



## Report Identification Number: SY-23-039

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

**Issue Date: Feb 26, 2024**

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

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

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

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

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

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

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

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



## Abbreviations

<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:** 10 month(s)

**Jurisdiction:** Onondaga  
**Gender:** Female

**Date of Death:** 09/17/2023  
**Initial Date OCFS Notified:** 09/18/2023

## Presenting Information

On 9/18/2023, Onondaga County Department of Children and Family Services (OCDCFS) received an initial and two duplicate SCR reports which alleged the death of the 10-month-old subject child that occurred on 9/17/2023. The mother left the subject child on the living room couch at an unknown time and went to take a shower. When the mother returned to the living room, she found the subject child lying face-down and unresponsive. The subject child was transported to the hospital by ambulance with law enforcement. Medical staff performed cardiopulmonary resuscitation, but the subject child could not be revived and was pronounced deceased at 11:48 PM.

## Executive Summary

This report concerns the death of a 10-month-old subject child which occurred on 9/17/2023. At the time of her death, the subject child resided with her mother and 1-year-old half-sibling in the home of an unrelated adult (other adult) who had custody of an 11-year-old child (other child). The half-sibling was removed from the mother and placed with a relative where there were no safety concerns. The other child was assessed to be safe in the care of the other adult.

The mother was frequently homeless and was residing, along with the subject child and half-sibling, at the home of the other adult. Around 10:00 PM on 9/17/2023, the mother placed the subject child to sleep on a couch with the half-sibling and left the room to do laundry and take a shower upstairs. The subject child was placed to sleep on her back with a blanket over her lower body and torso. The half-sibling was asleep on the other end of the couch. The mother heard the half-sibling crying and returned to the room to pick him up. The mother observed the subject child had rolled over onto her stomach but still appeared to be breathing, so the mother left her in that position. The mother left the room with the half-sibling and went back upstairs for an unknown length of time. When the mother returned to the room, she observed the subject child was unresponsive and not breathing. Shortly before 11:00 PM, the mother alerted the other adult and other child, who initiated resuscitative efforts and contacted 911 respectively. Upon initiating resuscitative efforts, the other adult observed green fluid coming from the subject child's nose and mouth.

Shortly after 11:00 PM, first responders arrived at the home, took over resuscitative efforts, and transported the subject child to the hospital. First responders noted two blankets and multiple items of clothing were found on the couch where the subject child was sleeping. Hospital staff noted the subject child arrived at the emergency department with no signs of cardiac activity. Resuscitative efforts continued at the hospital; however, the subject child was pronounced deceased at 11:48 PM.

An autopsy was completed, and the final autopsy report listed the cause of death as Asphyxia Due To Smothering and the manner of death as Accidental. The autopsy report noted the subject child was in an unsafe sleep environment, her mouth and nose were obstructed by the couch seat cushion, and she suffocated as a result of a lack of oxygen. At the time the CPS investigation was closed, there were no charges or arrests related to the fatality; however, the record did not reflect if the law enforcement investigation was closed or remained open.

The allegations of DOA / Fatality and Inadequate Guardianship were substantiated against the mother regarding the subject child. The Investigation Conclusion Narrative noted the mother placed the subject child in an unsafe sleep environment which resulted in the subject child's death.

Concerns arose during the investigation and allegations of Lack of Medical Care and Inadequate Guardianship were added



and substantiated against the mother regarding the half-sibling. The Investigation Conclusion Narrative noted the half-sibling was underweight, developmentally delayed, and suffering multiple medical ailments which the mother had not addressed. The half-sibling had not been seen for a medical appointment since August of 2022. A Neglect Petition was filed against the mother in family court and the half-sibling was removed and placed with a relative with the mother's consent.

The CPS investigation was closed on 12/13/2023. OCDCFS provided the mother, father, and other adult with information regarding bereavement services and provided the mother with information regarding burial assistance. Further services were provided after the fatality as part of the Foster Care Case including housing services, mental health services, parenting classes, and substance abuse treatment services.

### PIP Requirement

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

**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:

OCDCFS initiated a timely investigation, gathered pertinent information, assessed the safety of the children, and determined the reported allegations in congruence with the information gathered. The case was appropriately opened for foster care services.



### 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: 09/17/2023

Time of Death: 11:48 PM

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

Unknown

County where fatality incident occurred:

Onondaga

Was 911 or local emergency number called?

Yes

Time of Call:

11:04 PM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used and/or ingested alcohol or drugs?

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

#### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	10 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	19 Year(s)
Deceased Child's Household	Other Child - Other Child	No Role	Female	11 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Female	69 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

#### LDSS Response

Upon receipt of the SCR report, OCDCFS contacted the source of the report, conducted a search of the family's CPS history, coordinated with law enforcement, alerted the district attorney's office, gathered information from pertinent collaterals, and visited the home to assess the safety of the half-sibling and other child.



When interviewed, the mother reported she placed the subject child to sleep on a couch, on her back, and with a blanket over her legs and torso. The half-sibling was sleeping on the other end of the couch. The mother left the room to shower and reported she was gone for only a few minutes when she heard crying. The mother returned to the room and found the half-sibling crying, so she picked him up to comfort him. The mother stated that, at that time, the subject child had turned over onto her stomach, but still appeared to be breathing. The mother stated she left the room for a few minutes to check to see if an acquaintance had arrived at the home and when she returned to the room, she observed the subject child was no longer breathing. The mother stated it was common for the subject child to roll over and move around while sleeping and she did not have a portable crib or other safe sleep environment for the subject child.

The other adult reported she let the mother, subject child, and half-sibling stay in her home for a few days as they had nowhere else to go. The other adult provided a timeline of events for the evening of 9/17/2023 and noted the mother had gone upstairs to do laundry and take a shower and was gone from the room in which the subject child and half-sibling were sleeping for about 30 minutes. The other adult stated the mother returned to the upstairs area of the home with the half-sibling and reported the subject child was still asleep on the couch. The other adult stated the mother came back upstairs shortly thereafter and said the subject child was not breathing. The other adult found the subject child on her back on the couch and began CPR while she instructed the other child to contact 911. The other child was interviewed and stated she contacted 911; however, she was unaware of other details regarding the death. The other adult and other child reported no concerns for the mother’s care of the subject child or half-sibling.

The father of the subject child was interviewed via telephone as he resided outside of NYS. The father reported the mother, subject child, and half-sibling resided with him out of state in early 2023; however, he had no current knowledge regarding the mother’s care of the children.

### Official Manner and Cause of Death

**Official Manner:** Accident

**Primary Cause of Death:** From an injury - external 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

**Comments:** The fatality was referred to Onondaga County's Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
066312 - Deceased Child, Female, 10 Month(s)	066313 - Mother, Female, 19 Year(s)	DOA / Fatality	Substantiated
066312 - Deceased Child, Female, 10 Month(s)	066313 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
066314 - Sibling, Male, 1 Year(s)	066313 - Mother, Female, 19 Year(s)	Inadequate Guardianship	Substantiated
066314 - Sibling, Male, 1 Year(s)	066313 - Mother, Female, 19 Year(s)	Lack of Medical Care	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 father was interviewed via telephone as he resided outside of NYS.

## 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





# Child Fatality Report

	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"/>

### 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"/>
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 surviving half-sibling was removed and placed in foster care.				

### 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:
09/21/2023	There was not a fact finding	Custody Transferred to Relative or Non-Relative Foster Care
<b>Respondent:</b>	066313 Mother Female 19 Year(s)	
<b>Comments:</b>	A neglect petition was filed against the mother in family court due to concerns for her ability to care for the surviving half-sibling.	

### 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





<b>Bereavement counseling</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Economic support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Funeral arrangements</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<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 half-sibling was placed in foster care with a relative and was referred to early intervention services.

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

**Explain:**

OCDCFS provided the mother, father, and other adult with information on bereavement and mental health counseling. The mother was provided information for a myriad of services; however, had not engaged with OCDCFS as of the writing of this report.

## 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

### Infants Under One Year Old

**During pregnancy, mother:**



# Child Fatality Report

- |  |   |
|--|---|
| <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 checked="" 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)
06/21/2023	Deceased Child, Female, 7 Months	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Substantiated	Yes
	Deceased Child, Female, 7 Months	Mother, Female, 19 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 19 Years	Inadequate Food / Clothing / Shelter	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 19 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Female, 7 Months	Grandparent, Male, 54 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Female, 7 Months	Grandparent, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Male, 54 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Grandparent, Male, 54 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother and maternal grandfather were using marijuana in the direct presence of 1-year-old surviving half-sibling and 7-month-old subject child, exposing the children to the smoke. There was marijuana out and accessible to the children. Furthermore, it was alleged the mother and grandfather did not have adequate food, clothing, or other supplies for the children and the mother had a history of not properly feeding the children.

**Report Determination:** Indicated

**Date of Determination:** 10/23/2023

**Basis for Determination:**

The Investigation Conclusion Narrative noted there was a fair preponderance of evidence to support that the mother failed to provide adequate housing for the subject child and surviving half-sibling. The mother was provided emergency housing assistance; however, failed to comply with appointments to secure long-term housing which resulted in the mother and children being homeless. The mother and children ended up residing with a stranger and the mother did not have adequate provisions or sleeping arrangements for the children. The subject child died on 9/17/2023 in an apparent unsafe sleep environment.

**OCFS Review Results:**

OCDCFS met with the grandfather who reported he had not seen the mother or children in months. The grandfather



provided a telephone number for the mother and OCDCFS attempted to contact the mother on 6/22/2023 and 6/26/2023. The record reflected no further attempts to contact or locate the mother and children until an Additional Information SCR report was received on 8/1/2023. The 7-day Safety Assessment was submitted and approved over 30 days late and did not accurately reflect the case circumstances at that time. The father of the subject child was identified; however, was not added to the case composition. The record did not reflect the mother was educated regarding safe sleep practices.

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

**Issue:**  
Timely/Adequate Seven Day Assessment

**Summary:**  
The 7-day Safety Assessment was completed 36 days late on 8/3/2023. The record reflected a myriad of safety concerns including the state of the grandfather's home, a lack of supplies (including a lack of safe sleep provisions), and the mother and children's homelessness; however, the Safety Assessment noted no safety concerns.

**Legal Reference:**  
SSL 424(3);18 NYCRR432.2(b)(3)(ii)(c)

**Action:**  
Within seven days of receiving a report, OCDCFS will conduct a preliminary assessment of safety to determine whether the child named in the report and any other children in the household may be in immediate danger of serious harm. OCDCFS will document and approve all assessments and accurately reflect the safety factors that are present, along with any safety plan that has been devised.

**Issue:**  
Timely/Adequate 24 Hour Assessment

**Summary:**  
The safety of the children was not assessed within 24-hours, nor were there adequate attempts made to do so. OCDCFS met with the grandfather on 6/21/2023 who reported he was unaware of the mother and children's whereabouts. OCDCFS made 2 attempted phone calls to the mother; however, no other attempts to locate or contact the mother were documented until 8/1/2023.

**Legal Reference:**  
SSL 424(6);18 NYCRR 432.2(b)(3)(i)

**Action:**  
OCDCFS will adequately assess safety of children respective to case circumstances within 24 hours of each SCR report.

**Issue:**  
Overall Completeness and Adequacy of Investigations

**Summary:**  
One third of the progress notes were entered or included an addendum entered over 30 days after the corresponding event date. The case record identified the father of the subject child; however, he was not added to the household composition, provided notification of the SCR report, or spoken with regarding the safety of the children. Notice of Indication was not provided to the mother.

**Legal Reference:**  
SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**  
OCDCFS will review and adhere to regulations regarding casework practice in general.

**Issue:**  
Failure to provide safe sleep education/information

**Summary:**  
The record did not reflect the mother was educated regarding safe sleep practices.

**Legal Reference:**



13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

**Action:**

13-OCFS-ADM-02 notes a review and assessment of a child’s sleeping environment must be documented, and immediately addressed if assessed to be unsafe. In all CPS investigations with an infant in the home, caregivers must be provided with safe sleep information.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
03/16/2022	Sibling, Male, 3 Months	Mother, Female, 18 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 3 Months	Mother, Female, 18 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 3 Months	Mother, Female, 18 Years	Malnutrition / Failure to Thrive	Unsubstantiated	

**Report Summary:**

An SCR report alleged the mother was failing to adequately feed the then 3-month-old surviving half-sibling and the half-sibling was losing weight as a result. The half-sibling weighed 9lbs 13oz and was in the 0.11th percentile for weight. The mother was given information on how to obtain resources and had been informed of the recommended doses for the half-sibling to gain weight but failed to follow up with those recommendations. The mother's aunt and 17-year-old cousin resided in the home and were listed on the SCR report with no role.

**Report Determination:** Unfounded

**Date of Determination:** 05/06/2022

**Basis for Determination:**

The allegations of Malnutrition / Failure to Thrive, Inadequate Guardianship, and Inadequate Food / Clothing / Shelter were unsubstantiated against the mother regarding the half-sibling. The family was referred to a public health nurse who visited the home to perform weekly weight checks. As of 4/28/2022, the half-sibling was doing better and weighed 13lbs.

**OCFS Review Results:**

OCDCFS made face-to-face contact with the family immediately upon receipt of the SCR report and assessed the half-sibling and the then 17-year-old cousin to be safe in the home. OCDCFS noted concerns for unsafe sleep, provided the family with a portable crib, and educated the mother on safe sleep practices. OCDCFS coordinated with the mother, the half-sibling's pediatrician, and the public health nurse to educate the mother regarding proper feeding procedures for the half sibling.

**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**

The mother had CPS history in another state. OCDCFS spoke with a representative of the out of state CPS entity who verified their case had closed with no concerns for the children.

**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