben County Department of Social Services (SCDSS) received an SCR report regarding the death of the 6-month-old male infant that occurred on that date. At the time of the infant's death, he resided with his mother, father, maternal uncle, and siblings, ages 8 and 6. The siblings' father was incarcerated on unrelated charges and had no contact with the siblings since 2019. The siblings' father was spoken to on the phone, and had no concerns for the children.

SCDSS conducted a joint investigation into the infant's death with law enforcement. It was learned that on the night of 3/2/23, the father of the infant cared for the 3 children while the mother was at work. The maternal uncle was in the home; however, did not provide care to the children. At 3:00 AM on 3/3/23, the father brought the infant upstairs to the parents' bedroom and placed the infant to sleep on his side in the portable crib, with several large blankets and pillows. The father covered the infant with one blanket and propped a bottle with a second blanket. The father went to sleep on a bed in the same bedroom. The mother arrived home from work between 6:30-7:00 AM. When the mother went to pick up the infant to breast feed him, she saw that there was a blanket over the infant's head, and he was face down in the pillow. The infant's nose was "smooshed in", he was cold to the touch, and unresponsive. The mother immediately called 911 and performed CPR until EMS arrived at 6:56 AM. EMS began life-saving measures and transported the infant to the hospital via ambulance. Efforts to resuscitate the infant were unsuccessful, and he was pronounced deceased at 7:27 AM. The father admitted to smoking marijuana around 11:00 PM while the infant was sleeping, although denied he was impaired or unable to care for the children.

An autopsy was performed, and the final results were pending at the time this report was written. Preliminary results showed no inflicted injury to the infant and no medically related cause of death. The infant had small abrasions on his nose and forehead consistent with lying face down. Law enforcement found no criminality and their investigation closed with no charges filed.

The siblings were assessed to be safe in the parents' care. The family was referred for grief and mental health counseling and the siblings continued to receive counseling in school. The family was offered burial assistance and it was unknown if they received assistance. The parents accepted preventive services to assist with obtaining mental health counseling for themselves and the siblings and with obtaining parenting support services. The services case opened on 5/12/23.

SCDSS substantiated the allegations of Inadequate Guardianship and DOA/Fatality against the father for placing the infant in a portable crib where the physical condition of the sleeping area was unsafe, and the contents of the sleeping area



created an unsafe condition. Allegations of DOA/Fatality against the mother and maternal uncle as well as allegations of Inadequate Guardianship against the mother, maternal uncle, and father regarding the 2 siblings were unsubstantiated. SCDSS determined the uncle was not a person legally responsible for the children’s care and the mother was not home at the time the father placed the infant to sleep. Although the home was initially found not to meet a minimal standard of care, safety hazards were remedied quickly by the parents and maintained throughout the case.

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 opened for preventive services.

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

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: 03/03/2023

Time of Death: 07:27 AM

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:

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	Aunt/Uncle	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	8 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	6 Year(s)
Other Household 1	Other Adult - Siblings' Father	No Role	Male	31 Year(s)

LDSS Response

SCDSS investigated the infant's death by contacting the source of the report, reviewing SCR history, and notifying the district attorney's office of the death. They conducted home visits and interviewed the parents, siblings, and uncle. SCDSS spoke to law enforcement, first responders, hospital staff, the coroner, the pediatrician, school staff, and the maternal grandparents.

On 3/3/23, the parents' home was observed to contain overflowing ash trays with cigarette butts and marijuana blunt butts, garbage, and clothing piled throughout the home. The portable crib was observed in the parent's bedroom at the foot of the bed. There were pillows, two large blankets, and a baby bottle in the crib. The parents cleaned the home it was assessed to be safe that evening. The cleanliness of the home was maintained throughout the case.

During interviews, the parents reported that the infant was healthy, and developmentally advanced. They said the infant was holding his own bottle, rolling over, and crawling. The mother said she was educated about safe sleep when the infant was born, but the father denied being aware of safe sleep guidelines. The parents said the mother went to work at 10:30



PM on 3/2/23. The father stayed up playing video games in the living room and the infant slept from 11:00 PM until 1:30 AM in a portable crib. At 1:30 AM, the infant drank a bottle, then fell back asleep in the portable crib. The father said he smoked half a blunt of marijuana at that time. The father said the infant woke for a second bottle at 3:00 AM. He made a bottle and took the infant upstairs to the parents' bedroom. The father laid the infant on his side in the portable crib with his head on a pillow. He put the bottle in the infant's mouth and laid a blanket next to the infant to prop the bottle. He covered the infant up to his arm pits with a second blanket, and they fell asleep. The mother reported that she came home from work around 6:45 AM, let the dog outside, woke the siblings up for school, and took off her work clothes. She then went to pick up the infant to breastfeed him, and she saw that he was face down in the pillow with the blanket over his head. The mother said she picked the infant up, and he was cold and limp, with his nose "smooshed in". She screamed for the father, who dialed 911. The mother spoke to the dispatcher and performed CPR until first responders arrived.

The siblings reported the infant was sleeping in the portable crib, and then he couldn't breathe and was cold. They said they were in their bedroom when they heard their mother start screaming. She later told them the infant's nose "was squished into the pillow." The siblings shared no concerns for their care.

The uncle reported the infant appeared to be acting normal the night before his death and he had no concerns for the care of the children. The uncle said he went to sleep on the couch after the father brought the infant upstairs at 3:00 AM, and he woke to the mother screaming upstairs around 7:00 AM. He ran upstairs and saw that the infant was limp.

Pediatrician records showed the infant was up to date with well visits and there were no health concerns noted. Law enforcement records showed that upon arrival to the home, the mother was holding the infant in the bedroom. The bedroom was 80 degrees and very cluttered. The mother was told to bring the infant into the bathroom where there was more room to assess the infant's condition. The infant's body was limp, and his nose appeared to be compressed and almost flat. The infant had no pulse and was cold to the touch. Records stated that EMS performed CPR on the bathroom floor, then transported the infant to the hospital via ambulance. Hospital staff said there were no marks or bruises observed on the infant's body. It was reported that efforts were made to resuscitate the infant from arrival to the hospital at 7:05 AM, until he was pronounced deceased at 7:27 AM.

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: 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
064430 - Deceased Child, Male, 6 Mons	064433 - Father, Male, 26 Year(s)	DOA / Fatality	Substantiated
064430 - Deceased Child, Male, 6 Mons	064433 - Father, Male, 26 Year(s)	Inadequate Guardianship	Substantiated



Child Fatality Report

064430 - Deceased Child, Male, 6 Mons	064431 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
064430 - Deceased Child, Male, 6 Mons	064431 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
064430 - Deceased Child, Male, 6 Mons	064432 - Aunt/Uncle, Male, 26 Year(s)	DOA / Fatality	Unsubstantiated
064430 - Deceased Child, Male, 6 Mons	064432 - Aunt/Uncle, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
064434 - Sibling, Male, 8 Year(s)	064431 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
064434 - Sibling, Male, 8 Year(s)	064432 - Aunt/Uncle, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
064434 - Sibling, Male, 8 Year(s)	064433 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
064435 - Sibling, Male, 6 Year(s)	064431 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
064435 - Sibling, Male, 6 Year(s)	064432 - Aunt/Uncle, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated
064435 - Sibling, Male, 6 Year(s)	064433 - Father, Male, 26 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

The siblings' father was interviewed over the phone in jail.

Fatality Safety Assessment Activities



Child Fatality Report

	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"/>

Explain:

Risk was adequately assessed and a Preventive Services Case was opened to provide services to the family.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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

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

Explain:

The siblings were referred for mental health and grief counseling.

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 and grief counseling. They declined a referral for drug treatment 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:

- | | |
|--|---|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input type="checkbox"/> Had a positive toxicology at the time of delivery | <input type="checkbox"/> Used prescription drugs |
| <input type="checkbox"/> Used marijuana | <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed |

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> 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)
06/27/2020	Sibling, Male, 6 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 4 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother, Female, 26 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 4 Years	Mother's Partner, Male, 29 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 4 Years	Mother's Partner, Male, 29 Years	Lack of Supervision	Substantiated	

Report Summary:

An SCR report received by Yates County Department of Social Services (YCDSS) alleged that on 6/27/20, between 7:00-8:00 PM, the mother left the now 6-year-old sibling alone in the home for at least 30 minutes. While unsupervised, the sibling left the home and wandered outside. Outside intervention was required to keep the sibling safe. It was unknown if he sustained any injuries. On at least one occasion in the previous 3 months, the siblings' father physically assaulted the mother in the presence of the siblings.

Report Determination: Indicated

Date of Determination: 08/31/2020

Basis for Determination:

Allegations were substantiated against the mother and the mother's then partner due to a neighbor finding the now 6-year-old sibling outside the home without any adult supervision while the mother was sleeping in the home. A safety plan was made that the mother would supervise the siblings at all times. Allegations against the siblings' father were substantiated



due to him physically assaulting the mother on 4/21/20, resulting in criminal charges. A neglect petition was pending against the siblings' father and an ongoing CPS Services case remained open.

OCFS Review Results:

Home visits were conducted, the mother and her partner were interviewed, and attempts to interview the siblings were made. The siblings' father was spoken to on the phone in jail. The source was spoken to and SCR history was reviewed. Safety Assessments and the RAP were completed timely and accurately. Collateral contacts were made with law enforcement, the mother's partner's probation officer, the neighbor, and the maternal grandmother. School, medical, and law enforcement records were reviewed.

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)
04/24/2020	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 5 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 5 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 3 Years	Other Adult - Siblings' Father , Male, 28 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report received by YCDSS alleged on 4/21/20, the siblings' father physically assaulted the mother in the presence of the siblings. The father head butted the mother and knee'd her in the back. The siblings were not injured during the incident. There was old food and garbage throughout the home, posing a health and safety hazard to the siblings. The mother and siblings' father allowed drug paraphernalia to remain visible and accessible to the siblings.

Report Determination: Indicated

Date of Determination: 06/24/2020

Basis for Determination:

The siblings' father had a history of physically assaulting the mother. On 4/21/23, the siblings' father assaulted the mother while the siblings were in the home. A large quantity of marijuana was found in the home by LE. The siblings' father was charged with Criminal Possession of Marijuana, Criminal Mischief, Endangering the Welfare of a Child, Unlawful Imprisonment, Assault, and Harassment. A stay away order of protection was issued. The mother admitted to marijuana use but denied using drugs while caring for the siblings. She agreed to keep drugs and paraphernalia out of the home. A neglect petition was filed against the siblings' father and the case was opened for Ongoing CPS Services.

OCFS Review Results:

Home visits were conducted, the mother was interviewed, and attempts to interview the siblings were made. The home was assessed to be safe during follow up home visits with no drugs or paraphernalia observed. The siblings' father was interviewed over the phone at the jail. Safety Assessments and the RAP were completed timely and accurately. SCR history was reviewed and the source was spoken to. YCDSS spoke to LE, the siblings' father's parole officer, and the



siblings' paternal grandfather. The siblings' medical records were reviewed and there were no concerns for their care. Court ordered services were appropriately sought.

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

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

An SCR report dated 11/22/13 was unfounded by YCDSS for the allegations of II and IG against the mother regarding her sibling.

An SCR report dated 2/13/14 was unfounded by YCDSS for the allegations of IG and L/B/W against the mother regarding her sibling.

An SCR report dated 6/5/15 was unfounded by YCDSS for the allegations of IG and PD/AM against the mother and siblings' father regarding the now 8-year-old sibling.

An SCR report dated 12/27/18 was unfounded by Ontario County Department of Social Services for the allegation of IG against the mother regarding the siblings and the mother's sibling.

An SCR report dated 3/18/19 was unfounded by Schuyler County Department of Social Services for the allegations of IG and SA against the mother regarding her sibling.

Preventive Services History

YCDSS opened an Ongoing CPS Services case on 6/26/20, following an indicated SCR report. The siblings' father physically assaulted the mother while the siblings were in the home and a large quantity of marijuana and drug paraphernalia were found at the the home by law enforcement. The siblings' father was arrested and an Article 10 Neglect Petition was filed against him. The siblings' father consented to a finding of neglect without admission and a 1-year stay away order of protection was issued on behalf of the mother and siblings. The mother and siblings moved out of state where the mother had support from family members. The siblings' father received parent education over the phone while incarcerated and he was referred for DV perpetrator and substance abuse services.

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