



Report Identification Number: SY-23-005

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

Issue Date: Jul 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

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: 2 month(s)

Jurisdiction: Chenango
Gender: Male

Date of Death: 01/24/2023
Initial Date OCFS Notified: 01/24/2023

Presenting Information

Chenango County Department of Social Services (CCDSS) received two SCR reports on 1/24/23 regarding the child's death. The reports alleged sometime around 11:30PM on 1/23/23, the parents had the 2-month-old subject child in the bed with them while the mother was breastfeeding the child. The parents did not ensure a safe sleep environment and fell asleep. When the mother woke up around 8:30AM on 1/24/23, the child was lying between the mother and father in the bed. The child was blue in color, unresponsive, and not breathing. The father immediately called 911 and began CPR until first responders arrived. EMS arrived, took over resuscitative measures, and transported the child to the hospital. Upon arrival at the hospital, hospital staff continued life saving measures for 45 minutes to 1 hour and were unable to obtain a heartbeat. The child was pronounced deceased at 9:51AM. It was believed the unsafe sleep situation contributed to the child's death. Additionally, approximately three days prior to the death, the child experienced symptoms of a seizure where his body was rigid and twitching. The mother and the father failed to seek necessary medical attention for the child. The roles of the 6, 5, and 1-year-old siblings were unknown.

Executive Summary

On 1/24/23, the Chenango County Department of Social Services (CCDSS) received two SCR reports regarding the death of the 2-month-old male child. At the time of the child's death, he resided with his mother, father, and 6, 5, and 1-year-old siblings. CCDSS contacted the father of the 1-year-old sibling and made attempts to contact the fathers of the two older siblings. The father had a 5-year-old female child that is in the custody of the paternal grandfather and the father had visitation with her at the grandfather's home.

CCDSS learned that on the night of 1/23/23, the mother placed the child to sleep in his bassinet around 11:30PM. The father was already in bed asleep. At an unknown time, the mother took the child out of the bassinet and breastfed the child in the parents' bed. The mother fell asleep while she was breastfeeding the child. The 5-year-old sibling woke the mother up around 8:00AM on 1/24/23, and the child was in the parent's bed. The mother tried to arouse the child; however, he was unresponsive. The mother woke the father and made him aware the child was not breathing. The father called 911 and began CPR. The 5-year-old sibling remained in the parents' bedroom and observed the father perform CPR on the child. EMS arrived, took over resuscitative measures and transported the child to the hospital. Upon arrival the child was in cardiac arrest and hospital staff took over life-saving measures; however, they were unsuccessful and the child was pronounced deceased at 9:51AM.

An autopsy was performed; however, the final report had not yet been received at the time this report was written. CCDSS spoke with the coroner's office on 2/2/23 and learned the child tested positive for Respiratory Syncytial Virus (RSV); however, it was unclear if the virus contributed to the death. On 5/31/23, CCDSS spoke with the coroner's office and the record reflected the child died from "Cerebral Hypoxia". Law enforcement found no criminality and their investigation remained open pending the final autopsy results.

The CPS investigation remained open at the time this report was written; therefore, a determination had not been made and the allegations of Inadequate Guardianship, DOA/Fatality, and Lack of Medical Care against the mother and the father regarding the subject child were pending. The record did not reflect that CCDSS contacted the source of the second report. The record showed there was no contact with the family from 3/2/23 until 6/8/23, although there were ongoing concerns regarding the mother's mental health and concerns for the 6 and 5-year-old siblings. CCDSS missed an opportunity to contact EMS regarding the fatal incident. CCDSS offered the parents burial assistance and bereavement



services, which the parents accepted on 1/25/23. The record did not reflect CCDSS followed through with making the referral for bereavement services for the family until 6/8/23. There was no documentation of any supervisory consultation or review in the case record.

PIP Requirement

CCDSS will submit a PIP to the Syracuse Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the CCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, CCDSS 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?** N/A
- **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?** The CPS report had not yet been determined at the time this Fatality report was written.
- **Was the determination made by the district to unfound or indicate appropriate?** N/A

Explain:

The CPS investigation remained open at the time this report was written.

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

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

Was there sufficient documentation of supervisory consultation? No

Explain:

Casework activity was not commensurate with case circumstances. The record did not reflect the source of the second report was contacted, there was a missed opportunity to gather information from collaterals, there was no contact with the family from 3/2/23-6/8/23, and the family requested services; however, a referral was not made by CCDSS until 6/8/23.

Required Actions Related to the Fatality

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



Issue:	Overall Completeness and Adequacy of Investigations
Summary:	Although the CPS investigation remained open at the time this report was written. CCDSS had no contact with the family from 3/2/23 to 6/8/23, and there was no documented casework activity from 4/18/23 to 5/31/23. The family expressed a need for services at a home visit on 1/25/23. The record did not reflect that CCDSS mailed a referral until 6/8/23. There was no documentation in the record that the source of the second report was contacted by CCDSS; although, there was a new allegation of lack of medical care listed in the second report.
Legal Reference:	SSL 424.6 and 18 NYCRR 432.2(b)(3)
Action:	CCDSS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static. (CPS Manual Chapter 6 section D page D-1 and D page D3.) CCDSS will explore areas of potential service needs with all family members with whom they are involved. CCDSS will appropriately respond to changing circumstances, and if service needs are identified, CCDSS will make the appropriate referral to preventive or community-based services in an effort to determine whether there are services that can benefit the family.
Issue:	Pre-Determination/Supervisor Review
Summary:	The case record did not reflect any supervisory review occurred during the investigation.
Legal Reference:	18 NYCRR 432.2(b)(3)(v)
Action:	CCDSS will consult supervision when determining a case and at other pertinent times throughout the investigation.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 01/24/2023

Time of Death: 09:51 AM

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

Unknown

County where fatality incident occurred:

Chenango

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?

Unknown

Child's activity at time of incident:

- Sleeping
- Playing
- Other

- Working
- Eating

- Driving / Vehicle occupant
- Unknown

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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	26 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	6 Year(s)
Deceased Child's Household	Sibling	No Role	Female	5 Year(s)
Other Household 1	Other Adult - Father of the 6yo SS	No Role	Male	23 Year(s)
Other Household 2	Other Adult - Father of the 5yo SS	No Role	Male	23 Year(s)
Other Household 3	Other Adult - Father of the 1yo SS	No Role	Male	25 Year(s)

LDSS Response

On 1/24/23, CCDSS received a report regarding the death of the child. CCDSS initiated their investigation within 24 hours. CCDSS contacted the source of the initial report; however, the record did not reflect the source of the subsequent report was contacted. CCDSS spoke with law enforcement, hospital staff, and the pediatrician. Home visits were made on 1/25/23, 3/2/23, and 6/8/23. CCDSS completed safety assessments and fatality reports timely. NOE letters were provided timely to the required persons. The CPS investigation remained open at the time this report was written.

Through interviews with the parents, it was learned that the child was born premature and had no diagnosed medical conditions. Around 11:00PM on 1/23/23, the SM placed the child in his bassinet next to the parents' bed and she went to bed herself. When the SF went to bed around midnight, the child was in his bassinet on his back, and the SM was asleep. At an unknown time, the SM took the child out of the bassinet, brought him to the parent's bed, breastfed him, and fell asleep. The SM reported she assumed this is what happened; although, she did not remember. The SM denied using marijuana that night and reported she had been very tired. Around 8:00AM on 1/24/23, the SM was awoken by the 5yo SS. The SM observed the child in the bed with her and he was purplish in color and non-responsive. The SM woke the SF. The SF observed the child next to the SM in the bed, he called 911 and began CPR as instructed by the dispatcher until EMS arrived. The 5yo SS remained in the room and observed the SF perform CPR on the child. The parents were aware of safe sleep guidelines prior to the incident; however, the SM reported they did not always follow those guidelines.

CCDSS made a home visit on 1/25/23. The family had just moved into the home on 1/21/23 and were still unpacking. The home met minimal standards and no safety hazards were observed by CCDSS. The 5yo SS slept on a mattress in the parents' room until she was more comfortable in the new environment. The 6yo SS and the 1yo SS shared a room, there was a bed for the 6yo SS and a crib for the 1yo SS. CCDSS interviewed the 6yo and 5yo SSs, the 1yo SS was observed, and the SSs appeared well. The home was appropriate and there were no safety concerns. A home visit was made on 6/8/23 and the SSs were deemed safe with the mother. CCDSS spoke with the PGF of the father's 5yo other child and learned the father visited with her at the PGF's home on Sundays and after school on Thursdays. She had never been to the father's home and never met the deceased child.

CCDSS contacted collateral sources including the children's pediatrician, hospital staff, relatives, and LE. CCDSS offered the family burial assistance and they accepted. CCDSS reviewed hospital records and learned the child arrived in cardiac arrest with CPR in progress. There were no obvious signs of trauma and the child tested positive for Respiratory Syncytial Virus (RSV). The PGF had no concerns for the family. The pediatrician reported that the children were behind on well child visits and immunizations; however, the record did not reflect CCDSS addressed these concerns with the mother. The



CPS investigation remained open at the time this report was written; therefore, a determination had not yet been made and the allegations were pending. No criminal charges were brought against the SM or SF by LE.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

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

Comments: Chenango 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
064048 - Deceased Child, Male, 2 Mons	064054 - Mother, Female, 22 Year(s)	Lack of Medical Care	Pending
064048 - Deceased Child, Male, 2 Mons	064055 - Father, Male, 26 Year(s)	Inadequate Guardianship	Pending
064048 - Deceased Child, Male, 2 Mons	064055 - Father, Male, 26 Year(s)	DOA / Fatality	Pending
064048 - Deceased Child, Male, 2 Mons	064055 - Father, Male, 26 Year(s)	Lack of Medical Care	Pending
064048 - Deceased Child, Male, 2 Mons	064054 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Pending
064048 - Deceased Child, Male, 2 Mons	064054 - Mother, Female, 22 Year(s)	DOA / Fatality	Pending

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 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"/>
Was a death-scene investigation performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 record did not reflect CCDSS made contact with EMS, there was one voicemail left on 1/30/23.

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"/>
---	-------------------------------------	--------------------------	--------------------------	--------------------------

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



The CPS investigation remained open at the time the report was written and the RAP had not been completed. The family requested services and CCDSS offered bereavement services; however, a referral for services for the family was not completed until 6/8/23.

Placement Activities in Response to the Fatality Investigation

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

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

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



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

Additional information, if necessary:

The family agreed to bereavement and mental health services during a home visit on 1/25/23; however CCDSS did not make a referral for services until 6/8/23. The mother was diagnosed with post partum depression and had ongoing mental health concerns. CCDSS did not offer family planning services or Early Intervention services for the 1yo SS. The mother reported using marijuana and the record did not reflect that CCDSS offered the mother a substance misuse referral.

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

Explain:

The mother accepted services on behalf of the siblings on 1/25/23; however, CCDSS did not make a referral for services until 6/8/23.

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

Explain:

CCDSS offered the family burial assistance and they accepted. CCDSS offered the mother bereavement services and she accepted on 1/25/23. CCDSS made a referral for services on 6/8/23.

History Prior to the Fatality

Child Information

Did the child have a history of alleged child abuse/maltreatment? No

Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- | | |
|---|---|
| <input type="checkbox"/> With a positive toxicology | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> With none of the issues listed noted in case record |

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
06/30/2022	Sibling, Male, 5	Other Adult - Father of the 6yo SS,	Inadequate	Unsubstantiated	No



Child Fatality Report

Years	Male, 22 Years	Guardianship	
Sibling, Male, 5 Years	Other Adult - Father of the 6yo SS, Male, 22 Years	Sexual Abuse	Unsubstantiated

Report Summary:

On 6/3/22, an SCR report alleged the father of the then 5yo SS tickled and forcefully touched him on the genital area for sexual gratification. The then 5yo SS experienced pain and discomfort. The role of the mother was unknown.

Report Determination: Unfounded**Date of Determination:** 08/01/2022**Basis for Determination:**

The allegations of SA and IG were unsubstantiated regarding the then 5yo SS against his father. The investigation revealed the then 5yo SS reported it sometimes hurt when he went to the bathroom; however, the SS was not circumcised and at times needed help with his hygiene. The father denied touching the then 5yo SS inappropriately. CCDSS recommended the mother follow up with the pediatrician regarding the concerns for the then 5yo SS. The case was unfounded and closed.

OCFS Review Results:

The record reflected timely completion of case objectives including the investigation initiation, 7-day Safety Assessment, provision of notification letters, and check of CPS history.

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)
10/10/2021	Sibling, Male, 2 Days	Mother, Female, 20 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	Yes

Report Summary:

On 10/10/21, an SCR report alleged the mother delivered the then 2-day-old SS and both tested positive for marijuana. The mother admitted she smoked marijuana every night. The mother was not engaged in a drug treatment program. It was unknown if the mother was high or used marijuana in front of the then then 4yo and 3yo SSs.

Report Determination: Unfounded**Date of Determination:** 12/30/2021**Basis for Determination:**

The allegation of PD/AM against the mother regarding the then 2-day-old SS was unsubstantiated, she reported using marijuana to help with morning sickness and to help her eat during her pregnancy. CCDSS found no impact of the positive toxicology to the then 2-day-old SS. The mother was cooperative, CCDSS implemented a plan of safe care and safe sleep was reviewed. The mother had family supports in the home to help with the children and she was provided with community-based resources for her mental health concerns. The case was unfounded and closed.

OCFS Review Results:

The record reflected timely completion of case objectives including the investigation initiation, 7-day Safety Assessment, provision of notification letters, and check of CPS history. A home visit was made, the family was seen, interviewed, and collateral contacts were made. The record did not reflect the father of the then 3yo SS was not notified, contacted, or interviewed regarding the report.

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

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The mother identified the father of the then 4yo SS to CCDSS; however, the record did not reflect the father was notified, contacted, or interviewed regarding the SCR report dated 10/10/21.

Legal Reference:

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

**Action:**

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/03/2021	Sibling, Male, 4 Years	Mother, Female, 20 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Male, 4 Years	Other Adult - Father of the now 6yo SS, Male, 21 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged the father left the then 4yo SS unsupervised with an other adult that was a registered child sex offender. The mother was aware and failed to intervene. It was unknown if the then 4yo SS was sexually abused by the other adult. The mother was aware the father had a history of sexually abusing another child and continued to allow the father to have unsupervised access to the then 4yo SS. It was unknown if the father sexually abused the SS. The PGM and the then 3yo SS had unknown roles.

Report Determination: Unfounded

Date of Determination: 12/30/2021

Basis for Determination:

The allegations of IG against the father and mother of the then 4yo SS were unsubstantiated. During the investigation, it was determined that the other adult did not live in the home of the PGM or the PGGM. The father resided with the PGGM and when he had visitation with the now 6yo SS, they were at the PGM's home and the PGM was present. CCDSS interviewed the then 4yo SS at the Child Advocacy Center, and he did not disclose anything concerning during the interview. The case was unfounded and closed.

OCFS Review Results:

The record reflected timely completion of case objectives including the investigation initiation, 7-day Safety Assessment, and check of CPS history. A home visit was made, the family was seen, interviewed, and collateral contacts were made. The record did not reflect any casework activity from 6/14/21 to 10/10/21, and the father of the then 3yo SS was not notified, contacted, or interviewed regarding the report.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

The mother identified the father of the then 3yo SS to CCDSS; however, the record did not reflect her father was notified, contacted, or interviewed regarding the SCR report dated 5/3/21.

Legal Reference:

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

Action:

A full Child Protective investigation shall include face-to-face interviews with subjects of the report and family members of such subjects, including children named in the report. Such interviews or reasons why an interview was not possible should be documented in progress notes.

Issue:

Pre-Determination/Assessment of Current Safety/Risk

Summary:

There was a predetermination of safety and risk. Although the record reflected concerns for the then 4yo SS's behaviors and the mother's mental health, the record did not reflect any casework activity from 6/14/21- 10/10/21.



Legal Reference:

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

Action:

CCDSS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed, because safety is not static. (CPS Manual Chapter 6 section D page D-1 and D page D3.)

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

On 8/17/17, the now 6yo SS was listed in an indicated case against the MGM with allegations of IG and LS.

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