



Report Identification Number: AL-21-023

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

Issue Date: Feb 28, 2022

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: 13 day(s)

Jurisdiction: Greene
Gender: Female

Date of Death: 09/21/2021
Initial Date OCFS Notified: 09/23/2021

Presenting Information

On 9/23/21, OCFS was notified of the death of the 13-day-old female subject child. Greene County Department of Social Services completed a 7065- Agency Reporting Form timely. The child passed away during an open CPS investigation which began on 8/25/21. The open investigation regarded concerns the parent substitute (PS) was physically violent when she pulled the 3-year-old sibling's hair.

Executive Summary

This fatality report concerns the death of the 13-day-old subject child that occurred on 9/21/21. The child was born and passed away during an open CPS investigation regarding unrelated concerns for the 3-year-old sibling. The subject child was hospitalized for the entirety of her life. A 7065-Agency Reporting Form was completed and provided to the Office of Children and Family Services.

On 9/21/21, Greene County Department of Social Services (GCDSS) learned of the child's death from hospital staff. Information was gathered that the child was born with a cyanotic congenital heart defect that required surgery. The child experienced complications after the surgery and subsequently passed away. An autopsy was not performed, and the death certificate was not obtained.

GCDSS assessed the safety of the siblings, ages 1 and 3 years, and the parent substitute's 2-year-old child (OC) who resided in the home with the father and parent substitute (PS). The children did not have a relationship with the subject child.

The mother was offered and accepted grief counseling in response to the fatality. The record did not reflect the father was offered services or spoken to regarding the death. The siblings were too young to benefit from bereavement services. The case was closed on 11/8/21 as the family did not require further intervention from GCDSS.

PIP Requirement

GCDSS will submit a PIP to the Albany Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the GCDSS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, GCDSS 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:**
 - **Safety assessment due at the time of determination?** N/A

Determination:



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

Explain:

As the death was not reported to the SCR, there were no requirements to complete Safety Assessments.

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:

The decision to close the case was appropriate.

Required Actions Related to the Fatality

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

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 09/21/2021

Time of Death: 06:45 PM

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

County where fatality incident occurred: New York

Was 911 or local emergency number called? No

Did EMS respond to the scene? No

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

Child's activity at time of incident:

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

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

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- Distracted
- Absent
- Asleep
- Other: Holding the child

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	No Role	Female	13 Day(s)
Deceased Child's Household	Father	No Role	Male	25 Year(s)
Deceased Child's Household	Father's Partner	No Role	Female	24 Year(s)
Deceased Child's Household	Other Child - Other Child	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Male	3 Year(s)
Deceased Child's Household	Sibling	No Role	Male	1 Year(s)
Other Household 1	Mother	No Role	Female	22 Year(s)

LDSS Response

On 9/21/21, GCDSS learned of the death from hospital staff. GCDSS completed and submitted a 7065-Agency Reporting Form to the Office of Children and Family Services timely. There were no concerns that the child's death was a result of abuse or maltreatment.

Information regarding the death was gathered from the hospital. Hospital records reflected that the child prenatally developed a congenital heart defect which required a surgery. The parents consented to the surgery; however, the child experienced complications thereafter. Due to the child's condition, she was critically ill with high risk for morbidity and mortality. The family acknowledged the child was unlikely to survive, as she had a cardiac dysfunction and pulmonary failure with added complications of liver and kidney dysfunction. The family made the decision to withdraw care and the child was detached from the ventilator and was removed from the life support monitors. The child was handed to her mother and given pain medication until her passing at 6:45 PM on 9/21/21. The family declined an autopsy be performed.

Home visits were made to the father's home and the siblings and the parent substitute's child (OC) were assessed to be safe. The record did not reflect the father was spoken to regarding the death. Additionally, the record did not reflect he was offered bereavement services. A home visit was made to the mother's home, and she was offered grief counseling and was accepting of the services. The case was closed on 11/8/21.

Official Manner and Cause of Death

Official Manner: Unknown

Primary Cause of Death: Unknown

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

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

Comments: Greene County does not have an OCFS-approved Child Fatality Review Team.

CPS Fatality Casework/Investigative Activities



Child Fatality Report

	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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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Explain:
The safety of the siblings and other child was assessed after the death of the subject child.

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

Explain:
The record did not reflect the father was assessed for service needs.

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:
The surviving children were not removed from the care of their parents.

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

Additional information, if necessary:

The record reflected the mother was offered counseling services in response to the death; however, the record did not reflect the father was offered 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? No

Explain:

The siblings were too young to benefit from referrals in response to the fatality.

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

Explain:

The mother was offered bereavement services. The record did not reflect services were offered to the father.

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? Yes

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/25/2021	Sibling, Male, 3 Years	Father's Partner, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged on 8/25/21, the parent substitute (PS) aggressively dragged the 3-year-old surviving sibling by his hair. The roles of the father and other children, ages 1 and 2 years, were unknown.

Report Determination: Unfounded**Date of Determination:** 11/08/2021**Basis for Determination:**

The allegation of Inadequate Guardianship was unsubstantiated against the PS regarding the 3-year-old sibling. A basis for determination was not documented in the Investigation Conclusion Narrative. The Investigation Conclusion Narrative noted there was not credible evidence to substantiate the allegation of Inadequate Guardianship against the PS regarding the 1-year-old sibling; however, there was no allegation listed for that child.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was documented. Home visits were conducted, and the PS and BM were interviewed. The children were observed and deemed safe. Collateral information was gathered. Notice of Existence letters were provided untimely. The Safety Assessments were completed timely and accurately. Grief services were offered to the mother.

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

Issue:

Failure to provide notice of report

Summary:

Notice of existence letters were provided untimely on 9/24/21.

Legal Reference:

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

Action:

GCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/13/2021	Other Child - PS' Child, Female, 2 Years	Other Adult - Father of OC, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	Yes

Report Summary:

An SCR report alleged the father of the parent substitute's child (OC) blew marijuana smoke directly into the face of the OC, causing the OC to breathe in the smoke and become impaired. It was unknown why the father of the OC did this.

Report Determination: Unfounded**Date of Determination:** 08/26/2021**Basis for Determination:**

The allegation of Inadequate Guardianship was unsubstantiated against the OC's father. The OC's father denied the allegation and collateral contacts did not express concerns for the OC's care. No safety concerns were revealed during the investigation.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was documented. The source of the report and other



collaterals were contacted. The family was interviewed, and home visits were conducted. Progress notes were entered contemporaneously to their event dates. The Safety Assessments accurately reflected case circumstances. Notice of Existence letters were provided untimely.

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

Issue:

Failure to provide notice of report

Summary:

Written notice was provided untimely to the OC's parents on 7/28/21.

Legal Reference:

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

Action:

GCDSS will mail or deliver notification letters to subject(s), parent(s), and any other adult(s) named in the report within the first seven days following the receipt of the report. When other persons are identified as residing in the household and added to the case, they will be notified in writing as well.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
05/23/2021	Sibling, Male, 2 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	No
	Sibling, Male, 2 Years	Father, Male, 25 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Father's Partner, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father's Partner, Female, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Lacerations / Bruises / Welts	Unsubstantiated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 24 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Mother's Partner, Male, 24 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

An SCR report alleged the then 2-year-old sibling had suspicious bruising on the inside of his right thigh. The mother did not have an explanation for the bruise. The injury occurred while in the care of the mother, uncle and the uncle's partner. Subsequent reports were received on 5/23/21 and 5/24/21 that named the parent substitute, father and mother's then partner as alleged subjects.

Report Determination: Unfounded

Date of Determination: 06/28/2021

Basis for Determination:

The allegations of Lacerations/Bruises/Welts and Inadequate Guardianship were unsubstantiated. The then 2-year-old sibling was seen, and no marks or bruises were observed. No safety concerns were revealed during the investigation.

OCFS Review Results:

The case was initiated timely, and the source of the report was contacted. A CPS history check was documented. The



subjects of the report were interviewed. The 7-day Safety Assessment was completed timely and accurately. Home visits were made, and 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)
03/22/2021	Sibling, Male, 2 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 25 Years	Lack of Medical Care	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Substantiated	

Report Summary:

An SCR report alleged the father left empty beer cans and marijuana pipes with marijuana residue in it accessible to the siblings. The father smoked marijuana in the home with the siblings present. The siblings often did not wear clothing and when they did, they wore the same clothes for days without being changed. A subsequent report was received on 4/6/21 alleging the father did not care for the then 2-year-old sibling's diaper rash that caused the sibling discomfort while walking. The allegation of IG was added against the mother regarding the siblings, as she misused drugs while caring for the siblings.

Report Determination: Indicated

Date of Determination: 05/29/2021

Basis for Determination:

The allegation of IG was added and substantiated against the mother regarding the siblings. The investigation revealed the mother misused drugs. The mother went to a 28-day treatment program but did not follow through with outpatient treatment. The father was unsubstantiated for PD/AM, IF/C/S, IG and LMC regarding the siblings. The Investigation Conclusion Narrative did not state a basis for determination.

OCFS Review Results:

The investigation was initiated timely, and the source of the report was contacted. Services were offered to the mother regarding her homelessness and drug misuse. A CPS history check was documented. Home visits were made and interviews with the family were appropriate. Safe sleeping guidance was not provided to the parents. Collateral contacts gathered relevant information. The allegation of PD/AM was not added to the investigation despite the mother misusing drugs while caring for the siblings.

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

Issue:

Failure to provide safe sleep education/information



Summary:

The record reflected the mother was pregnant during the investigation; however, the record did not reflect the parents were educated on safe sleeping recommendations.

Legal Reference:

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

Action:

GCDSS 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.

Issue:

Determination of Nature, Extent and Cause of Conditions (Report)

Summary:

Although the allegation of Inadequate Guardianship was added regarding the mother's drug misuse, the allegation of Parent Drug/Alcohol Misuse was not added despite having credible evidence the mother misused drugs while caring for the children.

Legal Reference:

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

Action:

GCDSS will appropriately add and determine allegations regarding the nature, extent and cause of any condition enumerated in such report and any other condition that may constitute abuse or maltreatment.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
12/29/2020	Sibling, Male, 2 Years	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Sibling, Male, 11 Months	Father, Male, 25 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Months	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Grandparent, Male, 59 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Months	Grandparent, Male, 59 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Aunt/Uncle, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 11 Months	Aunt/Uncle, Male, 21 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 11 Months	Father, Male, 25 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	



Sibling, Male, 11 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Grandparent, Male, 59 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 11 Months	Grandparent, Male, 59 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Aunt/Uncle, Male, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 11 Months	Aunt/Uncle, Male, 21 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
Sibling, Male, 2 Years	Father, Male, 25 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Grandparent, Male, 59 Years	Lack of Supervision	Unsubstantiated
Sibling, Male, 2 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 11 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated

Report Summary:

An SCR report alleged on 12/28/20, at about 8:30 PM, the mother cared for the siblings while she was high on an unknown drug. The mother was too impaired to properly care for the siblings and became out of control. The mother yelled at everyone, which was not an uncommon behavior of hers. A subsequent report made on 1/4/21 alleged the parents, uncle and grandfather misused drugs and alcohol while caring for the siblings. While under the influence, the adults were incoherent and not tending to the siblings' needs or supervising them. The apartment was small and a safety hazard.

Report Determination: Unfounded

Date of Determination: 02/17/2021

Basis for Determination:

The allegation of PD/AM was unsubstantiated against the mother, father, paternal grandfather and paternal uncle regarding the siblings. There was no evidence the mother was impaired while caring for the siblings. There was no credible evidence to support the allegations of IG and IF/C/S against the adults. The investigation revealed the home was safe.

OCFS Review Results:

The investigation was initiated timely and home visits were made. The family and collateral contacts were interviewed. A CPS history check was documented. Safe sleep information was provided to the parents. Home visits were made, and the children were assessed to be safe. The 7-day Safety Assessment was completed timely.

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)
08/20/2020	Sibling, Male, 2 Years	Mother, Female, 21 Years	Lack of Supervision	Unsubstantiated	No
	Sibling, Male, 7 Months	Mother, Female, 21 Years	Lack of Supervision	Unsubstantiated	



Sibling, Male, 7 Months	Mother, Female, 21 Years	Choking / Twisting / Shaking	Unsubstantiated
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Report Summary:

An SCR report received by Suffolk County alleged on 8/19/20, at about 8:00 PM, the mother left the siblings unsupervised in the home while she went to a gas station. The mother was gone for 25 minutes. During this time, the then 7-month-old sibling cried. When the mother returned, she was upset the sibling was crying and took the sibling to a common area in the shelter they resided at. The mother left the then 2-year-old sibling unsupervised. The mother shook the 7-month-old sibling and left him on a couch as she walked away.

Report Determination: Unfounded**Date of Determination:** 09/10/2020**Basis for Determination:**

The allegations of Lack of Supervision against the mother regarding the siblings was unsubstantiated. The allegation of Choking/Twisting/Shaking was unsubstantiated against the mother regarding the then 7-month-old sibling. A mark on the then 2-year-old sibling was observed and corroborated by the father to have been caused by the sibling bumping his head. The investigation did not reveal suspicious marks or bruises to the infant sibling, and he was cleared medically by the pediatrician. Collateral contacts did not have concerns for the siblings. The shelter did not have security cameras to support the allegation that the siblings were left unsupervised.

OCFS Review Results:

The investigation was initiated timely, and a CPS history check was completed. The parents were interviewed, the siblings were seen, and safe sleeping recommendations were provided to the mother. Collateral contacts were made, and progress notes were entered contemporaneously to their event dates.

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)
02/27/2020	Sibling, Male, 28 Days	Mother, Female, 21 Years	Choking / Twisting / Shaking	Unsubstantiated	Yes
	Sibling, Male, 28 Days	Mother, Female, 21 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged on a daily basis, the mother and siblings spent time in a cold, damp hallway of an apartment building. Sometimes, the youngest sibling was not completely covered by a blanket and was cold as a result of being exposed to the cold air. On different occasions, the mother shook the youngest sibling out of frustration. It was unknown if the sibling sustained injuries.

Report Determination: Unfounded**Date of Determination:** 04/20/2020**Basis for Determination:**

The allegation Choking/Twisting/Shaking was unsubstantiated against the mother regarding the then 28-day-old sibling. The investigation revealed that outside of the apartment door, there was a large laundry area that was not cold or drafty. The siblings were dressed appropriately, and the mother acted appropriately.

OCFS Review Results:

The investigation was initiated timely and home visits were made. A CPS history check was documented. Safe sleeping guidance was provided to the mother and the children were observed. The record did not reflect relevant collateral contacts were made. The father was involved in the investigation; however, an unrelated person was added to the household composition in his place.

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

Contact/Information From Reporting/Collateral Source

Summary:



The record did not reflect attempts to gather collateral information from individuals, including neighbors, friends or family members, who may have had knowledge regarding the family dynamics and the safety of the children.

Legal Reference:

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

Action:

GCDSS will obtain information from collateral contacts who may have information relevant to the allegations in the report and to the safety of the children.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
07/11/2019	Other Child - Other Child, Female, 1 Days	Father's Partner, Female, 22 Years	Inadequate Guardianship	Substantiated	Yes
	Other Child - Other Child, Female, 1 Days	Father's Partner, Female, 22 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged on 7/10/19, the parent substitute gave birth to the OC. The parent substitute and the OC both tested positive for marijuana.

Report Determination: Indicated

Date of Determination: 08/20/2019

Basis for Determination:

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were substantiated against the parent substitute regarding the OC. The OC tested positive for marijuana at birth. The PS smoked marijuana throughout her pregnancy to help with pain and appetite. The PS was advised by her healthcare provider to stop smoking marijuana.

OCFS Review Results:

The investigation was initiated timely, and the source of the report was contacted. A CPS history check was documented. Home visits were made, interviews were conducted, and safe sleeping guidance was provided to the mother. A Plan of Safe Care was completed, and the PS participated in drug screenings and her THC levels were declining. The allegations were inappropriately determined.

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

Issue:

Appropriateness of allegation determination

Summary:

Although the OC tested positive for marijuana at the time of her birth, the record stated the OC did not have any withdrawal symptoms. The record did not reflect the PS's marijuana use had a negative impact on the OC.

Legal Reference:

FCA 1012 (e) & (f); 18 NYCRR 432.2(b)(3)(iv)

Action:

GCDSS will refer to the CPS Program Manual when determining the appropriateness of allegations and will consult with the Albany Regional Office if further guidance is needed.

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

9/14/18- 10/14/18 The mother, father and paternal uncle were unsubstantiated for IG and PD/AM of the then 1-month-old sibling.

Known CPS History Outside of NYS



There is no known CPS history outside of New York.

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