



**Report Identification Number: BU-21-006**

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

**Issue Date: Aug 20, 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:** 5 month(s)

**Jurisdiction:** Niagara  
**Gender:** Male

**Date of Death:** 03/04/2021  
**Initial Date OCFS Notified:** 03/04/2021

## Presenting Information

Niagara County Department of Social Services (NCDSS) received a report alleging on 3/4/21 at 12:30AM, the mother placed the 5-month-old subject child to sleep in his Pack 'n Play located in the mother's bedroom. At the time, the subject child was suffering from colic, so the mother propped a blanket behind his waistline to keep him from rolling over. The mother woke at 4AM and found the subject child unresponsive. The mother called the maternal grandmother, who was upstairs, for assistance. The grandmother observed the subject child to be blue in color and had mucus and blood coming from his nose. 911 was called and the mother began CPR. First responders arrived and transported the child to the hospital where efforts continued. The subject child was pronounced deceased at approximately 6:00AM.

## Executive Summary

On 3/4/21, NCDSS received an SCR report regarding the death of the 5-month-old male subject child. At the time of the subject child's death, he resided with his mother and 1-year-old sibling. Also residing in the home with the child were the maternal grandmother and step-grandfather, the step-grandfather's 9-year-old child, an uncle, an aunt and her 4-month-old child, a 16-year-old uncle and a 14-year-old aunt.

Through a joint investigation with law enforcement, it was learned that on 3/4/21, the mother fed the subject child and then placed him to sleep, on his back in his Pack 'n Play at approximately 12:30AM. The mother checked on the subject child between 1:30 and 2:00AM and the subject child was asleep. The mother woke at 4:00AM and found the subject child unresponsive. The mother screamed for the grandmother and step-grandfather. The grandparents assisted in calling 911 and the grandmother performed CPR at the instruction of the 911 operator. First responders arrived and transported the child to the hospital. Resuscitative efforts were unsuccessful, and the infant was pronounced deceased at the hospital at approximately 6:00AM.

The investigation revealed the grandmother and step-grandfather were present at the home at the time the subject child was found unresponsive. The grandparents expressed no concerns for the mother's care of the subject child or sibling and reported the mother adhered to safe sleep guidelines with both children. The other children residing in the home were assessed to be safe in the care of the adults in the home. Safe sleep was assessed for the 4-month-old cousin and the family was practicing safe sleep for that infant.

The father had weekly visitation with the subject child and was not present at the home at the time the child was found unresponsive. The father expressed no concerns for the care of the subject child or sibling.

An autopsy was performed, and the cause and manner of death were pending at the time this report was written. NCDSS spoke with the medical examiner who revealed there was no trauma or apparent illness present during the examination. The medical examiner reported she observed the sleeping environment for the subject child and did not believe it was an unsafe environment. The law enforcement investigation remained open at the time the case was closed, pending autopsy results.

NCDSS unsubstantiated the allegations against the mother for DOA/Fatality and Inadequate Guardianship due to a lack of credible evidence that the mother's actions or inactions were a direct cause of the infant's death as well as the final autopsy not being received by NCDSS at the time of case closure. There were no signs of internal injuries to the subject



child during the medical examination. Information received from the medical examiner revealed the subject child was not placed in an unsafe sleep environment. NCDSS provided the parents and additional family members with information on grief counseling services, but all declined. NCDSS made a referral to early intervention for the sibling and services were being utilized at the time of case closure. Once case objectives were met, the investigation was closed.

## 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:

NCDSS unfounded and closed the investigation once regulatory requirements were completed

**Was the decision to close the case appropriate?** Yes

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

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

### Explain:

Casework activity was commensurate with best casework practice.

## 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: 03/04/2021

Time of Death: 06:00 AM (Approximate)

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

Unknown

County where fatality incident occurred:

Niagara

Was 911 or local emergency number called?

Yes

Time of Call:

04:26 AM

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? 2 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other:

Total number of deaths at incident event:

Children ages 0-18: 1

Adults: 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Aunt/Uncle	No Role	Male	14 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Male	19 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	18 Year(s)
Deceased Child's Household	Aunt/Uncle	No Role	Female	16 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	5 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	40 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	35 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Other Child - child of step-grandfather	No Role	Male	9 Year(s)
Deceased Child's Household	Other Child - cousin	No Role	Female	4 Month(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Other Adult - mother of the other child	No Role	Female	34 Year(s)
Other Household 2	Other Adult - Father of aunt/uncle	No Role	Male	44 Year(s)
Other Household 3	Other Adult - Father of Aunt's Child	No Role	Male	31 Year(s)
Other Household 4	Other Adult - Father of Sibling	No Role	Male	29 Year(s)
Other Household 5	Father	No Role	Male	27 Year(s)



## LDSS Response

NCDSS completed all investigative requirements upon notification of the fatality. They reviewed SCR history, notified the DA's office of the death, and spoke to the source of the report, law enforcement, school staff and the medical examiner. They interviewed the parents, and all additional family members residing in the home. Home visits were conducted throughout the investigation.

The mother reported that the infant was healthy, and he was developmentally on target. The mother and medical records revealed the infant was premature at 33 weeks but had minimal complications. The subject child was up to date with well-child visits and immunizations and his primary care physician reported no concerns for his health or the mother's care of him or his sibling. Medical records were received for all the children residing in the home and all were up to date and no concerns were provided.

The mother, grandparents, and adult aunt and uncle were interviewed and provided a consistent account of the events leading up to the child's death. The mother reported she placed the subject child on his back in his Pack 'N Play. The mother reported an awareness of safe sleep guidelines and reported adhering to safe sleep practice with the subject child and sibling. Pack 'n Plays were observed in the mother's room for both the subject child and sibling. The mother found the subject child unresponsive, with blood on his face. The record did not reflect the position in which the mother found the subject child. The step-grandfather called 911 while the grandmother performed CPR. First responders arrived and transported the child to the hospital where he was pronounced dead.

NCDSS assessed the children residing in the home. The sibling and 4-month-old cousin were observed to be safe in the care of the parents but were not developmentally capable of being interviewed. NCDSS interviewed the teenaged aunt and uncle residing in the home. They reported no concerns for the subject child or other younger children residing in the home. The teenagers reported an awareness that the subject child slept in the same bedroom as his mother and there was a Pack 'n Play accessible, but they were unaware of any other conditions related to how the subject child slept. Though the teenagers were at home at the time of the incident, they were not aware of the details surrounding the death.

NCDSS completed all necessary casework activity prior to making a determination of the allegations, then closed the investigation once all needed services were offered to the family. At the time of investigation closure, the family was not engaged in bereavement or mental health counseling. The family was receptive to Early Intervention services for the children under 3 residing in the home.

## 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:** NCDSS adhered to previously approved protocols for joint investigations by coordinating with law enforcement and notifying the DA's office of the death.

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

## SCR Fatality Report Summary



# Child Fatality Report

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057766 - Deceased Child, Male, 5 Mons	057781 - Mother, Female, 22 Year(s)	DOA / Fatality	Unsubstantiated
057766 - Deceased Child, Male, 5 Mons	057781 - Mother, Female, 22 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:**

Relevant collateral sources were contacted.

### 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"/>
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### Fatality Risk Assessment / Risk Assessment Profile

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

### Legal Activity Related to the Fatality

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

### Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>





<b>Funeral arrangements</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Mental health services</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 NCDSS offered referrals for bereavement and mental health counseling, though the family did not engage in services at the time the investigation was closed. NCDSS provided a referral for early intervention and the family was engaged in services at the time of case closing.

**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:**  
 Services related to bereavement and mental health counseling were offered. Early intervention services were provided.

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

**Explain:**  
 Mental health and bereavement counseling were offered and declined.

## History Prior to the Fatality

### Child Information

- Did the child have a history of alleged child abuse/maltreatment? No
- 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)
05/06/2019	Other Child - child of step-grandfather, Male, 8 Years	Grandparent, Female, 38 Years	Inadequate Guardianship	Unsubstantiated	Yes
	Other Child - child of step-grandfather, Male, 8 Years	Grandparent, Female, 38 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - child of step-grandfather, Male, 8 Years	Grandparent, Male, 33 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - child of step-grandfather, Male, 8 Years	Grandparent, Male, 33 Years	Lacerations / Bruises / Welts	Unsubstantiated	

**Report Summary:**

NCDSS received a report from the SCR which alleged, on and unknown date, the grandmother hit the other child with an open hand. The other child received a bruise, about 1 1/2 inches in size, below his eye as well as a scratch on his neck.

**Report Determination:** Unfounded**Date of Determination:** 09/13/2019**Basis for Determination:**

NCDSS determined there was no credible evidence to substantiate the allegations. The other child residing in the home had visible scratches on his face, but all denied that the scratches were caused by the grandmother or step-grandfather. The other child had cognitive delays and was unable to say where his injuries came from.

**OCFS Review Results:**

NCDSS completed Safety Assessments in a timely manner. NCDSS added and assessed the safety of the newborn sibling as she was born during the open investigation. NCDSS provided safe sleep education and information to the mother for the sibling. Once all case objectives were met and services were offered, NCDSS determined and closed the investigation.

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

**Issue:**

Timely/Adequate Case Recording/Progress Notes

**Summary:**

18 of the progress notes were entered more than 2 months after 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)
10/17/2018	Aunt/Uncle, Female, 15 Years	Grandparent, Female, 38 Years	Educational Neglect	Unsubstantiated	Yes

**Report Summary:**

NCDSS received a report from the SCR alleging the aunt had missed 19 days of school. The grandmother had been made aware of the situation but did not address the issue. As a result, the aunt continued to be absent from school and was failing classes.

**Report Determination:** Unfounded

**Date of Determination:** 05/06/2019

**Basis for Determination:**

NCDSS determined there was not credible evidence that the aunt was an educationally neglected child. The aunt was passing her classes despite her absences and there was no negative impact on her education.

**OCFS Review Results:**

NCDSS did not add or interview the mother despite her residing in the home. NCDSS did not provide the mother with safe sleep education despite being made aware the mother was pregnant with the sibling. The 7-day Safety Assessment was not documented and approved until 9 days after receipt of the report.

**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 not documented and approved timely, but was completed 9 days after receipt of the report.

**Legal Reference:**

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

**Action:**

NCDSS will document and approve all safety assessments within the required time frame.

**Issue:**

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

**Summary:**

The mother was not added, notified or interviewed, although it was identified she resided in the home.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

NCDSS will make casework contacts in accordance with 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.

**Issue:**

Failure to provide safe sleep education/information

**Summary:**

NCDSS was aware the mother was soon expecting the sibling and did not have a conversation surrounding safe sleep education/information at any point during the investigation.

**Legal Reference:**

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

**Action:**

NCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/21/2018	Other Child - child of step-grandfather, Male, 7 Years	Grandparent, Female, 37 Years	Inadequate Guardianship	Unsubstantiated	No
	Other Child - child of step-grandfather, Male, 7 Years	Grandparent, Female, 37 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Other Child - child of step-grandfather, Male, 7 Years	Grandparent, Male, 32 Years	Inadequate Guardianship	Substantiated	
	Other Child - child of step-grandfather, Male, 7 Years	Grandparent, Male, 32 Years	Lacerations / Bruises / Welts	Substantiated	

**Report Summary:**

NCDSS received a report from the SCR alleging the step-grandfather's child sustained bruises to his ears as well as a bruise on his left cheek. There was no explanation for the bruises and they appeared suspicious.

**Report Determination:** Indicated

**Date of Determination:** 07/12/2018

**Basis for Determination:**

The step-grandfather's child had a history of suspicious bruises with no explanations. NCDSS determined the bruises were inflicted and the step-grandfather was the primary caretaker for the child, thus the bruises were inflicted by him.

**OCFS Review Results:**

NCDSS completed case objectives within the required timeframes. NCDSS interviewed relevant collateral sources and notified all necessary individuals of the investigation.

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

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

There was significant history against the maternal grandmother regarding the mother and aunt and uncles related to educational neglect, inadequate guardianship, lacerations/bruises/welts, sexual abuse, and inadequate food/clothing/shelter. The maternal step-grandfather also has history more than three years related to his child.

There was history dating back to 2018 against the step-grandfather regarding his child. The allegations were unfounded and related to the step-grandfather using excessive force on his child as a form of discipline.

**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