



Report Identification Number: RO-21-005

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

Issue Date: Jul 26, 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: 2 month(s)

Jurisdiction: Chemung
Gender: Male

Date of Death: 02/05/2021
Initial Date OCFS Notified: 02/05/2021

Presenting Information

Chemung County Department of Social Services (CCDSS) received the SCR report on 2/5/2021, which alleged that on the same date the 2-month-old subject child (SC) was found unresponsive on an adult bed at approximately 4:15 AM by the mother (SM). The mother had fed the child at approximately 2:00 AM and placed him in an adult bed at 3:15 AM. Upon finding the child unresponsive, the mother immediately brought the child to a neighbor for help and 911 was called. The child was pronounced dead at 4:25 AM after unsuccessful lifesaving interventions. The child was otherwise healthy at the time of his death. The father (BF) had an unknown role.

Executive Summary

This report concerns the death of a 2-month-old child which occurred while in the care of his mother. CCDSS received the SCR report on 2/5/2021 and coordinated their investigation with law enforcement. At the time of the child's death, he resided with his mother. The father was incarcerated and had five other children who resided outside of the home with their mothers. They were assessed to be safe.

CCDSS responded to the home where law enforcement was already present. The mother stated she had been home with a few friends and that they had been smoking marijuana throughout the night. The child fell asleep at approximately 1:00 AM and she brought him up to the bedroom at approximately 3:00 AM. The mother placed the child to sleep face-down on his stomach in the adult bed before returning downstairs with her friends. The friends left the home at approximately 3:50 AM, and the mother went up to the bedroom and found the child unresponsive shortly after. The mother sought help from neighbors as she did not have a working phone, law enforcement and EMS responded to the home and the child was pronounced dead at the home when there was no response to lifesaving interventions.

CCDSS made relevant collateral contacts. The pediatrician's records identified no concerns for the child, and he was otherwise healthy at the time of his death. Criminal charges were not pursued by law enforcement and the criminal investigation was closed. The medical examiner diagnosed the cause of death to be Sudden Death Associated with Unsafe Sleeping Environment.

The investigation into the fatal incident by CCDSS met regulatory requirements and a determination of the allegations was made in accordance with the evidence gathered. The mother was offered and accepted bereavement counseling and was engaged in the service when the investigation was closed. The allegations of DOA/ Fatality, Inadequate Guardianship, Parents Drug/Alcohol Misuse, and Lack of Supervision were substantiated, and the case was closed.

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? 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:

The determination of the allegations was made in accordance with evidence gathered.

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 investigation met regulatory requirements and the allegations were substantiated against the mother.

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: 02/05/2021

Time of Death: 04:25 AM

Time of fatal incident, if different than time of death: 04:34 AM

County where fatality incident occurred: Chemung

Was 911 or local emergency number called? Yes

Time of Call: 04:21 AM

Did EMS respond to the scene? Yes

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

Did child have supervision at time of incident leading to death? No - but needed

At time of incident was supervisor impaired?

- Drug Impaired
- Alcohol Impaired



Impaired by illness

Impaired by disability

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	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	32 Year(s)
Other Household 1	Father	No Role	Male	26 Year(s)

LDSS Response

CCDSS received the SCR report, coordinated their response with LE and informed the DA of the investigation into the fatal incident. LE informed CCDSS that in the early morning of 2/5/2021, the SC was home with the SM and some of the SM's friends. The SM and her friends were smoking marijuana throughout the night. The SC had fallen asleep and the SM brought the SC upstairs to the bedroom at approximately 3:00 AM. The SM placed the SC on his stomach in the adult bed and left the SC unattended. At approximately 4:15 AM, the SM returned to the bedroom, found the SC unresponsive, and sought help from neighbors due to not having a working phone. A neighbor called 911 while another neighbor began CPR. The SC was pronounced dead at the scene by EMS.

The SM was interviewed in the home. The SM stated that she had friends visiting the home the night of the fatal incident. The SM stated that the SC had drank four ounces of formula and fell asleep at approximately 1:00 AM. The SM stated she had been holding him, and at 3:00 AM, she brought him upstairs to the bedroom and placed him on his stomach with his head to the side on her bed and returned downstairs. The SM admitted to marijuana use, and that her friends then left the home at approximately 3:50 AM. The SM stated she went upstairs, touched the SC, he did not move, and she knew something was wrong. The SM stated she picked up the SC and ran outside of her home and yelled for help because she did not have a working phone. A neighbor called 911 while another began CPR. Police and EMS took over CPR upon their arrival. The SM stated to CCDSS that she was aware of safe sleep practices, and a bassinet was observed in the home. The SM stated the SC often slept in bed with her.

The BF was incarcerated during the investigation period. CCDSS interviewed the BF by phone. The BF disclosed no knowledge of the fatal incident. The BF disclosed having a total of 5 other children. The children were not present at the time of the SC's death, had no knowledge of the SC's death, and were assessed as safe in the care of their respective biological mothers.

EMS first responders were interviewed by CCDSS. It was learned that the SC was unresponsive to lifesaving interventions at the home and the child was pronounced dead at 4:25 AM at the scene after consulting with the hospital.

The neighbors that provided initial assistance to the SM and SC were interviewed by CCDSS. They disclosed little knowledge of the fatal incident prior to hearing the SM knocking on doors and yelling for help.



CCDSS obtained records from the SC's pediatrician. The records identified no concerns for the SC and the SC was otherwise healthy at the time of his death.

CCDSS obtained the autopsy results and death certificate from the ME. The official cause of death was identified as Sudden Death Associated with Unsafe Sleep Environment. There were no other signs of trauma. LE did not pursue criminal charges and their investigation was closed.

CCDSS offered services to the SM in relation to the SC's passing. The SM accepted bereavement counseling and was participating in the service at the time the investigation was closed. CCDSS made the determination of the allegations in accordance with the evidence gathered. CCDSS found enough credible evidence to substantiate the allegations of DOA/Fatality, Inadequate Guardianship, Parents Drug/Alcohol Misuse, and Lack of Supervision against the SM due to the SM's drug use and placing the child in an unsafe sleep environment. There were no siblings in the home and the investigation was closed.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)? Yes

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

Comments: Chemung County has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
057481 - Deceased Child, Male, 2 Mons	057482 - Mother, Female, 32 Year(s)	DOA / Fatality	Substantiated
057481 - Deceased Child, Male, 2 Mons	057482 - Mother, Female, 32 Year(s)	Inadequate Guardianship	Substantiated
057481 - Deceased Child, Male, 2 Mons	057482 - Mother, Female, 32 Year(s)	Lack of Supervision	Substantiated
057481 - Deceased Child, Male, 2 Mons	057482 - Mother, Female, 32 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

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

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 father had 5 other children that had no contact with the SC and did not live in the same home. The children were assessed as safe in the care of their respective biological mothers and were not added to the case composition.

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input 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 parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

The mother accepted bereavement counseling and was participating in the service at the time the investigation was closed.

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)
11/20/2018	Other Child - Half sibling to SC, Female, 2 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Other Child - Half sibling to SC, Female, 2 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half sibling to SC, Female, 2 Years	Other Adult - BM to OC's, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Half sibling to SC, Female, 2 Years	Other Adult - BM to OC's, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Half sibling to SC, Female, 2 Years	Other Adult - BM to OC's, Female, 27 Years	Lack of Supervision	Unsubstantiated	
	Other Child - Half sibling to SC, Female, 2 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Half sibling to SC, Female, 2 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - BM to OC's, Female, 27 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - BM to OC's, Female, 27 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - BM to OC's, Female, 27 Years	Lack of Supervision	Unsubstantiated	



Child Fatality Report

Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Inadequate Guardianship	Unsubstantiated
Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Lack of Supervision	Unsubstantiated
Other Child - Child of BM to half sibling, Male, 8 Years	Other Adult - Maternal Grandfather to OC's, Male, 51 Years	Parents Drug / Alcohol Misuse	Unsubstantiated

Report Summary:

The SCR report alleged that there was drug abuse in the home in the presence of the 8-year-old, 2-year-old, and 1-year-old children by their grandfather. Drug and drug paraphernalia was accessible to the children. The BF and the mother of the children engaged in a domestic violence incident in the presence of the children.

Report Determination: Unfounded**Date of Determination:** 06/03/2019**Basis for Determination:**

CCDSS initiated their investigation and met with family members and collateral contacts. There were no concerns of drug use identified through casework contacts. The domestic violence incident between the BF and the mother of the children occurred a few weeks prior and the children were not present during the incident. LE was involved in the incident and the mother of the children obtained an order of protection against the BF.

OCFS Review Results:

CCDSS contacted relevant collateral contacts and the allegations were determined in accordance with the evidence gathered. Contact was not made with the BF during the investigation period. A notification letter was mailed to his last known address, and no other attempts to contact or locate the BF were documented in the case record.

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

Issue:

Failure to Conduct a Face-to-Face Interview (Subject/Family)

Summary:

Contact with the BF, who was a subject of the report, was not made prior to closing of the investigation. A notice of existence was mailed to the last known address; however, other diligent efforts to contact the BF were not documented.

Legal Reference:

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

Action:

CCDSS will make and document diligent efforts to contact the subject of a report when locating information is unknown at the onset of an investigation.

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

The BF was named in one unsubstantiated investigation that was more than three years prior to the fatality in which the SCR report alleged drug use and domestic violence.

Known CPS History Outside of NYS

There is 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

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