



Report Identification Number: SV-23-001

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

Issue Date: Jun 30, 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: 7 month(s)

Jurisdiction: Orange
Gender: Female

Date of Death: 01/08/2023
Initial Date OCFS Notified: 01/08/2023

Presenting Information

An SCR report alleged on 1/8/23, at around 5:00 AM, the mother and father fed the 7-month-old infant and then put her back in her crib to sleep. At 7:00 AM, the parents found the infant to be unresponsive and they called 911. EMS arrived at the home, performed CPR, and transported the infant to the hospital by ambulance. Lifesaving measures at the hospital were unsuccessful. The infant was pronounced deceased at 8:14 AM. The infant was otherwise healthy and the parents had no explanation for what caused her death.

Executive Summary

On 1/8/23, the Orange County Department of Social Services (OCDSS) received an SCR report regarding the death of the 7-month-old female infant that occurred on that date. At the time of the infant’s death, she resided with her mother, father, and 2 siblings ages 8 and 6. Also residing in the home and renting bedrooms, were the infant’s paternal aunt and her two children (cousins) ages 10 and 9, a paternal uncle, and 2 unrelated adults. The father had a 13-year-old child who resided with her mother out of state and visited the father’s home.

Through a joint investigation with law enforcement, it was learned that on the night of 1/7/23, the mother, father and infant co-slept in the parents’ king-sized bed. The mother awoke at approximately 5:00 AM on 1/8/23 to feed the infant a bottle and she placed the infant back to sleep on top of a comforter between the parents. The infant fell asleep on her side facing the mother. The mother awoke at approximately 7:15 AM and she discovered the infant was now located behind her with the top half of the infant’s body face down on the bed and her legs dangling off the edge of the bed. The mother woke the father and he called 911 at 7:25 AM. The father checked the child’s airway and pressed on her stomach twice. First responders arrived a few minutes later and started CPR. The infant was transported to the hospital where efforts to resuscitate her were unsuccessful and she was pronounced deceased at 8:14 AM.

An autopsy was performed, and the cause of death was determined to be Unexplained Sudden Death (Extrinsic and Intrinsic factors identified). The manner of death was Undetermined. The medical examiner’s final diagnoses included “7-month-old infant co-sleeping with adults found unresponsive in prone position on adult bed with bedding” and a “history of cough, vomiting, “cold”-like symptoms in days preceding death.” The infant was found to be normally developed and well-nourished. The records further stated there was a “½ inch by ¼ inch area of punctate abrasions on the left medical lower leg, and the left lateral lower leg showed focal areas of skin sloughing (history of portion of leg in proximity to baseboard heating unit at scene).” The law enforcement investigation closed with no charges filed.

The home was assessed, and the siblings and cousins were determined to be safe in their parents’ care. The parents and siblings began grief services but were no longer attending at the time the case closed. OCDSS unsubstantiated the allegation of Inadequate Guardianship against the parents; however, there was a fair preponderance of evidence that the infant was in imminent danger of impairment due to the parents’ failure to exercise a minimum degree of care by co-sleeping with the infant on an adult bed with blankets and pillows, resulting in the infant moving to the outer edge of the bed with her feet dangling off the bed, and the top portion of her body facing down on her stomach. The allegation of DOA/Fatality was unsubstantiated against the parents due to insufficient evidence that the parents’ actions caused the child’s death.

PIP Requirement

OCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will



identify action(s) the OCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, OCDSS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

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

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? No

Explain:

There was a fair preponderance of evidence gathered to support substantiating the allegation of Inadequate Guardianship against the parents.

Was the decision to close the case appropriate? Yes

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

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

Explain:

No service needs were identified for the family and the case appropriately closed upon completion of the investigation.

Required Actions Related to the Fatality

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

Issue:	Appropriateness of allegation determination
Summary:	There was a fair preponderance of evidence gathered to substantiate the allegation of Inadequate Guardianship against the parents. The parents placed the infant in imminent danger of impairment by utilizing an unsafe sleep environment.
Legal Reference:	FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)
Action:	OCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Westchester Regional Office if further guidance is needed.



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/08/2023

Time of Death: 08:14 AM

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

07:15 AM

County where fatality incident occurred:

Orange

Was 911 or local emergency number called?

Yes

Time of Call:

07:25 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	Aunt/Uncle	No Role	Female	27 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	26 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Female	7 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	35 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Male	10 Year(s)
Deceased Child's Household	Other Child - Cousin	No Role	Female	9 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Female	6 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	55 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	28 Year(s)
Other Household 1	Other Adult - 13yo Sibling's Mother	No Role	Female	30 Year(s)
Other Household 1	Sibling	No Role	Female	13 Year(s)

LDSS Response



OCDSS investigated the infant’s death by reviewing SCR history, the 911 call, and records from law enforcement, EMS, the hospital, and the pediatrician. They spoke to the source of the report, law enforcement, the medical examiner’s office, and hospital staff. The mother, father, paternal aunt, paternal uncle, 3 siblings, cousins, 2 unrelated home members, and the 13-year-old sibling’s mother were interviewed. Notice of the report was provided to the required adults, and Safety Assessments, fatality reports, and the RAP were completed timely and accurately.

Through interviews with the parents, it was learned that the infant was born full-term with no complications. The infant was healthy, except for having a cough and some congestion for 2 days prior to her death. The parents reported that on 1/7/23, the mother fed the infant a bottle between 11:00-11:45 PM. She then placed the infant between them on top of blankets on the king-sized bed and the parents and infant went to sleep. The infant awoke between 5:00-5:30 AM and the mother fed her a bottle. The infant then fell back asleep on her right side in between the parents. The mother woke up between 7:00-7:15 AM and she did not see the infant. The mother rolled over and observed the infant to be lying on her stomach behind the mother, with her legs dangling off the edge of the bed. She picked the infant up and discovered she was unresponsive. The mother woke up the father, and he called 911. The parents reported the dispatcher did not speak their language, so the dispatcher was unable to provide instructions for CPR. The parents reported the siblings were asleep in their bedroom at the time of the incident, and they awoke when EMS arrived. It was not documented if there was a safe sleep environment for the infant in the home, if safe sleep guidelines were discussed with the parents following the incident, or if the parents had been previously educated about safe sleep guidelines.

During a doll reenactment at the parents’ home, the mother demonstrated that the infant was placed between the parents on the bed and found behind the mother near the wall. The infant was supine with her legs dangling off the bed near the wall with her left leg lower than her right. There were small plush pillows that had been placed in the gap between the bed and wall to prevent the infant from falling into the gap since she crawled and moved around on her own. Along the bottom of the wall there was baseboard heating, and a "substantial amount of heat" was documented to be coming from the baseboard radiator. There was a comforter on the bed that the parents and infant were sleeping on top of, and they said there were no blankets covering them.

The 8 and 6-year-old siblings and the cousins did not have any details about the infant’s death, and they reported no concerns for their care. A home visit was conducted at the 13-year-old sibling's home and she was assessed to be safe in her mother’s care. The sibling and her mother reported no concerns for the parents' care of the infant and siblings. The unrelated home members and paternal uncle reported renting bedrooms in the home and they had no details about the fatal incident or any concerns for the children. The paternal aunt reported that she often babysat the infant and siblings, and she had no concerns for the children or details about the incident.

Law enforcement records showed when they arrived on scene, the infant was on her back in the middle of the parents’ bed. The infant was warm and had no pulse. There was what appeared to be formula secreting from the infant’s mouth and nose. Pediatrician records showed the infant’s last well-child appointment was on 12/21/22. The records stated that the infant and siblings were up to date with well child appointments and immunizations and there were no concerns noted.

Official Manner and Cause of Death

Official Manner: Undetermined

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
063869 - Deceased Child, Female, 7 Mons	063870 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
063869 - Deceased Child, Female, 7 Mons	063870 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Unsubstantiated
063869 - Deceased Child, Female, 7 Mons	063871 - Father, Male, 35 Year(s)	DOA / Fatality	Unsubstantiated
063869 - Deceased Child, Female, 7 Mons	063871 - Father, Male, 35 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"/>
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"/>

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 for the surviving children. Grief services were offered to the family and the parents and siblings engaged in services briefly.

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



Child Fatality Report

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 checked="" 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 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 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 siblings were enrolled in grief services.

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

Explain:

The parents enrolled in grief services. The parents declined funeral assistance.

History Prior to the Fatality

Child Information

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

No

Was the child acutely ill during the two weeks before death?

No

Infants Under One Year Old

**During pregnancy, mother:**

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

Infant was born:

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
02/10/2022	Sibling, Female, 5 Years	Father, Male, 34 Years	Inadequate Guardianship	Far-Closed	Yes
	Sibling, Female, 8 Years	Father, Male, 34 Years	Inadequate Guardianship	Far-Closed	

Report Summary:

An SCR report that was tracked FAR alleged on more than one occasion, the father forcefully struck the siblings about their bodies with a belt. While it was unknown if the children ever sustained any marks or bruises; the now 6-year-old sibling was scared.

OCFS Review Results:

The children were interviewed at school on 2/16/22. A home visit was conducted and all household members were spoken to on 2/18/22, and the parents requested the case be closed on that date. The family denied the adults used physical discipline and the children had no marks or bruises. Collateral contacts were made with the aunt and school staff. The FLAG was completed on 5/10/22. An SCR history review was not documented and 7 out of 10 progress notes were entered late on 5/10/22. There were no casework activities or an ongoing assessment of safety and risk documented in progress notes after 2/18/22. The case record did not reflect the reason the case remained open for 90 days.

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

Issue:

FAR-Overall Completeness/Adequacy of Family Assessment Response

Summary:

An SCR history review was not documented and 7 out of 10 progress notes were entered late on 5/10/22. There were no casework activities or an ongoing assessment of safety and risk documented after 2/18/22. The case record did not reflect the reason the case remained open for 90 days.

Legal Reference:

18 NYCRR 432.13 (a)(1-4)

Action:

OCDESS will comply with OCFS regulations pertaining to required activities in a FAR case.

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

There was no CPS investigative history more than three years prior to the fatality.

Known CPS History Outside of NYS



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

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation? There was no legal activity.

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No