



**Report Identification Number: SV-23-006**

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

**Issue Date: Aug 10, 2023**

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

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

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

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

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

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

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

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



## Abbreviations

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



## Case Information

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

**Jurisdiction:** Suffolk  
**Gender:** Female

**Date of Death:** 02/12/2023  
**Initial Date OCFS Notified:** 02/12/2023

## Presenting Information

An SCR report alleged that on 2/10/23, while in the care of the parent substitute, fentanyl was left accessible to the 2-year-old subject child. The subject child was able to ingest an unknown amount of fentanyl. The parent substitute called 911 and the child went into cardiac arrest. Emergency services arrived at the home and transported the child to the hospital. The child was revived at the hospital and placed on life support. On 2/12/23, the child was pronounced dead at 3:50 AM. The cause of death was heart failure.

## Executive Summary

On 2/12/23, Suffolk County Department of Social Services (SCDSS) received an SCR report regarding the death of the 2-year-old female subject child (SC) that occurred on that date. At the time of the subject child's death, her paternal grandmother (PGM) had Article 1017 custody and there was an open CPS Services Case since 9/13/22. The child was removed from the mother's custody due to concerns for drug misuse and the mother had left the child with an inappropriate caretaker. The paternal grandmother and subject child resided in a homeless shelter and the child's father was incarcerated. The paternal grandmother was recently hospitalized, and she arranged for the parent substitute (PS) to care for the child until she was discharged. The child was in the care of the parent substitute at the time of the fatal incident. The parent substitute and child's father had a 3-month-old son in common, and the parent substitute also had a 4-year-old son who resided with her.

Through a joint investigation with law enforcement, it was learned that on 2/10/23, the parent substitute was in her bedroom with the 3-month-old sibling for about 40 minutes, while the subject child and 4-year-old child were playing in the living room. The 4-year-old child played with an old cell phone and took a photo of the subject child. He went into the bedroom and showed the parent substitute the photo and said the child was sleeping with her eyes opened. When the parent substitute looked closely at the photo, she realized the child's lips were blue. She ran into the living room and found the child unresponsive. The parent substitute called 911 and performed CPR until first responders arrived and took over. The child was transported to the hospital via ambulance, where she regained a pulse, and was placed on a ventilator. The child was transferred to a second hospital at 3:38 PM. The child was declared brain dead, and on 2/12/23, she went into cardiac arrest. The child was pronounced deceased at 3:50 AM on that date.

An autopsy was performed, and the final toxicology and bacteriology results were pending at the time this report was written. Preliminary autopsy results showed the child had cerebral edema and pulmonary congestion. Law enforcement reported the parent substitute appeared alert and sober when they responded to the scene; however, they found 4 loose opiate pills that were laced with fentanyl on the couch near where the child was found unresponsive. Law enforcement said the child's toxicology at the hospital was positive for fentanyl. The homicide investigation remained ongoing pending the final autopsy results.

A safety plan was initiated that the surviving children's maternal grandmother (MGM) would supervise the parent substitute's contact with the children. An Article 10 Neglect Petition was filed on 2/14/23, and the surviving children were placed in the custody of their maternal grandmother under Article 1017. The New York City Administration for Children's Services assessed the home to be safe and monitored the children's safety throughout the case.

SCDSS provided the family with information on bereavement services, funeral assistance, and daycare services. The parent substitute completed a mental health evaluation and engaged in drug treatment services and a parenting skills



program. SCDSS added the allegations of Parent’s Drug/Alcohol Misuse against the parent substitute regarding all 3 children and Inadequate Guardianship regarding the two surviving children and substantiated all allegations. SCDSS found a fair preponderance of evidence the parent substitute was the sole caretaker for the 3 children when the subject child had access to and ingested fentanyl, likely resulting in her death, and the parent substitute admitted to using anxiety medication that was not prescribed to her. The mother's services case closed on 6/8/23, and a separate ongoing CPS Services case remained opened for the parent substitute at the time of this writing.

### PIP Requirement

For citations identified in historical cases, SCDSS will submit a PIP to the Westchester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) SCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, SCDSS 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?** Yes

### Explain:

The case was appropriately indicated and opened for ongoing CPS services.

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

**Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements?** Yes

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

### Explain:

Casework activity was commensurate with case circumstances.

## Required Actions Related to the Fatality



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

## Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 02/12/2023

Time of Death: 03:50 AM

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

02/10/2023

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

12:25 PM

County where fatality incident occurred:

Suffolk

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?

Yes

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	2 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	47 Year(s)
Other Household 1	Father's Partner	Alleged Perpetrator	Female	23 Year(s)
Other Household 1	Other Child - Parent Substitute's Child	Alleged Victim	Male	4 Year(s)
Other Household 1	Sibling	Alleged Victim	Male	3 Month(s)
Other Household 2	Father	No Role	Male	26 Year(s)
Other Household 3	Other Adult - 4-year-old Child's Father	No Role	Male	25 Year(s)
Other Household 4	Mother	No Role	Female	23 Year(s)

### LDSS Response

SCDSS investigated the child's death by reviewing SCR history and records from the hospital, pediatrician, and EMS. They spoke to the source of the report, law enforcement, EMS, hospital staff, the medical examiner, and the parent substitute's drug treatment provider.



During interviews with SCDSS, the parent substitute reported that she was in her bedroom with the sibling while the 4-year-old and subject child were playing in the living room and eating snacks. She said the children came into her bedroom at 12:05 PM and asked to play a video game and she told them no. The children returned to the living room. A few minutes later the 4-year-old child came into her bedroom with an old cell phone and showed her pictures from a distance and said to look how the subject child was sleeping with her eyes open. At that time, she was on the phone with the subject child's father. The 4-year-old child kept showing her the picture, so she looked more closely, and she noticed the child's lips were blue. She ran into the living room and discovered the child was unresponsive. She picked the child up, and the child gasped for air. The parent substitute said she tried to wake the child up by tapping her and putting water on her. She then called 911 and the dispatcher provided instructions for CPR. She said the children were alone in the living room for approximately 40 minutes; however, she said they kept coming in and out of her bedroom, so they were not unsupervised the whole time.

The parent substitute denied having a prescription for any medication and said she did not know where the opiate pills came from that law enforcement found in the home. She admitted to using anxiety medication that she purchased "off the street" but said she had not purchased or used any pills since the birth of the 3-month-old sibling. She said the last people that visited her home were her mother, the subject child's paternal uncle, and the uncle's girlfriend, on 2/4/23. She did not have contact information for the uncle or his girlfriend and law enforcement had not located or interviewed them during the investigation. The parent substitute's mother denied there was nonprescribed medication or illegal drugs in the parent substitute's home.

The 4-year-old child reported that he and the subject child were eating snacks in the living room and the subject child laid down on the couch and was sleeping. He shook the child, and she did not say anything. Her lips were purple, so he took pictures of her on a cell phone and showed the picture to his mother. His mother saw that the child's lips were purple, so she checked on the child. He said his mother tried to get the child up and she gasped for air. His mother then called 911 and the police tried to help the child.

The 4-year-old child's father reported he resided out of state and the parent substitute had informed him of the child's passing. He applied for custody of the 4-year-old child and his petition was pending at the time of this writing. The father of the subject child was spoken to on the phone in jail. He denied that the parent substitute used drugs and he had no concerns for her care of the children. He provided the paternal uncle's name and said it seemed the uncle and his girlfriend must have "dropped something" at the parent substitute's home when they had recently visited. The subject child's mother was spoken to on the phone and had no direct knowledge of the incident.

Law enforcement said they reviewed baby camera footage of the living room of the home on 2/10/23. The subject child appeared alert in the living room at 12:05 PM, then at 12:25 PM she appeared unresponsive. The parent substitute was seen entering the living room, finding the child unresponsive, and attempting to revive her. Hospital staff said the child was unresponsive and intubated when she arrived at 1:13 PM. The child regained a pulse and was transported to a second hospital that had a pediatric unit at 3:28 PM.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**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?** No





**Comments:** Suffolk County does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064148 - Deceased Child, Female, 2 Yrs	064150 - Father's Partner, Female, 23 Year(s)	DOA / Fatality	Substantiated
064148 - Deceased Child, Female, 2 Yrs	064150 - Father's Partner, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
064148 - Deceased Child, Female, 2 Yrs	064150 - Father's Partner, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
064148 - Deceased Child, Female, 2 Yrs	064150 - Father's Partner, Female, 23 Year(s)	Poisoning / Noxious Substances	Substantiated
064151 - Sibling, Male, 3 Month(s)	064150 - Father's Partner, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
064151 - Sibling, Male, 3 Month(s)	064150 - Father's Partner, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
064152 - Other Child - Parent Substitute's Child , Male, 4 Year(s)	064150 - Father's Partner, Female, 23 Year(s)	Inadequate Guardianship	Substantiated
064152 - Other Child - Parent Substitute's Child , Male, 4 Year(s)	064150 - Father's Partner, Female, 23 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

### CPS Fatality Casework/Investigative Activities

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

**Additional information:**

The subject child's father was interviewed over the phone in jail. The mother of the child was spoken to over the phone and diligent attempts were made to meet with her face-to-face.



## Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input 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. The surviving children were placed in the custody of their MGM, and court ordered services were obtained.

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





# Child Fatality Report

Were there surviving children in the household that were removed as a result of information uncovered during the fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The 4-year-old child and 3-month-old sibling were placed with their MGM under Article 1017.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court                       Criminal Court                       Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
02/14/2023	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	064150 Father's Partner Female 23 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed against the PS on 2/14/23. The sibling and 4-year-old child were placed in the custody of their MGM under Article 1017 and an order of protection was issued barring the PS from unsupervised contact with the children. The petition was pending in family court at the time this report was written.	

**Have any Orders of Protection been issued? Yes**

**From:** 02/14/2023                      **To:** 02/14/2024

**Explain:**  
An order of protection was issued on 2/14/23 barring the PS from unsupervised contact with the sibling and 4-year-old child.

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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? No

Explain:

Service needs were not identified for the surviving children.

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

Explain:

The PS was referred for mental health and bereavement services and she completed a mental health evaluation. The grandmother was referred for and declined bereavement services. Bereavement services were offered to the mother; however, it was unknown if she utilized the service.

### 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?

No

### 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)
02/10/2023	Other Child - 4yo Child , Male, 4 Years	Father's Partner, Female, 23 Years	Lack of Supervision	Unsubstantiated	No
	Deceased Child, Female, 2 Years	Father's Partner, Female, 23 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Female, 2 Years	Father's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 2	Father's Partner, Female,	Poisoning / Noxious	Substantiated	



Years	23 Years	Substances	
Other Child - 4yo Child , Male, 4 Years	Father's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated
Other Child - 4yo Child , Male, 4 Years	Father's Partner, Female, 23 Years	Parents Drug / Alcohol Misuse	Substantiated
Sibling, Male, 3 Months	Father's Partner, Female, 23 Years	Inadequate Guardianship	Substantiated
Sibling, Male, 3 Months	Father's Partner, Female, 23 Years	Parents Drug / Alcohol Misuse	Substantiated

**Report Summary:**

An SCR report alleged on 2/10/23, the 2-year-old SC went into cardiac arrest in the home. CPR was performed and the child was transported to the hospital. She was revived and regained a pulse but was in critical condition. There was no explanation for her condition. A subsequent and a duplicate report were received on the same date that alleged the parent substitute left her 4-year-old child and the SC alone on the couch for an unknown amount of time. The SC had access to oxycodone and ingested an unknown amount. The parent substitute found the SC unconscious and unresponsive. The child was revived but in critical condition.

**Report Determination:** Indicated**Date of Determination:** 04/11/2023**Basis for Determination:**

IG was Sub against the PS regarding all 3 children, PD/AM was Sub regarding the sibling and 4-year-old child and P/Nx was Sub regarding the SC. The SC was in the care of the PS and there were opiates laced with fentanyl left accessible to the SC, who ingested them. The SC died on 2/12/23 from injuries sustained. The PS admitted to taking anxiety medication that she purchased "off the street" and without a prescription; however, denied knowing where the opiates came from. A safety plan was made for the 4-year-old child and 3-month-old sibling to stay with their MGM. The children were then placed with their MGM under Article 1017 and a neglect petition was filed against the PS on 2/14/23.

**OCFS Review Results:**

Home visits were conducted and SCDSS interviewed the PS, parents of the SC, 4-year-old child's father, PGM of the SC, and the surviving children's MGM. Notice of the report was provided to all adults and relevant collateral contacts were made. A Plan of Safe Care was completed. A safety plan was made and family court intervention was sought to protect the surviving children. The basis for Unsub LS against the PS regarding the SC and 4-year-old child was not documented in the Investigation Conclusion Narrative. The Sub section of the narrative said the PS "left the medications accessible to the children and failed to provide adequate supervision of the children."

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)
07/19/2022	Deceased Child, Female, 1 Years	Mother, Female, 23 Years	Inadequate Guardianship	Substantiated	No
	Deceased Child, Female, 1 Years	Mother, Female, 23 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Deceased Child, Female, 1 Years	Unrelated Home Member, Male, 40 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 1 Years	Unrelated Home Member, Male, 40 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother of the SC and an unrelated home member (UHM) were using crack cocaine and fentanyl to impairment while caring for the SC. The mother and UHM were selling fentanyl out of the home in the



presence of the child. There was no food in the home.

**Report Determination:** Indicated

**Date of Determination:** 09/19/2022

**Basis for Determination:**

PD/AM and IG were Sub against the mother and Unsub against the UHM. On 7/19/22, a search warrant was executed at the UHM's home. Law enforcement found packages of fentanyl prepared for sale and there was no food in the home. The mother admitted to smoking crack cocaine. The UHM was arrested and the mother and SC went to the maternal great grandfather's (MGGF) home. The UHM was not legally responsible for the care of the SC. The mother was advised to obtain alternate housing since there was a pending neglect petition against the MGGF. On 9/1/22, the mother left the SC in the care of the MGGF. On 9/9/22, the SC was placed with the PGM and a neglect petition was filed against the mother.

**OCFS Review Results:**

SCDSS conducted home visits and interviewed the mother, MGGF, PGM, and cousin. Safe sleep guidelines were discussed. The father was in jail on unrelated charges. He and the UHM were interviewed at jail. SCR history was reviewed and collateral contacts were made with law enforcement and the pediatrician. Safety Assessments and the RAP were completed timely and accurately. Upon receipt of the SCR report, the mother admitted to drug misuse while being the sole caretaker for the child; however, the mother was not referred for drug treatment services prior to court intervention on 9/13/22. A removal of the SC from the mother's care and court ordered services were appropriately obtained.

**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)
01/07/2022	Deceased Child, Female, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

An SCR report alleged the father of the SC became angry with the mother because she was taking too long to leave the home. The mother was holding the SC in her arms, and the father held a knife to the mother's throat, knocked her and the child to the floor, then threw a pile of plates at them, hitting the child with the plates. This was not the first time the father physically assaulted the mother in the presence of the child.

**Report Determination:** Indicated

**Date of Determination:** 03/01/2022

**Basis for Determination:**

The mother reported that she and the SC were visiting the father's home when the father held a knife to her throat, knocked her on the floor and dragged her by her hair while the child was in another room. The father then threw dishes and knives at the mother and SC. The father was not in the home when law enforcement arrived and he was not arrested for the incident. The father refused to be interviewed by SCDSS. The mother reported that she and the SC moved out of state to a relative's home. The SC was observed to be free from marks or bruises and there were no concerns for the child in the mother's care.

**OCFS Review Results:**

The mother was interviewed in a public location prior to moving out of state and safe sleep guidelines were discussed. The case record did not reflect that attempts were made to have the relative's home out of state assessed for safety. SCR history was reviewed and relevant collaterals were contacted. The father was on parole at that time and attempts to speak to his parole officer were unsuccessful. Safety Assessments and the RAP were completed timely and accurately.

**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)
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02/24/2021	Other Child - MGGF's Grandchild , Male, 14 Years	Grandparent, Male, 61 Years	Childs Drug / Alcohol Use	Unsubstantiated	Yes
	Other Child - MGGF's Grandchild , Male, 14 Years	Grandparent, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 12 Years	Grandparent, Male, 61 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 12 Years	Grandparent, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 14 Years	Other Adult - Cousin , Female, 20 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 14 Years	Other Adult - Cousin , Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 12 Years	Other Adult - Cousin , Female, 20 Years	Childs Drug / Alcohol Use	Unsubstantiated	
	Other Child - MGGF's Grandchild , Male, 12 Years	Other Adult - Cousin , Female, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 3 Months	Other Adult - Cousin , Female, 20 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**  
 An SCR report alleged the MGGF recently regained custody of two of his grandchildren. The cousin was not supposed to be residing in the home due to a history of drug misuse and gang involvement. The MGGF was aware but allowed the cousin to stay in the home with the children. The mother and SC resided in the home. The cousin was smoking K-2 with the grandchildren and the MGGF was aware but failed to intervene. On 2/24/21, the mother accused the cousin of stealing her wallet and a fight began between the two of them. The cousin threw a lamp at the mother which almost struck the SC and the grandchildren were present.

**Report Determination:** Unfounded **Date of Determination:** 03/10/2021

**Basis for Determination:**  
 The adults and children denied the cousin was at the home or had violated the order of protection barring her from the home. There was no credible evidence gathered to support that the cousin was at the MGGF's home. The cousin was unable to be located. The grandchildren had been placed from foster care into the MGGF's custody in December 2020. At the time of the SCR report, the grandson was missing and the MGGF contacted law enforcement to file a missing persons report. A foster care case remained open with the MGGF and his grandchildren.

**OCFS Review Results:**  
 SCDSS conducted home visits and interviewed the MGGF, mother of the SC, and 2 of the children. The SC appeared to be safe in the mother's care. Safe sleep guidelines were discussed. Attempts to locate the cousin and grandson were unsuccessful. SCR history was reviewed and relevant collaterals were contacted. Safety Assessments and the RAP were completed timely and accurately. The SC's father was not added to the case or provided with notice of the report, and attempts to interview him were not documented.

**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 subject child's father was not added to the case or provided with notice of the report, and attempts to interview him were not documented.

**Legal Reference:**  
 18 NYCRR 432.1 (o)

**Action:**



# Child Fatality Report

SCDSS will make efforts to make face-to-face contact with a child and the child's parents or guardians and document efforts that were unsuccessful.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
11/09/2020	Deceased Child, Female, 7 Days	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	No
	Deceased Child, Female, 7 Days	Grandparent, Male, 61 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 7 Days	Aunt/Uncle, Male, 20 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 7 Days	Mother, Female, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	

### Report Summary:

An SCR report alleged on 11/2/20, the SC's mother gave birth to the SC. On 11/9/20, the child's meconium was positive for marijuana. A subsequent SCR report dated 11/21/20 alleged the mother had a history of drug misuse. The mother used heroin as the sole caretaker to the SC. When the mother was under the influence, she failed to care for the child. The MGGF and other family members were aware and were unable or unwilling to intervene.

**Report Determination:** Unfounded

**Date of Determination:** 12/31/2020

### Basis for Determination:

The mother denied heroin use. She admitted to smoking marijuana a few times during pregnancy to cope with the death of a family member. The child's meconium tested positive for marijuana; however, the mother's and child's urine tested negative at the time of birth. The mother denied ongoing drug use and she was not observed to be under the influence. The child's pediatrician had no concerns and there was no evidence gathered that the mother's marijuana use during pregnancy had a negative impact on the child. SCDSS documented concerns for the MGGF's CPS history that the mother resided with him. Preventive services were offered to the mother and accepted, then she later declined.

### OCFS Review Results:

The mother and MGGF were interviewed, safe sleep guidelines were discussed and a Plan of Safe Care was signed by the mother. The father was incarcerated and notification of the report was mailed to him. The maternal uncle was nonverbal and unable to be interviewed. Safety Assessments and the RAP were completed timely and accurately. SCR history was reviewed, the source and other relevant collaterals were spoken to, and the mother was referred for mental health counseling.

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

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

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

### Known CPS History Outside of NYS

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

### Services Open at the Time of the Fatality

**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality?** Yes

**Date the preventive services case was opened:** 09/13/2022

**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality?** Yes





Date the Child Protective Services case was opened: 09/13/2022

## Evaluative Review of Services that were Open at the Time of the Fatality

	Yes	No	N/A	Unable to Determine
Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Closing





# Child Fatality Report

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Provider

	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 SCDSS provided ongoing CPS services to the mother and subject child until the services case closed on 6/8/23 due to the child's death.

### Required Action(s)

**Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?**

Yes  No

<b>Issue:</b>	Failure to Complete a Plan Amendment
<b>Summary:</b>	A plan amendment or reassessment FASP was not completed to document the death of the subject and prior to closure of the services case on 6/8/23.
<b>Legal Reference:</b>	18 NYCRR 428.7
<b>Action:</b>	SCDSS will complete a plan amendment any time a significant change occurs in the status of the case, which includes when services end for a family member due to death. As required, this will be done within 30 days of the change if an initial FASP has already been completed, unless the change occurs within 60 days of the next FASP. In that instance, the change can be documented at that time.

### Preventive Services History

On 9/13/22, a CPS services case opened and a neglect petition was filed due to the mother failing to properly plan for the SC's care. The mother left her home on 9/1/22, leaving the SC in the MGGF's care despite CPS previously advising the mother against leaving the child in his care due to his CPS history. The mother had a history of unstable housing and prior to living with the MGGF, she resided in a home with confirmed drug activity. The mother admitted to using crack cocaine and marijuana and she had untreated mental health concerns. The father of the SC was incarcerated at that time and not a resource. The SC was placed with the PGM under Article 1017 and an order of protection barred the mother from unsupervised contact. The mother went to a detox program on 9/16/22 and she did not follow through with inpatient drug treatment recommendations. The mother's location was unknown, and she did not visit with the SC or attend any court appearances. The PGM was provided with information on kinship foster care and she declined. The PGM was hospitalized from 12/2/22-12/12/22 and she arranged for the SC to stay with the PS. Upon discharge, the PGM moved into a homeless shelter with the SC. The PGM was hospitalized on 1/20/22, and she arranged for the PS to care for the SC. The SC was staying with the PS at the time of the fatal incident. The case closed after the death of the SC.

### Legal History Within Three Years Prior to the Fatality



Was there any legal activity within three years prior to the fatality investigation?

Family Court

Criminal Court

Order of Protection

**Family Court Petition Type:** FCA Article 10 - CPS

Date Filed:	Fact Finding Description:	Disposition Description:
09/16/2022	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	064155 Mother Female 23 Year(s)	
<b>Comments:</b>	On 9/13/22, SCDSS filed a 1022 emergency application for removal and the subject child was placed in the custody of the PGM under Article 1017. A temporary Order of Supervision was issued along with an order of protection barring the mother from unsupervised contact with the child. An Article 10 Neglect Petition was filed against the mother on 9/16/22. On 4/28/23, the petition was withdrawn and court orders were vacated due to the subject child's death.	

**Have any Orders of Protection been issued?** Yes

**From:** 09/13/2023

**To:** 04/28/2023

**Explain:**

An order of protection was issued on 9/13/23 barring the mother from unsupervised contact with the subject child. On 4/28/23, the order was vacated due to the subject child's death.

### 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