



**Report Identification Number: BU-21-019**

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

**Issue Date: Dec 14, 2021**

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 has an open 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                        |  |   |
| <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/<br>Shelter         | IG-Inadequate Guardianship                     | LS-Lack of Supervision                  |
| Ab-Abandonment                                       | OTH/COI-Other                                  |   |
| <b>Miscellaneous</b>                                 |  |   |
| IND-Indicated  | UNF-Unfounded                                  | SO-Sexual Offender                      |
| Sub-Substantiated                                    | Unsub-Unsubstantiated                          | DV-Domestic Violence                    |
| LDSS-Local Department of Social<br>Service           | ACS-Administration for Children's<br>Services  | NYPD-New York City Police<br>Department |
| PPRS-Purchased Preventive<br>Rehabilitative Services | TANF-Temporary Assistance to Needy<br>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                    | ASTO-Allowing Sex Abuse to Occur               |   |



## Case Information

**Report Type:** Child Deceased  
**Age:** 6 month(s)

**Jurisdiction:** Cattaraugus  
**Gender:** Male

**Date of Death:** 06/24/2021  
**Initial Date OCFS Notified:** 06/24/2021

## Presenting Information

An SCR report alleged on 6/24/21, the mother placed the 6-month-old infant in a swing. Thirty minutes later when the mother checked on the infant he was observed to be slumped in his swing and unresponsive. The mother contacted law enforcement who carried the infant out of the home. The infant was brought to the hospital in full cardiac arrest. The infant could not be resuscitated and died at the hospital. The mother had no explanation for the infant's death. The mother failed to provide a clean home environment for the infant and the 3-year-old sibling. The home was observed to be in disarray with garbage strewn about, infested with bed bugs and the sibling was sleeping on an uninflated mattress on the floor. The children were unkempt and disheveled. The infant had matted hair and dry nasal secretion on his face. The sibling appeared dirty.

## Executive Summary

On 6/24/21, the Cattaraugus County Department of Social Services (CCDSS) received an SCR report regarding the death of the 6-month-old male infant. CCDSS had three open CPS investigations at the time, dated 2/12/21, 5/3/21 and 6/2/21, with concerns for the condition of the home, the mother's drug use and allegations of sexual abuse of the youngest sibling by the mother's partner. There was an open CPS Services case, which opened on 2/28/21, due to concerns for the mother's history of drug abuse and criminal charges, which resulted in the mother previously losing custody of the two siblings.

The 5-year-old sibling was placed in the Article 6 custody of his aunt in 2016 due to the mother being incarcerated and due to her history of drug use. The mother had regular visitation with the oldest sibling and he remained in the aunt's custody. The 3-year-old sibling was placed in the Article 6 custody of her paternal grandmother in August 2019 due to the mother being incarcerated. The mother regained custody of the 3-year-old sibling in February 2021. The father of the 3-year-old sibling had supervised visitation with her.

At the time of the infant's death, he resided with the mother, her partner and the 3-year-old sibling. The mother's partner was not the infant's father, but he signed the birth certificate. The mother provided the name of the man she believed to be the infant's father to CCDSS; however, she did not have contact information and CCDSS was unable to locate him.

CCDSS conducted a joint investigation with law enforcement, and they learned that on 6/24/21 at approximately 6:00 PM, the mother was upstairs laying down with the youngest sibling when the mother's partner told her he was leaving the home and that the infant was downstairs sleeping in his swing. The mother's partner returned to the home around 7:20 PM, and he found the infant slumped over and face down in the swing. He pulled the infant from the swing and he yelled for the mother. The mother called 911 and her partner performed CPR. Law enforcement arrived and assisted with CPR until EMS arrived and took over. EMS transported the infant to the hospital via ambulance. Attempts to resuscitate the infant continued for 20 minutes at the hospital and the infant was pronounced deceased at 8:16 PM.

An autopsy was performed, and the results were pending at the time this report was written. The law enforcement investigation remained open pending the final autopsy results.

Due to the death of the infant and the mother's lack of cooperation with preventive services, CCDSS filed an Article 10 Neglect Petition against the mother and her partner on 6/25/21. The youngest sibling was removed and placed in Foster Care. The sibling was placed with her paternal grandmother, who became certified as an emergency foster boarding home. The mother and her partner were barred from unsupervised contact with the sibling. CCDSS referred the mother for



substance abuse, mental health, and parenting services. The mother’s partner was referred for substance abuse services. The youngest sibling received a medical examination, and she was referred for Early Intervention services. Services related to the fatality were not offered.

CCDSS substantiated the allegation of Inadequate Guardianship against the mother and her partner regarding the infant and the youngest sibling and the allegation of DOA/Fatality regarding the infant. The infant was left improperly restrained in the swing for an hour. The adults’ failure to provide a developmentally safe sleep environment for the infant and their failure to provide appropriate supervision resulted in the infant’s death. The allegation of Inadequate Food, Clothing Shelter was substantiated against the mother and her partner regarding the infant and the youngest sibling, but the Investigation Conclusion narrative stated that the home met minimal standards and there was a lack of credible evidence to substantiate the allegation.

### PIP Requirement

CCDSS will submit a PIP to the Buffalo 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?** Yes
- **Was the safety decision on the approved Initial Safety Assessment appropriate?** Yes

### Determination:

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

### Explain:

It was documented in the Investigation Conclusion Narrative that there was a lack of credible evidence to substantiate the allegation of Inadequate Food, Clothing, Shelter; however, the allegation was substantiated.

**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?** Yes, the case record has detail of the consultation.



**Explain:**  
Although CCDSS documented in the Investigation Conclusion Narrative that there was a lack of credible evidence to substantiate the allegation of Inadequate Food, Clothing, Shelter, they substantiated the allegation.

### Required Actions Related to the Fatality

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

|                         |  |
|-------------------------|--|
| <b>Issue:</b>           | Appropriateness of allegation determination  |
| <b>Summary:</b>         | The investigation found a lack of credible evidence to substantiate the allegation of Inadequate Food, Clothing, Shelter; however, the allegation was substantiated.             |
| <b>Legal Reference:</b> | FCA 1012 (e) & (f);18 NYCRR 432.2(b)(3)(iv)  |
| <b>Action:</b>          | CCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations, and will consult with the Buffalo Regional Office if further guidance is needed. |
| <b>Issue:</b>           | Timely/Adequate 24 Hour Assessment   |
| <b>Summary:</b>         | A 24-Hour Safety Assessment was not completed and approved within 24 hours of receipt of the report.   |
| <b>Legal Reference:</b> | SSL 424(6);18 NYCRR 432.2(b)(3)(i)   |
| <b>Action:</b>          | A safety assessment will be documented and approved by a supervisor within 24 hours of a report if such report contains the allegation of DOA/Fatality, as required.             |

### Fatality-Related Information and Investigative Activities

#### Incident Information

**Date of Death:** 06/24/2021

**Time of Death:** 08:16 PM

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

**County where fatality incident occurred:** Cattaraugus

**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 alcohol or drugs?** No

**Child's activity at time of incident:**

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown
- Other

**Did child have supervision at time of incident leading to death?** Yes

**How long before incident was the child last seen by caretaker?** 1 Hours

**At time of incident was supervisor impaired?** Unknown if they were impaired.

**At time of incident supervisor was:**



- Distracted
- Asleep

- Absent
- Other: **Upstairs**

**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   | 6 Month(s) |
| Deceased Child's Household | Mother                                  | Alleged Perpetrator | Female | 38 Year(s) |
| Deceased Child's Household | Mother's Partner                        | Alleged Perpetrator | Male   | 22 Year(s) |
| Deceased Child's Household | Sibling                                 | Alleged Victim      | Female | 3 Year(s)  |
| Other Household 1          | Sibling                                 | No Role             | Male   | 5 Year(s)  |
| Other Household 2          | Other Adult - Youngest Sibling's Father | No Role             | Male   | 43 Year(s) |
| Other Household 3          | Other Adult - Oldest Sibling's Father   | No Role             | Male   | 29 Year(s) |

**LDSS Response**

CCDSS began their investigation into the incident upon receipt of the SCR report on 6/24/21. They spoke with law enforcement, the source of the report, and hospital staff. They reviewed SCR history, notified the DA's office about the infant's death, and interviewed the mother, her partner, the youngest sibling's father and the oldest sibling's aunt. Attempts to locate and interview the oldest sibling's father and the infant's father were unsuccessful. CCDSS assessed the safety of the siblings and they planned for the youngest sibling to stay with a family member for the night. An Article 10 Neglect petition was then filed, and the youngest sibling was placed with her paternal grandmother.

The mother and her partner reported that the mother's partner was downstairs with the infant and the mother was upstairs laying down with the youngest sibling. Around 6:00 PM, the mother's partner went upstairs and told the mother he was leaving, and that the infant was sleeping in the swing. The mother's partner stated that the infant was buckled in the swing when he left. The mother's partner returned home around 7:20 PM and he found the infant slumped over, face down in the swing, and he was unresponsive. The mother heard her partner screaming so she went downstairs, and she called 911. The home was found to be cluttered, but it met minimal standards.

CCDSS determined the infant was of the developmental stage that he was strong enough to turn over on his own. They determined the infant swing was not a safe environment for the infant to sleep in without constant, direct supervision. It was further determined the adults had not utilized the swing's safety implements such as the harness or belt straps properly to ensure the infant could not turn over or fall from the swing. At the hospital the mother's partner was heard questioning how the straps to the swing were unstrapped when he got back home since he had secured the straps before leaving the house.

Hospital staff reported that the infant arrived in cardiac arrest and they did not observe any trauma on his body. The mother told them the infant had been sick for a few days so there was a possibility the infant was dehydrated. They further reported there were dry nasal secretions on the infant's nose that had not been cleaned. Law enforcement confirmed there was no trauma on the infant's body, and they said they believed the infant died as a result of an unsafe sleep space.

**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:** CCDSS does not have an OCFS approved Child Fatality Review Team.

### SCR Fatality Report Summary

| Alleged Victim(s)                     | Alleged Perpetrator(s)                      | Allegation(s)                        | Allegation Outcome |
|---------------------------------------|---|--------------------------------------|--------------------|
| 058975 - Deceased Child, Male, 6 Mons | 058976 - Mother, Female, 38 Year(s)         | DOA / Fatality                       | Substantiated      |
| 058975 - Deceased Child, Male, 6 Mons | 058976 - Mother, Female, 38 Year(s)         | Inadequate Food / Clothing / Shelter | Substantiated      |
| 058975 - Deceased Child, Male, 6 Mons | 058976 - Mother, Female, 38 Year(s)         | Inadequate Guardianship              | Substantiated      |
| 058975 - Deceased Child, Male, 6 Mons | 058977 - Mother's Partner, Male, 22 Year(s) | DOA / Fatality                       | Substantiated      |
| 058975 - Deceased Child, Male, 6 Mons | 058977 - Mother's Partner, Male, 22 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated      |
| 058975 - Deceased Child, Male, 6 Mons | 058977 - Mother's Partner, Male, 22 Year(s) | Inadequate Guardianship              | Substantiated      |
| 058978 - Sibling, Female, 3 Year(s)   | 058976 - Mother, Female, 38 Year(s)         | Inadequate Food / Clothing / Shelter | Substantiated      |
| 058978 - Sibling, Female, 3 Year(s)   | 058976 - Mother, Female, 38 Year(s)         | Inadequate Guardianship              | Substantiated      |
| 058978 - Sibling, Female, 3 Year(s)   | 058977 - Mother's Partner, Male, 22 Year(s) | Inadequate Food / Clothing / Shelter | Substantiated      |
| 058978 - Sibling, Female, 3 Year(s)   | 058977 - Mother's Partner, Male, 22 Year(s) | Inadequate Guardianship              | Substantiated      |

### CPS Fatality Casework/Investigative Activities

|  | Yes                                 | No                       | N/A                      | Unable to Determine      |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>All children observed?</b>                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>When appropriate, children were interviewed?</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Alleged subject(s) interviewed face-to-face?</b>        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>All 'other persons named' interviewed face-to-face?</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# Child Fatality Report

|   |                                     |                          |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Contact with source?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All appropriate Collaterals contacted?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a death-scene investigation performed?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordination of investigation with law enforcement?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there timely entry of progress notes and other required documentation?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Fatality Safety Assessment Activities

|  | Yes                                 | No                                  | N/A                      | Unable to Determine      |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Were there any surviving siblings or other children in the household?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| Was there an adequate assessment of impending or immediate danger to surviving siblings/other children in the household named in the report: |                                     |                                     |                          |                          |
| Within 24 hours?   | <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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"/> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

**Explain:**  
A 24-Hour Safety Assessment was not completed and approved within 24 hours of receipt of the report.

### 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"/> |





# Child Fatality Report

|  |                                     |                          |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 either as a result of this fatality report / investigation or for reasons unrelated to this fatality?                          | <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><br>The youngest sibling was removed and placed in Foster Care. The oldest sibling remained in the custody of his aunt.   |                                     |                          |                          |                          |

### 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:    |
|--------------------|--|-----------------------------|
| 06/25/2021         | There was not a fact finding   | There was not a disposition |
| <b>Respondent:</b> | 058976 Mother Female 38 Year(s)  |                             |
| <b>Comments:</b>   | An Article 10 Neglect Petition was filed against the mother and her partner regarding the infant and youngest sibling. The petition was pending in Family Court at the time this report was written. |                             |

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

| Date Filed:        | Fact Finding Description:  | Disposition Description:    |
|--------------------|--|-----------------------------|
| 06/25/2021         | There was not a fact finding   | There was not a disposition |
| <b>Respondent:</b> | 058977 Mother's Partner Male 22 Year(s)  |                             |
| <b>Comments:</b>   | An Article 10 Neglect Petition was filed against the mother and her partner regarding the infant and youngest sibling. The petition was pending in Family Court at the time this report was written. |                             |

Have any Orders of Protection been issued? Yes

From: 06/25/2021

To: Unknown

**Explain:**

The mother and parent substitute were barred from unsupervised contact with the youngest 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     |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Bereavement counseling               | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Health care                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Legal services                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Family planning                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input 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? Yes

**Explain:**

The youngest sibling received a medical examination and she was placed in Foster Care.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

**Explain:**

The mother and her partner were not referred for any services related to the fatality.

**History Prior to the Fatality**



## Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? Yes

## Infants Under One Year Old

### During pregnancy, mother:

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

### Infant was born:

- Drug exposed  With fetal alcohol effects or syndrome
- With neither 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) |
|--------------------|--------------------------|--|-------------------------|--------------------|---------------------|
| 06/02/2021         | Sibling, Female, 3 Years | Other Adult - Youngest Sibling's Grandmother, Female, 61 Years | Inadequate Guardianship | Unsubstantiated    | Yes                 |
|                    | Sibling, Female, 3 Years | Mother, Female, 38 Years                                       | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 3 Years | Mother's Partner, Male, 22 Years                               | Inadequate Guardianship | Substantiated      |                     |
|                    | Sibling, Female, 3 Years | Mother, Female, 38 Years                                       | Lack of Medical Care    | Substantiated      |                     |
|                    | Sibling, Female, 3 Years | Mother's Partner, Male, 22 Years                               | Sexual Abuse            | Unsubstantiated    |                     |

### Report Summary:

An SCR report alleged the mother's partner sexually abused the youngest sibling. As a result, the sibling sustained redness, swelling, and bleeding to her vagina. Despite being aware of the sexual abuse, the grandmother returned the sibling to the parent substitute's care without implementing any precautionary measures. Additionally, in the past, the sibling presented with a double ear infection and signs and symptoms of a urinary tract infection. The mother was aware and failed to seek medical care in a timely manner. As a result, the sibling went two months without treatment. An SCR report dated 6/4/21 alleged the parent substitute bit the youngest sibling's vagina causing bleeding.

**Report Determination:** Indicated

**Date of Determination:** 08/03/2021

### Basis for Determination:

The youngest sibling was examined by a doctor and there were no signs of infection or trauma. The sibling was interviewed at the Child Advocacy Center twice and she made no disclosure of sexual abuse. The sibling and infant had not been to the pediatrician for several months and they were behind on vaccinations. On 6/24/21, the infant was left



improperly secured in an infant swing for approximately one hour. The infant was found unresponsive and he was pronounced deceased. An Article 10 Neglect Petition was filed and the youngest sibling was removed and placed with her paternal grandmother.

**OCFS Review Results:**

The youngest sibling's grandmother's home and the mother's home was assessed. CCDSS interviewed the mother, youngest sibling's grandmother, sibling's father, and both siblings. The mother's partner was a subject of the report and he was not interviewed regarding the sexual abuse allegations. The safety of the children was assessed upon receipt of the report, but the 7-Day Safety Assessment was completed five days late on 6/14/21. Relevant collaterals were contacted. An Article 10 Neglect Petition was appropriately filed to obtain court ordered services.

**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 five days late on 6/14/21.

**Legal Reference:**

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

**Action:**

CCDSS will document and approve all safety assessments within the required timeframe.

**Issue:**

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

**Summary:**

The mother's partner was a subject of the report and he was not interviewed about the sexual abuse allegations.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

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

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)   | Allegation(s)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 05/03/2021         | Deceased Child, Male, 4 Months | Mother, Female, 38 Years | Inadequate Guardianship       | Substantiated      | Yes                 |
|                    | Deceased Child, Male, 4 Months | Mother, Female, 38 Years | Lack of Supervision           | Substantiated      |                     |
|                    | Deceased Child, Male, 4 Months | Mother, Female, 38 Years | Parents Drug / Alcohol Misuse | Substantiated      |                     |

**Report Summary:**

An SCR report alleged the mother drank alcohol to point of being impaired and she was unable to provide adequate care and supervision to the infant. The mother passed out while impaired.

**Report Determination:** Indicated

**Date of Determination:** 07/30/2021

**Basis for Determination:**

There was a lack of credible evidence that the mother was drinking alcohol to the point of impairment; however, she had a history of drug use and she was in substance abuse treatment. Her last urine screen on 5/28/21 was positive for her



prescribed opiate maintenance drug but it was not the appropriate level for her prescribed dose. It was suspected the mother was using drugs and she was non-compliant with preventive services. On 6/24/21 the infant was left improperly secured in an infant swing. He was found unresponsive and he was pronounced deceased. An Article 10 Neglect Petition was filed and the youngest sibling was removed and placed with her paternal grandmother.

**OCFS Review Results:**

CCDSS assessed the mother's home, the youngest sibling's grandmother's home and the youngest sibling's father's home. The safety of the children was assessed upon receipt of the report, but the 7-Day Safety Assessment was completed 17 days late on 5/27/21. Safe sleep was discussed with the mother and a safe sleep environment was observed for the infant. Relevant collaterals were contacted. Numerous services were offered to the mother and her participation in services was closely monitored through the open services case. An Article 10 Neglect Petition was appropriately filed to obtain court ordered services.

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 17 days late on 5/27/21.

**Legal Reference:**

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

**Action:**

CCDSS will document and approve all safety assessments within the required timeframe.

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)           | Allegation(s)                        | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|----------------------------------|--------------------------------------|--------------------|---------------------|
| 02/12/2021         | Sibling, Female, 3 Years       | Mother, Female, 37 Years         | Inadequate Food / Clothing / Shelter | Substantiated      | Yes                 |
|                    | Sibling, Female, 3 Years       | Mother, Female, 37 Years         | Inadequate Guardianship              | Substantiated      |                     |
|                    | Sibling, Female, 3 Years       | Mother, Female, 37 Years         | Parents Drug / Alcohol Misuse        | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Months | Mother, Female, 37 Years         | Inadequate Food / Clothing / Shelter | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Months | Mother, Female, 37 Years         | Inadequate Guardianship              | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Months | Mother, Female, 37 Years         | Parents Drug / Alcohol Misuse        | Substantiated      |                     |
|                    | Sibling, Female, 3 Years       | Mother's Partner, Male, 21 Years | Inadequate Food / Clothing / Shelter | Substantiated      |                     |
|                    | Sibling, Female, 3 Years       | Mother's Partner, Male, 21 Years | Inadequate Guardianship              | Substantiated      |                     |
|                    | Sibling, Female, 3 Years       | Mother's Partner, Male, 21 Years | Parents Drug / Alcohol Misuse        | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Months | Mother's Partner, Male, 21 Years | Inadequate Food / Clothing / Shelter | Substantiated      |                     |
|                    | Deceased Child, Male, 2 Months | Mother's Partner, Male, 21 Years | Inadequate Guardianship              | Substantiated      |                     |



|                                |                                  |                               |               |
|--------------------------------|----------------------------------|-------------------------------|---------------|
| Deceased Child, Male, 2 Months | Mother's Partner, Male, 21 Years | Parents Drug / Alcohol Misuse | Substantiated |
| Deceased Child, Male, 2 Months | Mother, Female, 37 Years         | Lack of Supervision           | Substantiated |
| Deceased Child, Male, 2 Months | Mother's Partner, Male, 21 Years | Lack of Supervision           | Substantiated |

**Report Summary:**

An SCR report alleged the mother and her partner did not attend to the then 2-month-old infant. They locked him in a bedroom for long hours in a car seat. The mother got rid of her furniture because of bed bugs and there wasn't much in the home. The youngest sibling slept on the floor with pillows and a blanket. An SCR report dated 2/13/21 alleged the home was infested with bed bugs and the youngest sibling had poor hygiene and matted hair. The youngest sibling did not have clothing that was appropriate for the weather. The infant was locked in a bedroom due to the oldest sibling asking what would happen if he put a pillow over the infant's face. The mother abused marijuana.

**Report Determination:** Indicated**Date of Determination:** 07/30/2021**Basis for Determination:**

The mother had a history of drug use and bed bugs in the home. She agreed to work with preventive services to keep the infant and youngest sibling in her care during the previous investigation. The mother changed substance abuse service providers due to missed or cancelled appointments, she did not cooperate with Healthy Families, she did not meet with the health nurse and the infant missed follow up medical appointments. On 6/24/21, the infant was left improperly secured in an infant swing. He was found unresponsive and pronounced deceased. After the infant's death an Article 10 Neglect Petition was filed and the youngest sibling was removed and placed with her paternal grandmother.

**OCFS Review Results:**

CCDSS assessed the mother's home, the youngest sibling's grandmother's home and the youngest sibling's father's home. Safe sleep was discussed with the mother and a safe sleep environment was observed for the infant. Safety Assessments and the RAP were completed timely and accurately and relevant collaterals were contacted. Numerous services were offered to the mother and her participation in services was closely monitored through the open services case. The record did not reflect that CCDSS consulted their legal department regarding filing a Neglect Petition prior to 6/24/21, despite concerns for the mother's continued drug use and lack of cooperation with preventive services.

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

Assessment as to need for Family Court Action

**Summary:**

The record did not reflect that CCDSS consulted their legal department regarding filing a Neglect Petition prior to 6/24/21, despite concerns for the mother's continued drug use and lack of cooperation with preventive services.

**Legal Reference:**

SSL 424.11; 18 NYCRR 432.2(b)(3)(vi)

**Action:**

CCDSS shall, in all cases where a child abuse or maltreatment report is being investigated, assess whether the best interests of the child require Family Court or Criminal Court action and shall initiate such action, whenever necessary.

| Date of SCR Report | Alleged Victim(s)              | Alleged Perpetrator(s)   | Allegation(s)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 12/09/2020         | Deceased Child, Female, 1 Days | Mother, Female, 37 Years | Inadequate Guardianship       | Unsubstantiated    | Yes                 |
|                    | Deceased Child, Female, 1 Days | Mother, Female, 37 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |





|                                |                                  |                               |                 |
|--------------------------------|----------------------------------|-------------------------------|-----------------|
| Deceased Child, Female, 1 Days | Mother's Partner, Male, 21 Years | Inadequate Guardianship       | Unsubstantiated |
| Deceased Child, Female, 1 Days | Mother's Partner, Male, 21 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |

**Report Summary:**

An SCR report alleged on 12/8/20, the mother was positive for amphetamines and marijuana at the time she gave birth to the subject infant. An SCR report dated 1/20/21 alleged the mother and parent substitute had a history of using methamphetamine. The adults were using methamphetamine to impairment while the infant was in their care and the mother was having hallucinations. The parent substitute overdosed on a substance in December 2020. The mother and parent substitute were unable to adequately care for the infant.

**Report Determination:** Unfounded**Date of Determination:** 03/03/2021**Basis for Determination:**

The mother tested positive for amphetamines and marijuana at the birth of the infant. The infant tested negative for drugs, but he had withdrawal symptoms from the mother's opiate maintenance drug and he needed to remain hospitalized until 12/21/20. The mother did not take the infant to 3 scheduled medical appointments but she did ultimately follow through with his medical care. The mother regained custody of the youngest sibling. The mother was engaged in substance abuse services and she agreed to Preventive Services, visiting nursing services, mental health services and Healthy Families. CCDSS told the mother they would file a Neglect Petition if she did not comply with services.

**OCFS Review Results:**

CCDSS interviewed the mother, mother's partner, maternal grandmother, oldest sibling's aunt, oldest sibling, and youngest sibling's grandmother. Safety Assessments and the RAP were completed timely and accurately. Safe sleep was discussed several times and two portable cribs and a bassinet were observed in the home. The mother did not cooperate with completing a Plan of Safe Care, but an abundance of services were offered/provided to the mother and infant. Relevant collaterals were contacted and the safety of the infant and siblings was assessed throughout the investigation. The fathers of the siblings and the mother's partner were not provided with notice of the report.

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

Failure to provide notice of report

**Summary:**

The fathers of the siblings and the mother's partner were not provided with notice of the report.

**Legal Reference:**

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

**Action:**

CCDSS will notify the subjects and other adults named in a report, as well as absent biological parents, in writing, no later than seven days after receipt of the oral report.

| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|---------------|--------------------|---------------------|
| 09/30/2020         | Sibling, Female, 2 Years | Mother, Female, 37 Years | Sexual Abuse  | Unsubstantiated    | No                  |

**Report Summary:**

An SCR report alleged the youngest sibling was sexually abused while in the care of the mother and an unrelated home member. As a result, the sibling was experiencing pain, swelling and redness to her vaginal area. Additionally, the sibling was trying to put things into her buttocks and was acting out sexually with dolls.

**Report Determination:** Unfounded**Date of Determination:** 10/29/2020**Basis for Determination:**

A forensic interview was attempted but the sibling was unable to answer questions based on her age and development.





The mother denied that anyone else resided in her home besides herself and she denied the allegations. The pediatrician examined the sibling and treated her for a minor infection but found no concerns for sexual abuse. The sibling remained in the custody of her paternal grandmother and the mother continued to have visitation. The sibling's father was incarcerated and he had no contact with the sibling.

**OCFS Review Results:**

CCDSS interviewed the mother and the youngest sibling's grandmother and both homes were assessed to be safe. CCDSS attempted to interview the sibling and they assessed her to be safe in her grandmother's custody. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted.

**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) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 07/19/2020         | Sibling, Male, 4 Years   | Mother, Female, 37 Years | Inadequate Guardianship | Unsubstantiated    | Yes                 |
|                    | Sibling, Female, 2 Years | Mother, Female, 37 Years | Inadequate Guardianship | Unsubstantiated    |                     |
|                    | Sibling, Female, 2 Years | Mother, Female, 37 Years | Lack of Supervision     | Unsubstantiated    |                     |

**Report Summary:**

An SCR report alleged on 7/18/20, the mother left a burning candle unattended with various items placed around it. She fell asleep and a purse strap caught on fire on the dresser. The youngest sibling was in the home at the time. The fire was controlled and there were no injuries. The mother had a history of falling asleep at night with candles burning and lit cigarettes. There was a previous incident where she fell asleep with the stove burners left on while the sole caretaker for the youngest sibling. The oldest sibling had a history of running out of parked vehicles and the mother was unable to control his behavior.

**Report Determination:** Unfounded

**Date of Determination:** 10/28/2020

**Basis for Determination:**

The mother denied falling asleep with candles lit or cigarettes burning. The mother reported that her purse strap was near a burning candle and it began to smoke but it did not catch on fire and no one was injured. The mother had supervised visitation with the siblings and the oldest sibling was visiting the mother at the time. The oldest sibling stated that the mother lit a candle then her purse started smoking so she put the candle out. The oldest sibling remained in the custody of his aunt and he had no visitation with his father. The youngest sibling remained in the temporary custody of her paternal grandmother and her father was incarcerated with no visitation.

**OCFS Review Results:**

Interviews were conducted with the mother, the oldest sibling's aunt, the youngest sibling's grandmother, and the oldest sibling. The siblings were assessed to be safe. Safety Assessments and the RAP were completed timely and accurately. The mother was pregnant with the subject child so safe sleep was discussed and the mother was provided with a portable crib. Relevant collaterals were contacted and it was verified the mother was engaged in substance abuse services and had negative drug screens. Eleven out of 36 progress notes were entered more than 30 days past their event dates.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

Eleven out of 36 progress notes were entered more than 30 days past their event dates.

**Legal Reference:**

18 NYCRR 428.5

**Action:**

Progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of the information which is to be recorded.



| Date of SCR Report | Alleged Victim(s)        | Alleged Perpetrator(s)   | Allegation(s)                 | Allegation Outcome | Compliance Issue(s) |
|--------------------|--------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 04/06/2020         | Sibling, Male, 3 Years   | Mother, Female, 36 Years | Inadequate Guardianship       | Unsubstantiated    | No                  |
|                    | Sibling, Male, 3 Years   | Mother, Female, 36 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |
|                    | Sibling, Female, 2 Years | Mother, Female, 36 Years | Inadequate Guardianship       | Unsubstantiated    |                     |
|                    | Sibling, Female, 2 Years | Mother, Female, 36 Years | Parents Drug / Alcohol Misuse | Unsubstantiated    |                     |

**Report Summary:**

An SCR report alleged the mother abused cocaine and alcohol to the point of intoxication. The mother did not use in the presence of the siblings however she used up to an hour prior to them visiting her. As a result the mother was still under the influence of cocaine and alcohol when the siblings were in her care. After using the mother was agitated, irritable, she lost her patience, she did not engage with the siblings and she fell asleep. The mother had drug dealers and drug users around the siblings. On occasions when the mother passed out from using drugs the siblings were left with drug dealers and there were no appropriate caregivers for them.

**Report Determination:** Unfounded**Date of Determination:** 05/11/2020**Basis for Determination:**

The mother had recently been released from jail and she was engaged in substance abuse services. The mother tested negative for all substances and she had supervised visitation with the siblings. The oldest sibling remained in the custody of his aunt and he had no visitation with his father, who was incarcerated. The youngest sibling remained in the temporary custody of her paternal grandmother and her father was incarcerated with no visitation. The siblings' guardians had no concerns for the mother using drugs or being under the influence while visiting the siblings.

**OCFS Review Results:**

Interviews were conducted with the mother and the siblings' guardians. The siblings were observed and assessed to be safe. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted and there were no concerns for the siblings or for the mother actively using drugs.

**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) |
|--------------------|--------------------------|--------------------------|-------------------------|--------------------|---------------------|
| 07/18/2019         | Sibling, Female, 1 Years | Mother, Female, 36 Years | Inadequate Guardianship | Substantiated      | Yes                 |
|                    | Sibling, Female, 1 Years | Mother, Female, 36 Years | Lack of Supervision     | Substantiated      |                     |

**Report Summary:**

An SCR report alleged on 7/17/19 the mother turned on three stove burners; one of the burners contained a pan of grease and a second burner contained an empty tea kettle. After turning all three burners on, the mother went into another room and fell asleep, leaving the youngest sibling unsupervised for an extended period of time. As a result, the pan of grease started a fire inside the home. The entire home was engulfed with black smoke, the fire alarms were going off and the sibling was screaming and crying. A family member went to the home for a visit and found the fire and the sibling crying. The family member put out the fire while the mother slept in another room.

**Report Determination:** Indicated**Date of Determination:** 09/25/2019**Basis for Determination:**

On 7/17/19, the mother lit three burners on the stove then she went into her bedroom, leaving the youngest sibling



unsupervised. A family member was outside at the time and they went inside when they heard the smoke alarm going off. They found smoke coming from the stove so they turned the stove off and brought the sibling outside. A safety plan was developed that the paternal grandmother would supervise the mother's contact with the sibling. The mother was later incarcerated for shoplifting and for violating drug court and the sibling was placed in the temporary custody of the sibling's paternal grandmother.

**OCFS Review Results:**

CCDSS conducted home visits and they interviewed the mother, paternal grandmother and other family members. The sibling was assessed and a safety plan was developed upon receipt of the report; however, the 7-Day Safety Assessment was completed 13 days late on 8/7/19. CCDSS contacted relevant collaterals and they provided assistance to the sibling's paternal grandmother with applying for custody.

**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 13 days late on 8/7/19.

**Legal Reference:**

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

**Action:**

CCDSS will document and approve all safety assessments within the required timeframe.

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

An SCR report dated 9/8/11 was substantiated against the mother for the allegation of Parent's Drug/Alcohol Misuse and an SCR report dated 11/9/11 was substantiated against the mother for the allegations of Inadequate Guardianship, Child's Drug/Alcohol Misuse and Parent's Drug/Alcohol Misuse regarding the mother's sibling. The maternal grandmother, mother and the mother's sibling were using drugs and there were drugs and drug paraphernalia found in the home.

An SCR report dated 7/7/16 was substantiated against the mother and the father of the oldest sibling for the allegation of Inadequate Guardianship regarding the oldest sibling. An Article 10 Neglect Petition was filed and the case was opened for services.

An SCR report dated 6/11/18 was unsubstantiated against the mother and an unrelated home member for the allegations of Inadequate Guardianship and Parent's Drug/Alcohol Misuse regarding the youngest sibling.

### Known CPS History Outside of NYS

There was on 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: 02/28/2021**

**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: 02/28/2021**

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



# Child Fatality Report

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

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



### Provider

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

**Additional information, if necessary:**

Cattaraugus Community Action provided Preventive Services to the family.

### Preventive Services History

A services case was opened from 7/13/16-9/22/16 following an Article 10 Neglect Petition being filed against the mother regarding the oldest sibling. The mother failed to make an appropriate plan for the oldest sibling's care while she was incarcerated for a parole violation for using drugs and alcohol. The mother left the oldest sibling in the care of his father, who had a concerning criminal history and he resided with a drug dealer. The oldest sibling was placed in the Article 6 custody of his aunt on 7/11/16.

A services case opened on 2/28/21 due to the mother's history of drug use and criminal activity, which resulted in the mother losing custody of the two siblings in the past. The mother had a positive toxicology for drugs at the birth of the infant. She continued to test positive for drugs and she was not fully complying with substance abuse treatment. The mother regained custody of the youngest sibling and she agreed to work with Preventive Services, visiting nurses, mental health services and Healthy Families. The infant missed several medical appointments, the mother missed substance abuse treatment appointments and she did not engage in services with Healthy Families. On 6/24/21, the infant passed away after being found unresponsive in his infant swing. CCDSS filed an Article 10 Neglect Petition and the youngest sibling was placed in Foster Care.

### 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

### Additional Local District Comments

We have reviewed the issues with staff and will work to ensure adequate supervision and timeliness of reporting.

### 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