



Report Identification Number: SV-22-045

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

Issue Date: Apr 28, 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: 3 month(s)

Jurisdiction: Ulster
Gender: Female

Date of Death: 11/18/2022
Initial Date OCFS Notified: 11/19/2022

Presenting Information

Ulster County Department of Social Services (UCDSS) completed an OCFS-7065 Agency Reporting Form on 11/19/22, after learning of the 3-month-old female subject child's death. There was open investigation at the time of death due to the fatal incident.

Executive Summary

On 11/18/22, UCDSS was notified by the hospital that the 3-month-old subject child passed away on the same date. UCDSS had an open CPS investigation, which began on 11/3/22, due to the fatal incident. At the time of her death, the subject child resided with her parents, maternal great-grandmother, maternal grandparents, maternal uncle, and siblings ages, 9, 7 and 3.

UCDSS completed casework and collateral contacts and learned that on 11/3/22, the great-grandmother fed the subject child, burped her, and placed the child on her stomach on a Boppy Pillow. The great-grandmother briefly left the room, while the mother and grandmother remained in the room with the subject child. When the great-grandmother returned, she noticed the subject child was in a different position with her head over the edge of the Boppy Pillow. The great-grandmother advised the mother to check on the subject child and the mother found the child was limp and her lips were blue. The mother called 911 and the grandmother began cardiopulmonary resuscitation. Emergency medical services responded to the residence and continued life-saving measures. The mother passed out as a result of the events and also required immediate medical attention. Both the subject child and mother were transported to the hospital. The subject child regained a pulse and remained on life-support until it was determined she had no brain activity and care was withdrawn. The subject child was pronounced deceased on 11/18/22.

No autopsy was performed. Hospital staff documented there were no signs of abuse or trauma to the subject child, and the hospital physician deemed the subject child's cause of death to be sudden infant death syndrome (SIDS). The subject child was noted to have a hyperextended neck, and this would have obstructed the child's ability to breathe. Hospital staff noted the injury was not inflicted. Law enforcement reported the subject child also had "bilateral retinal hemorrhaging", which was consistent with any person who received cardiopulmonary resuscitation. The criminal investigation was closed and there were no charges related to the subject child's death.

Bereavement services were offered to the family following the subject child's death. The allegations from the open CPS investigation were unfounded and the case was closed on 12/15/22. The family was temporarily residing with the maternal grandparents and returned to their residence by the close of the investigation. The siblings were assessed to be safe in the parents' care.

PIP Requirement

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

Findings Related to the CPS Investigation of the Fatality

**Safety Assessment:**

- Was sufficient information gathered to make the decision recorded on the:
 - Safety assessment due at the time of determination? N/A

Determination:

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

Explain:

This was a non-SCR reported fatality and therefore, no determination was made.

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: 11/18/2022

Time of Death: Unknown

Date of fatal incident, if different than date of death:

11/03/2022

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

Unknown

County where fatality incident occurred:

Ulster

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: Lying on Boppy Pillow

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	26 Year(s)
Deceased Child's Household	Deceased Child	No Role	Female	3 Month(s)
Deceased Child's Household	Father	No Role	Male	34 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	77 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	56 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	59 Year(s)
Deceased Child's Household	Mother	No Role	Female	33 Year(s)
Deceased Child's Household	Sibling	No Role	Male	9 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)

LDSS Response

On 11/3/22, UCDSS received an SCR report about the fatal incident. UCDSS initiated their investigation within 24 hours, interviewed household members, and began gathering information regarding the circumstances of the fatal incident.

The BM was interviewed on 11/3/22 about the events leading up to the fatal incident, followed by the MGM and MGGM on 11/4/22. The BM, MGM, MGGM, 3yo SS, and SC were in the living room of the home. The BM and MGM were on the phone directly across from the SC, while the SS was asleep on the floor. The MGGM fed the SC, burped her, and placed her stomach-down on a Boppy Pillow which was on the couch. The MGGM left the room to make tea in the kitchen and returned after an unknown amount of time. When the MGGM returned, she noticed the SC had “scoted up” over the edge of the pillow. The MGGM told the BM to check on the SC, and the BM rushed over to the SC. The SC was limp and unresponsive, and her lips were blue. The BM and MGM denied hearing the SC fuss or cry and stated the SC never fell or got stuck. The BM called 911 and the MGM began CPR. The BM passed out and needed medical attention. The BM later reported she had a preexisting seizure disorder. The SC was transported to the hospital where she regained a pulse and remained on life support. A multitude of tests were conducted by the hospital and it was determined the SC did not have brain activity. Life-saving care was withdrawn, and the SC was pronounced deceased on 11/18/22.

The SSs were forensically interviewed and unaware of the SC’s condition. The 9yo and 7yo SSs stated they were told the SC fell off a pillow. The 3yo SS stated the SC “threw up today” but had no further information regarding the fatal incident. The MGF was at work at the time of the incident. The record did not reflect that the BF or MU were interviewed.

The MGM stated that SC was placed on her stomach to relieve hernia pain per the SC’s pediatrician’s direction. UCDSS spoke to the SC’s pediatrician who denied being aware that the SC had a hernia and would not have recommended the SC



be placed on her stomach. The pediatrician noted no concerns for the SC, other than she was gassy. The pediatrician had no medical concerns for the SSs'. The SC had safe sleep provisions in the home, including a bassinet.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Hospital physician

Multidisciplinary Investigation/Review

Was the fatality referred to an OCFS approved Child Fatality Review Team?No

Comments: Ulster County Department of Social Services does not have an OCFS approved Child Fatality Review Team.

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"/>
Contact with source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Responders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" 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"/>
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 record did not reflect that UCDSS interviewed the SC's father, or spoke to collateral sources including EMS.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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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Explain:
 There was no SCR report regarding the fatality; therefore, the Safety Assessment was not required. UCDSS assessed for the safety of the SSs and determined they were safe in the parents' care.

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:
 This was a non-SCR report fatality and the Risk Assessment Profile was not required. UCDSS offered the family services related to the SC's death.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 No SSs needed to be removed following the SC's death.

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

Other, specify: Family Advocate

Additional information, if necessary:

UCDSS completed referrals for a family advocate and trauma therapy, and provided burial assistance. The parents had a documented history of DV; however, the need for DV services was not explored.

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:

Referrals were made to a family advocate and trauma therapy on behalf of the SSs. The parents noted they were in communication with the school of two eldest SSs, and their respective schools were working with the CHN following the SC's death.

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

Explain:



Bereavement services were offered to the family. A referral was completed for a family advocate and trauma therapy. The parents accepted the referrals, but stated they did not know if they were ready to engage in services.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? 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)
11/03/2022	Deceased Child, Female, 3 Months	Mother, Female, 33 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Deceased Child, Female, 3 Months	Mother, Female, 33 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

The SCR report alleged on 11/3/22, at approximately 2:07PM, the subject child was in the mother's care and found unresponsive with a bruise in the center of her forehead and a hyper extended neck. The subject child was placed on the couch to sleep, although there was a crib in the home. The subject child required emergency medical treatment and regained a pulse at the medical facility. The mother immediately collapsed and required medical treatment. The mother was unable to provide an explanation for the subject child's injuries and the injuries were therefore suspicious in nature.

Report Determination: Unfounded

Date of Determination: 12/15/2022

Basis for Determination:

UCDSS documented that after being fed, the SC was placed stomach-down on a Boppy Pillow on the sofa. The MGGM left the room and when she returned, noticed the SC in a different position. The BM checked on the SC, and she was limp. The BM passed out due to the events and needed medical attention. The SC remained unresponsive until arriving at



the hospital. UCDSS observed the SC in the hospital with no injuries. The SC's had a birthmark on her forehead. The SC died on 11/18/22, and her cause of death was SIDS. Hospital staff indicated no signs of trauma. The SSs were interviewed, and unaware of the SC's condition. The SSs' doctor noted no concerns. Services were offered regarding the fatality.

OCFS Review Results:

UCDSS initiated their investigation within 24 hours by conducting an interview with the BM at the hospital, forensically interviewing the SSs, and completing a CPS history check. UCDSS contacted collaterals and conducted home visits to the MGM and parents' homes and noted no safety concerns. The record did not reflect that the father of the SC or the maternal uncle were interviewed. UCDSS documented a history of DV involving the parents and that the SS reported possible fighting between the parents; however, the record did not reflect this was further explored. The Safety Assessment was completed late on 11/19/22 and the Risk Assessment Profile did not reflect the BM's seizure disorder.

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

Issue:

Adequacy of face-to-face contacts with the child and/or child's parents or guardians

Summary:

The record did not reflect that UCDSS interviewed the uncle or BF of the SC regarding the fatal incident or risk assessment.

Legal Reference:

18 NYCRR 432.1 (o)

Action:

UCDSS will make face-to-face contacts with a child and/or a child's parents or guardians, or activities with the child and/or the child's parents or guardians, which may include but are not limited to facilitating information gathering and analysis of safety and risk factors and determining the allegations.

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

UCDSS documented a history of DV and the 7yo SS reported during his forensic interview that the parents fight. The record did not reflect this concern was further explored or that there was additional assessment for DV in the home. The MGM reported the SC had a hernia, which her pediatrician was unaware of, and the record did not reflect this was discussed with the parents.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

In addition to conditions enumerated in a report, CPS is required to determine any other condition that may constitute abuse or maltreatment. UCDSS will address new concerns as they arise with all applicable caregivers, in an effort to determine whether the action(s)/inaction(s) constitute as abuse or maltreatment.

Issue:

Adequacy of Risk Assessment Profile (RAP)

Summary:

The Risk Assessment Profile did not reflect the BM's seizure disorder, which resulted in the BM passing out following the fatal incident and requiring medical attention.

Legal Reference:

18 NYCRR 432.2(d)

Action:

UCDSS will consider all risk elements identified throughout the course of the investigation and accurately document such elements into the Risk Assessment Profile.



Issue:

Contact/Information From Reporting/Collateral Source

Summary:

The record did not reflect that UCDSS contacted EMS, despite their response to the fatal incident.

Legal Reference:

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

Action:

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

Issue:

Timely/Adequate Seven Day Assessment

Summary:

The 7-Day Safety Assessment was completed untimely on 11/19/22, following the fatal incident.

Legal Reference:

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

Action:

UCDSS will document and approve all safety assessments within the required time frame.

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

There was an unfounded report in March of 2016 against the BF for IG regarding the 7yo and 9yo SSs.

Known CPS History Outside of NYS

There was no known 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