



Report Identification Number: RO-23-022

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

Issue Date: Mar 29, 2024

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 year(s)

Jurisdiction: Chemung
Gender: Female

Date of Death: 12/22/2023
Initial Date OCFS Notified: 12/22/2023

Presenting Information

An SCR report received on 12/22/23 stated the mother and father found the subject child face-down in her pillow, in her bed, and not moving around 9:00AM. The father picked the child up and moved the child to a reclining chair in the living room of the home. The parents contacted 911 and began cardiopulmonary resuscitation (CPR) on the child. Law enforcement was dispatched at 9:22AM. Upon arrival at the home, the child was located in the recliner in the living room, face-up. The child had a small amount of dried vomit on her face. The child was cold to the touch, stiff, and had purple hands, feet, and face. There were no further life-saving measures performed as the child was deceased. The child was otherwise healthy, and the parents had no explanation for the death.

Executive Summary

This report concerns the death of the 4-year-old subject child. Chemung County Department of Social Services (CCDSS) received an SCR report regarding the child’s death on 12/22/23. At the time of the child’s death, she resided with her mother, father, and 8-year-old half-sibling.

The subject child had a complex medical history, which was known to CCDSS. In the days leading up to the child’s death, she reportedly exhibited cold-like symptoms with occasional fevers, symptoms known to trigger her underlying health condition. The parents were treating the child’s fever at home with fever reducing medication and the child was well enough to attend school. The night prior to her death, the child received her maintenance medication as prescribed, and the father put the child to bed. The parents were awoken around 1:00AM during the night to the child coughing. The mother went into the child’s room, which was shared with the sibling, to check on her. The mother sat the child up and patted her back to get the coughing under control. The child then went back to bed. The mother next woke around 9:30AM and went to check on the child, as she would normally have been awake at that point. The mother found the child face-down in her bed, unresponsive. The mother yelled to the father, who ran into the room. The mother carried the child downstairs to the living room and placed her on a recliner chair while the father called 911 and attempted CPR. Emergency medical services (EMS) responded to the home. The child was cyanotic, with rigor mortis and lividity already present to the back and face. EMS consulted with medical control, and it was decided resuscitation efforts would be futile. Law enforcement and crisis services responded to the home, as did CCDSS.

The medical examiner was notified and performed an autopsy of the child. The cause of death was respiratory syncytial virus (RSV) pneumonia. The manner of death was classified as natural. CCDSS communicated with the medical examiner prior concerns for the parents not providing the child with her prescribed maintenance medication. The child’s medication levels were tested at autopsy and found to be within therapeutic levels and the autopsy noted no evidence of a terminal event due to the child’s underlying disorder. No arrests were made regarding the death.

CCDSS made several home visits and interviewed the parents, sibling, and relevant collaterals. Parenting time of the sibling was split between the father and the sibling’s mother, and the sibling was assessed to be safe in her parents’ care.

CCDSS made the appropriate determination to unsubstantiate the allegations against the mother and father regarding the death of the child. The Investigation Conclusion Narrative stated that during the investigation, CCDSS found there were five days’ worth of medication unaccounted for. With that information, it appeared the child had missed four days of medication; however, the autopsy results indicated appropriate levels of medication in the child’s system, therefore mitigating the concern the child may have missed medication. With the information contained in the autopsy report,



CCDSS concluded that the child’s death was not caused by the parents’ actions or inactions.

The parents were offered bereavement services and accepted a referral on behalf of the sibling.

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? Yes

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

Explain:
CCDSS conducted a thorough investigation which met regulatory requirements. Information was gathered from pertinent sources and the determination was made in congruence with the information gathered.

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: 12/22/2023

Time of Death: 10:10 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: 09:22 AM
 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	Female	4 Year(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Other Household 1	Other Adult - Half-Sibling's Mother	No Role	Female	27 Year(s)

LDSS Response

On 12/22/23, CCDSS received a report regarding the death of the subject child. CCDSS initiated their investigation immediately and coordinated their efforts with law enforcement. CCDSS contacted the source of the report, completed a CPS history check regarding the family, and informed the DA of the fatality. The safety of the sibling was assessed, and home visits and interviews were conducted the same date the report was received.

CCDSS learned the child had been sick for the past week and a half with upper respiratory issues, specifically a cough and runny nose. The child was considered well enough to attend school and did so until the day prior to her death. The parents had not brought the child to the doctor for her symptoms; however, due to underlying medical diagnoses, the mother did contact the child's doctor to discuss treatment. The day leading up to the death was described as uneventful. The mother picked the child up from school on 12/21/23, and she was acting normally. After school, the mother and child picked up the sibling's maternal half-sibling, because the sibling's mother was in the hospital with an additional 1yo half-sibling, who had been diagnosed with RSV. Around dinnertime, that mother picked up the sibling's half-sibling and the subject child's family ordered dinner. Following dinner, the subject child and mother sat on the couch to watch television, and the child played with her dolls. The child was given her nightly dose of maintenance medication and the father brought her upstairs for bed. It was unknown if the child received additional fever-reducing medication that evening. Both parents report waking around 1:00AM to the child coughing in bed. The mother responded to the child by going to her bed, sitting her upright, and patting her back. No additional medication was administered at that time. The mother found the child unresponsive in her bed about 9:30AM the next morning.



The sibling was interviewed and reported when she woke up the morning of 12/22/23, she saw her “sissy” was still sleeping. The sibling recalled hearing the child snoring but did not look at her face. The sibling had difficulty recalling specific details of the day. CCDSS learned the sibling resided primarily with the father and mother and had additional half-siblings through her mother. That mother was interviewed as well and reported two of her children had RSV.

CCDSS contacted numerous collateral sources, including law enforcement, medical providers, the pharmacy that dispensed the child’s medication, relatives, and the children’s schools. CCDSS collaborated with law enforcement, the pharmacy, medical staff, and the ME to ensure concerns regarding possible missed medication were ruled out.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

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

Was the fatality referred to an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066453 - Deceased Child, Female, 4 Year(s)	066455 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated
066453 - Deceased Child, Female, 4 Year(s)	066455 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Unsubstantiated
066453 - Deceased Child, Female, 4 Year(s)	066456 - Father, Male, 28 Year(s)	DOA / Fatality	Unsubstantiated
066453 - Deceased Child, Female, 4 Year(s)	066456 - Father, Male, 28 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 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"/>



Child Fatality Report

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"/>

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input 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 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? Yes

Explain:
The mother to the subject child, father, and mother to the surviving sibling expressed interest in additional counseling



resources for the sibling. The sibling was receiving counseling services through school and the family was receptive to an additional referral to the Child Advocacy Center for trauma-based counseling. CCDSS submitted the referral on behalf of the family prior to closing the investigation.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:
Crisis services responded to the initial 911 call at law enforcement's request and provided resources to the family; however, the family declined further intervention at that time. CCDSS provided the parents with a list of community mental health providers. The parents indicated they were thinking about counseling for themselves; however, were unsure at that time and had not engaged in services prior to the investigation closing.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? Yes
Was the child acutely ill during the two weeks before death? Yes

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)
08/06/2022	Deceased Child, Female, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 3 Years	Mother, Female, 23 Years	Lack of Supervision	Substantiated	
	Deceased Child, Female, 3 Years	Father, Male, 27 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 3 Years	Father, Male, 27 Years	Lack of Supervision	Substantiated	

Report Summary:

An SCR report was received on 8/6/22, which alleged that earlier that morning, the subject child left the residence and was outside, unsupervised, for approximately one hour. The child was without shoes or a diaper and was dirty. The mother and father were sleeping at the time of the incident.

Report Determination: Indicated **Date of Determination:** 10/05/2022

Basis for Determination:

The report was indicated for Inadequate Guardianship and Lack of Supervision against the parents regarding the subject child. LE records indicated the parents were charged with Endangering the Welfare of a Child due to the child eloping from the home. The child was found by a neighbor wondering the community without supervision. The child had a diagnosed medical condition which placed her at higher risk of imminent harm. The parents reported they were asleep at the time the child left and were alerted the child was missing by the sibling.

OCFS Review Results:

CCDSS initiated their investigation immediately upon learning of the situation. Relevant collaterals were contacted.



Family and relatives report this was an isolated incident. On 8/16/22, the mother reported installing new door alarms and locks and on 9/19/22 the father reported having a rifle in the home though denied the children had access. There were no further home visits documented to confirm either the installation of the alarms/locks, or safety of the weapon. The subject child's pediatrician noted no concerns for the child's medical care at the time of the CPS investigation.

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)
02/24/2021	Deceased Child, Female, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 1 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 5 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

Report Summary:

An SCR report was received on 2/24/21 which alleged that daily, the mother abused marijuana to the point of impairment while in a caretaking role to the subject child and sibling. While impaired, the mother was unable to adequately address the needs of the children. The mother left drugs and drug paraphernalia accessible to the children.

Report Determination: Unfounded

Date of Determination: 04/23/2021

Basis for Determination:

The allegations of Inadequate Guardianship and Parents Drug / Alcohol Misuse were unsubstantiated against the mother regarding the subject child and sibling. The mother denied the allegations. At the time the report was received, the mother was residing with the maternal grandparents, who denied concerns for the mother. The sibling was interviewed and did not disclose any concerns regarding drug use or the mother being unable to care for the sibling at any time. During the investigation, the parents moved back in together. The mother agreed to a plan that there would always be a sober caretaker to the children.

OCFS Review Results:

All adults interviewed denied concerns regarding drug use for the mother. The mother was residing with her parents at the time the SCR report was received and reconciled with the father during the investigation. The parents' shared residence was assessed. The mother informed CCDSS of the subject child's medical diagnoses and releases of information were submitted to the pediatrician; however, the case was close prior to receiving the subject child's records.

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

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

The family had prior CPS history with CCDSS.

10/15/18 – 12/12/18 Allegations of Inadequate Guardianship and Lacerations/Bruises/Welts were unsubstantiated against the mother and father regarding the sibling.

1/29/19 – 5/10/19 Allegations of Inadequate Guardianship and Parent's Drug Alcohol Misuse were unsubstantiated against the mother and father regarding the sibling.

7/23/19 – 11/27/19 Allegations of Inadequate Food/Clothing/Shelter and Inadequate Guardianship were unsubstantiated



against the mother and father regarding the sibling and subject child.

5/24/20 – 7/28/20 The allegation of Lack of Medical Care was substantiated against the mother and father regarding the subject child. The mother admitted to taking the child off prescribed medication without consulting a medical provider. The child was off the medication for about three months and as a result, experienced multiple seizures over a three-day period. The child was hospitalized. CCDSS spoke with the neurologist, who reported the child’s type of seizure activity can result in death and the chances are slightly higher without being on medication. Additional allegations contained in the report were unsubstantiated.

7/26/20 – 10/14/20 The allegation of Inadequate Guardianship against a grandparent regarding the sibling was unsubstantiated.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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