



Report Identification Number: BU-21-023

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

Issue Date: Nov 30, 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: 10 month(s)

Jurisdiction: Niagara
Gender: Male

Date of Death: 06/20/2021
Initial Date OCFS Notified: 06/22/2021

Presenting Information

On 6/22/21, Niagara County Department of Social Services (NCDSS) learned of the death of the 10-month-old male subject child that occurred on 6/20/21. There was an open investigation at the time of the death, which alleged concerns about the mother and father's substance use, domestic violence in the home, the condition of the home, and supervision and discipline of the siblings. On 6/22/21, NCDSS notified the Buffalo Regional Office of the death via a phone call and the 7065 Agency Reporting Form.

Executive Summary

On 6/22/21, NCDSS was notified of the death of the 10-month-old subject child. The child resided with his mother, father and 3-year-old sibling. The mother had a 13-year-old child who visited the home frequently. The father had two other children, ages 13 and 6 years old, whom he shared custody of with their mother. NCDSS assessed the siblings following the fatality and found them to be safe in the care of their parents.

An autopsy was not completed; however, NCDSS obtained medical records from the hospital and the child's routine medical care providers. The subject child underwent a medical operation at 3-months-old. During the operation, there was a complication, which led the child to have an electrocardiogram and echocardiogram. The child was discovered to have a heart condition that he likely developed in utero, and it progressively worsened. The child was scheduled to have cardiac surgery regarding his condition in the weeks following his death.

On 6/20/21, the mother was holding the subject child in her arms and feeding him. While she was feeding him, the child began to cough as if he was choking. The child stopped breathing and the parents rushed him to the hospital. Life saving measures were administered; however, they were unsuccessful and the child passed away.

NCDSS gathered information from collaterals and determined the death was not the result of abuse or maltreatment by a caretaker; therefore, a report was not made to the State Central Register. The death was believed to be a possible result of the child's medical condition. The investigation open at the time of the death was unfounded and closed. The family was offered burial assistance and counseling services following the fatality.

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 as well as any others identified in the course of the investigation? N/A



- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:
 NCDSS spoke with familial and collateral contacts to obtain information about the fatality, and determined there was no reasonable cause to suspect the death was a result of of abuse or maltreatment by the parents. NCDSS offered services regarding the death and closed their open CPS investigation.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? No

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

Explain:
 The record did not reflect that safe sleep guidance was provided or a concern regarding the 13yo male sibling's education was addressed.

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: 06/20/2021

Time of Death: 04:27 PM

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

County where fatality incident occurred: Niagara

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? No

Child's activity at time of incident:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working | <input type="checkbox"/> Driving / Vehicle occupant |
| <input type="checkbox"/> Playing | <input checked="" type="checkbox"/> Eating | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other | | |

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:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent |
| <input type="checkbox"/> Asleep | <input checked="" type="checkbox"/> Other: Feeding 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 | Male | 10 Month(s) |
| Deceased Child's Household | Father | No Role | Male | 38 Year(s) |
| Deceased Child's Household | Mother | No Role | Female | 32 Year(s) |
| Deceased Child's Household | Sibling | No Role | Male | 13 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 13 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 6 Year(s) |
| Deceased Child's Household | Sibling | No Role | Female | 3 Year(s) |

LDSS Response

NCDSS had an open CPS investigation with the family at the time of the child fatality. The CPS case was opened on 6/15/21, after NCDSS received an SCR report with concerns that the parents were abusing substances, there was domestic violence in the home, the mother was acting physically aggressive toward the sibling and the 13yo female sibling was responsible for watching the younger children. On 6/21/21, a subsequent report was received and consolidated with the initial report. The report alleged concerns regarding the condition of the home.

NCDSS was notified of the death and immediately began gathering information from the family and collaterals. NCDSS met with the parents and siblings at their home. The mother and father reported they were home with the child and the mother was feeding him macaroni noodles. The mother noticed the child was gasping for air and appeared to be choking. The child stopped breathing and the parents brought him to the hospital. It was unclear from the case record why emergency medical services were not called.

NCDSS gathered records from the hospital and medical care providers. The doctor reported the child was brought in for his regularly scheduled appointments and was up to date on immunizations. It was noted in the record that the child was not the appropriate weight and height for his age and had a history of hospitalizations, specifically, on 9/21/20 due to bradycardia. There was no known history of serious injury. The child was diagnosed with a heart condition, which was discovered during an unrelated medical operation at 3-months-old. The parents attended appointments related to the diagnosis. The hospital records stated that the child was brought to the emergency department by his parents after he appeared to have stopped breathing. The child's airway was clear of any foreign objects. The mother reported to hospital staff that the child had a genetic disorder, which caused an outflow obstruction, aortic stenosis and an issue with a blood vessel to his heart.

Prior to the fatality, NCDSS assessed the home environment and interviewed the children regarding the allegations. The home was found to be in need of repairs, but met a minimum degree of care and was not a safety hazard that impacted the children. NCDSS did not document that they provided safe sleep guidance to the parents regarding the 10-month-old subject child, or documented his sleep environment. A collateral contact reported that the 13yo male sibling had been absent from school 69 times, late 19 times and failed the 7th grade. In addition, it was noted the parents were not receptive to outreaches made to them about the sibling's education. The record did not reflect that this was addressed with the parents.

Official Manner and Cause of Death

Official Manner: Pending



Primary Cause of Death: Pending

Person Declaring Official Manner and Cause of Death: Unknown

Multidisciplinary Investigation/Review

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

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"/> |
| 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"/> |
| 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"/> |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------|



Explain:

As there was no SCR report surrounding the fatality, NCDSS inquired of relevant collaterals and family members as to whether there was reasonable cause to suspect abuse or maltreatment with respect to the child's death. NCDSS found there to be no such reason. Although safety assessment in these instances are not required, NCDSS did assess and document the safety of the surviving siblings as part of their review.

Fatality Risk Assessment / Risk Assessment Profile

| | Yes | No | N/A | Unable to Determine |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Was the risk assessment/RAP adequate in this case? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Placement Activities in Response to the Fatality Investigation

| | Yes | No | N/A | Unable to Determine |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation? | <input 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"/> |

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

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

The family was offered counseling services. The 13yo female sibling was enrolled in grief counseling.

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

Explain:

The parents were offered counseling services and burial assistance. The parents declined the assistance and reported the funeral home had made them aware of available community services.

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 fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

CPS - Investigative History Three Years Prior to the Fatality

| Date of SCR Report | Alleged Victim(s) | Alleged Perpetrator(s) | Allegation(s) | Allegation Outcome | Compliance Issue(s) |
|--------------------|---------------------------------|--------------------------|-------------------------------|--------------------|---------------------|
| 06/15/2021 | Deceased Child, Male, 11 Months | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | Yes |
| | Deceased Child, Male, 11 Months | Mother, Female, 32 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 3 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 3 Years | Mother, Female, 32 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 13 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 13 Years | Mother, Female, 32 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 13 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 13 Years | Mother, Female, 32 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 6 Years | Mother, Female, 32 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 6 Years | Mother, Female, 32 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Deceased Child, Male, 11 Months | Father, Male, 38 Years | Inadequate Guardianship | Unsubstantiated | |
| | Deceased Child, Male, 11 Months | Father, Male, 38 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 3 Years | Father, Male, 38 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 3 Years | Father, Male, 38 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Male, 13 Years | Father, Male, 38 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Male, 13 Years | Father, Male, 38 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |
| | Sibling, Female, 13 Years | Father, Male, 38 Years | Inadequate Guardianship | Unsubstantiated | |
| | Sibling, Female, 13 Years | Father, Male, 38 Years | Parents Drug / Alcohol Misuse | Unsubstantiated | |



| | | | |
|---------------------------------|--------------------------|--------------------------------------|-----------------|
| Sibling, Female, 6 Years | Father, Male, 38 Years | Inadequate Guardianship | Unsubstantiated |
| Sibling, Female, 6 Years | Father, Male, 38 Years | Parents Drug / Alcohol Misuse | Unsubstantiated |
| Deceased Child, Male, 11 Months | Mother, Female, 32 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 3 Years | Mother, Female, 32 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 13 Years | Mother, Female, 32 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Deceased Child, Male, 11 Months | Father, Male, 38 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Female, 3 Years | Father, Male, 38 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |
| Sibling, Male, 13 Years | Father, Male, 38 Years | Inadequate Food / Clothing / Shelter | Unsubstantiated |

Report Summary:

An SCR report alleged that the father and the mother abused marijuana on a regular basis to the point of impairment while caring for the SC and SSs. The parents allowed people to smoke marijuana around the CHN. It was unknown if any drug paraphernalia had been left accessible to the CHN. The parents regularly fought with one another in the presence of the CHN. It was unknown if they had ever been physically harmed due to witnessing the parents' out of control behaviors. The mother became physically aggressive with the 6yo SS. It was unknown if the SS sustained any injuries. One of the 13yo SS was made to care for all of the other CHN, which caused her to be overwhelmed.

Report Determination: Unfounded**Date of Determination:** 07/20/2021**Basis for Determination:**

NCDSS determined that the home was in need of repairs that the BF reported were ongoing. The home was cluttered, but utilities were working, and pathways were clear. The BF and BM denied the allegations. They reported they did argue at times but no physical violence occurred. The BM denied she had been physically aggressive toward the 6yo SS. The BM reported she had argued with the CHN and grabbed the 6yo and tapped her butt with her foot to redirect her, but not in anger or forcefully. The BF admitted to marijuana use but not in the presence of the CHN and all paraphernalia and marijuana was locked up. The report was unfounded due to lack of evidence to support the allegations.

OCFS Review Results:

NCDSS assessed the home and found that it met minimal standards of care. NCDSS interviewed the mother, father, siblings and siblings' fathers. Safety Assessments and the RAP were completed timely and accurately. Notice of Existence was provided to the required adults. The subject child died during the investigation and NCDSS obtained information from collaterals and the family regarding the death. NCDSS referred the family to community supports. NCDSS received information regarding the 13yo male sibling's education and it was not documented the concerns were addressed with the family. It was not documented that safe sleep guidance was provided to the parents regarding the subject child.

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

Issue:

Failure to provide safe sleep education/information

Summary:

The record did not reflect that safe sleep guidance was provided to or discussed with the parents regarding the subject child.

Legal Reference:

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

**Action:**

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

Issue:

Pre-Determination/Nature, Extent and Cause of Any Condition

Summary:

NCDSS obtained information from a collateral contact during the investigation that the 13yo male sibling had been absent from school 69 times, late 19 times and failed 7th grade. The record did not reflect that this concern was discussed with the parents.

Legal Reference:

18 NYCRR 432.2(b)(3)(iii)(c)

Action:

NCDSS will make an adequate assessment of the nature, extent and cause of any condition which may constitute abuse or maltreatment, whether contained in the original SCR report or discovered during the open investigation.

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

Between 2015 and 2017, the mother had three unfounded CPS investigations and the father had four unfounded CPS investigations. Unsubstantiated allegations included lack of supervision, inadequate guardianship and parent's drug alcohol misuse and were regarding the surviving siblings.

Between 2016 and 2018, the mother of the 13yo female sibling and 6yo sibling had two unfounded CPS investigations regarding the siblings with the allegation of inadequate guardianship.

In 2014, the father of the 13yo male sibling had one indicated CPS investigation involving the sibling, with substantiated allegations of inadequate guardianship and lack of supervision.

Known CPS History Outside of NYS

There was no known CPS History outside of NYS.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

NCDSS will address safe sleep and allegations made or discovered during the investigation.

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