



Report Identification Number: BU-20-030

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

Issue Date: Mar 29, 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

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



Case Information

Report Type: Child Deceased
Age: 3 month(s)

Jurisdiction: Chautauqua
Gender: Male

Date of Death: 10/10/2020
Initial Date OCFS Notified: 10/10/2020

Presenting Information

On 10/10/20, Chautauqua County Department of Social Services (CCDSS) received a report from the SCR regarding the death of the 3-month-old child. The report alleged the mother placed the subject child down for a nap and left him unattended for approximately 30-60 minutes prior to finding him unresponsive. The mother and father called 911 and EMS arrived and transported the child to the hospital. The child was in a state of rigor mortis. There were no visible injuries observed. The explanation provided by the parents of the child becoming unresponsive was inconsistent with his core temperature.

Executive Summary

On 10/10/20, CCDSS received an SCR report regarding the death of the 3-month-old male subject child. At the time of the infant's death, he resided with his mother, father and two siblings, ages 7 and 2. The father had a 2-year-old child who resided with his mother and visited the subject child's home on a regular basis.

CCDSS conducted a joint investigation with law enforcement and they learned that on 10/10/20, the mother was home with the subject child and the siblings while the father was at work. Between 10 and 10:30AM, the mother placed the subject child down for a nap on the parents' bed while she bathed the 2-year-old sibling. The 7-year-old sibling was in his own bedroom during this time. Approximately 30 minutes later the mother returned to check on the subject child and found him unresponsive. The mother called 911 and began CPR. First responders arrived and transported the child to the hospital where he was pronounced dead.

An autopsy was performed, though the final report had not been completed at the time of this writing. CCDSS spoke with the medical examiner, who reported the death appeared to be the result of an unsafe sleep environment. In speaking with the coroner, it was learned the mother placed the child face down, in the swaddled position. There were blankets and pillows surrounding the subject child. The criminal investigation remained open, pending the final autopsy results.

CCDSS substantiated the allegations of DOA/Fatality and Inadequate Guardianship against the mother due to the unsafe sleep environment contributing to his death. After all case objectives were met, CCDSS opened a preventive services case to offer additional support to the family. Bereavement and mental health counseling referrals were provided and the parents and 7-year-old sibling were engaged in services.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- **Was sufficient information gathered to make the decision recorded on the:**

- **Approved Initial Safety Assessment?**

Yes



○ Safety assessment due at the time of determination? Yes

● Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

Casework was commensurate with case circumstances. CCDSS indicated and closed the investigation once regulatory requirements were met.

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:

The casework was commensurate with case circumstances. Once all case objectives were met, CCDSS closed the investigation and opened a preventive services case to offer additional support to the family following the death.

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: 10/10/2020

Time of Death: Unknown

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

County where fatality incident occurred: Chautauqua

Was 911 or local emergency number called? Yes

Time of Call: 12:42 PM

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? 30 Minutes

At time of incident supervisor was: Not impaired.

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	3 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	29 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	30 Year(s)
Deceased Child's Household	Sibling	No Role	Male	7 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Other Adult - mother of the sibling	No Role	Female	29 Year(s)
Other Household 1	Sibling	No Role	Male	2 Year(s)
Other Household 2	Other Adult - Father of Sibling	No Role	Male	30 Year(s)

LDSS Response

CCDSS conducted a thorough investigation into the infant's death. They spoke to the source of the report, hospital staff, law enforcement, coroner's office, and the children's pediatrician. CCDSS searched SCR history, notified the DA's office about the infant's death, conducted home visits, and interviewed the parents, sibling, and extended family members.

During interviews with the parents they reported that they were aware of safe sleep guidelines. The mother reported she always placed the subject child on his stomach due to her personal belief that it was safer because of the subject child's reflux. The mother also reported she placed the infant in her bed as the 2-year-old sibling had a history of pulling the bassinet over to view the infant. The infant had not had any illness or injury since birth, and on 10/10/20 and the day prior, he had been acting normal and eating regularly. The father left for work on the morning of 10/10/20 while the mother stayed home to care for the subject child, 2-year-old, and 7-year-old sibling. The mother placed the subject infant down for a nap between 10 and 10:30AM. After placing the infant for a nap, she watched television briefly with the 7-year-old sibling and then bathed the 2-year-old sibling. Upon returning to her bedroom, she found the subject infant unresponsive and blue in color. The mother called 911 and began CPR at the direction of the 911 operator. First responders arrived and continued resuscitation efforts and transported the infant to the hospital, where he was pronounced deceased. The father was unable to provide additional information related to the death as he was not present at the home.

The siblings were assessed to be safe in the care of their parents. No safety concerns were revealed for the surviving children, as the unsafe situation was isolated to the circumstances of the infant's vulnerability. The 7-year-old sibling was interviewed but was unable to provide information related to the fatal incident as he had no knowledge surrounding the death. The surviving 2-year-old half-sibling was assessed to be safe in the care of his mother. Due to an SCR investigation open at the time of the fatality, the mother of the half-sibling was not allowing visitation for the child at the parents' home. The mother of the half-sibling expressed concern with the lack of supervision due to the birth of the subject child and the parents being overwhelmed as a result.



Professional and familial collaterals reported no concerns for the parents' care of the children. The pediatrician reported that the children were up to date with well-child visits and immunizations. The infant was assessed to be healthy at his last appointment on 9/08/20. At the last visit the concern was the infant's reflux, though the provider did not recommend placing the child to sleep on his stomach. During each visit, the medical provider expressed the importance of always placing the infant to sleep on his back, alone in his bassinet.

Hospital staff stated that the infant was deceased when he arrived at the hospital. Based on the infant's temperature, he had been deceased no more than two hours. Hospital staff observed no signs of trauma and the infant appeared to be well nourished.

CCDSS' case determination was supported by information from the medical examiner and interviews with the family and collateral contacts. Once all casework activity was complete, CCDSS closed the investigation and opened the case for preventive services.

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

Comments: CCDSS adhered to approved MDT protocol by contacting the DA's office and collaborating with law enforcement.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team? Yes

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056561 - Deceased Child, Male, 3 Month(s)	056562 - Mother, Female, 30 Year(s)	DOA / Fatality	Substantiated
056561 - Deceased Child, Male, 3 Month(s)	056562 - Mother, Female, 30 Year(s)	Inadequate Guardianship	Substantiated
056561 - Deceased Child, Male, 3 Month(s)	056563 - Father, Male, 29 Year(s)	DOA / Fatality	Unsubstantiated
056561 - Deceased Child, Male, 3 Month(s)	056563 - Father, Male, 29 Year(s)	Inadequate Guardianship	Unsubstantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

Additional information:

CCDSS spoke with relevant collateral sources.

Fatality Safety Assessment Activities

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

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

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:
 CCDSS provided the family with preventive services following the death to offer additional support.

Placement Activities in Response to the Fatality Investigation

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

Explain as necessary:
 There was no removal of the surviving siblings.

Legal Activity Related to the Fatality

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

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Other, specify: Preventive Services

Additional information, if necessary:

CCDSS provided resources to the family for bereavement and mental health counseling. CCDSS offered preventive services to provide support to the family following the death. The parents were receptive and became engaged in services.

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:

CCDSS provided referrals for grief counseling for the siblings.

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

Explain:

CCDSS provided mental health and grief counseling referrals to the parents. CCDSS also opened a preventive services case to offer additional support following the death.

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

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome



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)
09/01/2020	Sibling, Male, 2 Years	Mother, Female, 30 Years	Inadequate Guardianship	Substantiated	No
	Sibling, Male, 2 Years	Mother, Female, 30 Years	Lack of Supervision	Substantiated	
	Sibling, Male, 2 Years	Father, Male, 29 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 30 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 29 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

CCDSS received a report from the SCR alleging the 2-year-old half-sibling sustained a red slap mark on his face and bruises on the back while in the care of the father and mother. The explanation provided of the marks was not consistent with the injuries.

Report Determination: Indicated

Date of Determination: 11/25/2020

Basis for Determination:

CCDSS determined there was credible evidence to support the allegations. It was learned that the half-sibling sustained scratches and bruises on his face while in the care of his father. It was learned the sibling fell off the bed and injured his face on furniture. CCDSS determined the sibling was not being supervised properly thus sustained the injury when not under adult supervision.

OCFS Review Results:

Case work was commensurate with case circumstances. The 7-day safety assessment was completed within the required timeframe but not approved until 30 days after receipt of the report. A preventive services case was opened to provide the family with support following the loss of the subject child.

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)
06/25/2019	Sibling, Male, 10 Months	Mother, Female, 28 Years	Swelling / Dislocations / Sprains	Unsubstantiated	No
	Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 28 Years	Internal Injuries	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 10 Months	Father, Male, 28 Years	Swelling / Dislocations / Sprains	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - Mother of Sibling, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 10 Months	Other Adult - grandmother of sibling, Female, 52 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 10 Months	Other Adult - Mother of Sibling, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 10 Months	Other Adult - grandmother of sibling, Female, 52 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 10 Months	Mother, Female, 28 Years	Lacerations / Bruises / Welts	Unsubstantiated
Sibling, Male, 10 Months	Mother, Female, 28 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 10 Months	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 10 Months	Mother, Female, 28 Years	Internal Injuries	Unsubstantiated

Report Summary:

CCDSS received a report from the SCR alleging the then 10-month-old sibling was in the care of the father and mother on 6/23/19 and sustained bruising to his foot, knee, shin, ankle, shoulders, and neck. On 6/19/19, the sibling sustained a cut on his forearm while in the care of the father and mother. On 6/9/19, the sibling sustained a swollen mouth and cut lip while with the father and mother. The parents failed to change the sibling's diaper and he had diaper rash as a result. A subsequent report was received saying the mother of the sibling was aggressive towards the father during a drop off with the sibling and violently pulled the sibling away from the father.

Report Determination: Unfounded

Date of Determination: 08/09/2019

Basis for Determination:

CCDSS determined there was no credible evidence to substantiate the allegations. CCDSS referred the family to family court as they were in a custody dispute. The sibling was seen free from marks and bruises throughout the open investigation.

OCFS Review Results:

CCDSS completed a thorough investigation into the allegations and submitted all casework in a timely and adequate manner. Once all case objectives were met, CCDSS appropriately determined and closed the investigation.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/15/2018	Sibling, Male, 5 Years	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Sibling, Female, 3 Days	Mother, Female, 28 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 3 Days	Father, Male, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 27 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 27 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 5 Years	Father, Male, 27 Years	Other	Unsubstantiated	

Report Summary:

CCDSS received a report from the SCR alleging the other adult (father of the the 7-year-old sibling) arrived at the mother and father's home to pick up the then 5-year-old sibling. The father opened the door and pointed a gun at the other adult.



The then 5-year-old sibling was present in the home during the incident. There were additional concerns the father was selling drugs and brought the mother along on drug runs. There was a concern the father and mother had the sibling with them during drug sales.

Report Determination: Unfounded

Date of Determination: 01/08/2019

Basis for Determination:

CCDSS determined there was no credible evidence to support the allegations. CCDSS spoke with LE and all collateral sources and learned there were no concerns for drugs or weapons in the home. CCDSS observed the siblings to be safe on multiple occasions. CCDSS unfounded and closed their investigation.

OCFS Review Results:

CCDSS completed a thorough investigation into the allegations. CCDSS addressed concerns that arose during the investigation and appropriately documented in the case record. CCDSS did not enter progress notes contemporaneously to their event dates; 7 of the 19 notes entered more than a month after their event dates.

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

Issue:

Timely/Adequate Case Recording/Progress Notes

Summary:

CCDSS entered 7 of the 19 progress notes more than a month after their event dates.

Legal Reference:

18 NYCRR 428.5

Action:

All progress notes will be entered as contemporaneously as possible to their event dates.

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

In 2017, the father of the now 7-year-old surviving sibling fell asleep while caring for the child, who was 3-years-old at the time. While the father of the sibling was asleep, the sibling left the home and was found near a busy highway. LE brought the sibling home and found the father of the sibling was still asleep. He was indicated as a result of the incident. No services were deemed necessary.

Known CPS History Outside of NYS

There was no known history outside of New York State.

Legal History Within Three Years Prior to the Fatality

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

Recommended Action(s)

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



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