



**Report Identification Number: RO-20-029**

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

**Issue Date: Jun 22, 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:** 11 month(s)

**Jurisdiction:** Monroe  
**Gender:** Male

**Date of Death:** 12/26/2020  
**Initial Date OCFS Notified:** 12/26/2020

## Presenting Information

Monroe County Department of Human Services (MCDHS) received a report from the SCR alleging between 12/25/20 and 12/26/20, the mother and father placed the subject child in an unsafe sleep environment. The child was placed to sleep in a king sized bed with his 7, 4, and 2-year-old siblings. On the morning of 12/26/20, the mother checked in on the children and found the subject child deceased. The mother called 911 and first responders arrived to the home at 7:42AM. CPR was performed; however, rigamortis and lividity had already begun to set in. Additional concerns for the 7, 4, and 2-year-old siblings related to the conditions of the home were alleged.

## Executive Summary

This fatality report concerns the death of the 11-month-old male subject child that occurred on 12/26/20. A report was made to the SCR on the same date with allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter against the mother and father for the subject child and siblings, and DOA/Fatality against the mother and father for the subject child. MCDHS completed a thorough investigation into the death of the child and the additional allegations concerning the siblings. An autopsy was completed; however, the results were pending at the time of this writing.

The investigation revealed that in the early hours of 12/26/20, the subject child was placed to sleep in the parents' king-sized bed with his siblings, ages 7, 4, and 2. The mother and father slept on the couch in an adjoining room. The mother woke around 7AM and checked on the children, finding the subject child unresponsive. The mother screamed and the father woke and checked in on the children. Emergency services were called and arrived on the scene to find the child already in a state of rigor mortis. The medical examiner was on scene and transported the subject child to the morgue. MCDHS was also present at the home following first responders' arrival. MCDHS observed the home to be in deplorable condition. There were rats throughout the home, animal feces on many of the surfaces, garbage strewn throughout the home, and dirty dishes piled on surfaces in the kitchen. There was a crib in the home for the subject child, but it was filled with items. MCDHS determined staying in the home would pose a health and safety risk to the siblings and made a safety plan for the maternal grandmother to care for the children in her home until the conditions of the parents' home could be rectified.

From the time the investigation began to the time of its closure, MCDHS met with all family members and interviewed pertinent collateral sources. The allegations of Inadequate Guardianship and Inadequate Food/Clothing/Shelter against both parents regarding the subject child and siblings were indicated as MCDHS determined the home posed a health and safety hazard to the children. A safety plan was necessary to mitigate the risk to the children. MCDHS determined the co-sleeping arrangement at the time of the child's death was not enough to indicate for DOA/Fatality and unfounded the allegation. MCDHS spoke with first responders and medical personnel in determining the report. There were no blankets, pillows, toys or other items in the bed with the children while they slept. The autopsy report was not completed at the time MCDHS determined their report, but preliminary results did not conclude the death was related to an unsafe sleep environment. The siblings were observed on several occasions and deemed safe in the care of the maternal grandmother. MCDHS offered fatality related services to the family. The parents were receptive to services for themselves and the siblings and immediately began working with a community-based provider who offered trauma services.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

### Determination:

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

### Explain:

The case was indicated and opened for Preventive Services.

Was the decision to close the case appropriate? N/A

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

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

### Explain:

Casework activity was commensurate with best casework practice.

### Required Actions Related to the Fatality

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

### Fatality-Related Information and Investigative Activities

### Incident Information

Date of Death: 12/26/2020

Time of Death: 08:35 AM

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

County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes



**Time of Call:** Unknown  
**Did EMS respond to the scene?** Yes  
**At time of incident leading to death, had child used alcohol or drugs?** No

**Child's activity at time of incident:**

- Sleeping       Working       Driving / Vehicle occupant  
 Playing       Eating       Unknown  
 Other

**Did child have supervision at time of incident leading to death?** Yes  
**How long before incident was the child last seen by caretaker?** 6 Hours  
**At time of incident was supervisor impaired?** Not impaired.

**At time of incident supervisor was:**

- Distracted       Absent  
 Asleep       Other:

**Total number of deaths at incident event:**

**Children ages 0-18:** 1  
**Adults:** 0

### Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Male	11 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	25 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	24 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	4 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	2 Year(s)
Other Household 1	Other Adult - Father of Sibling	No Role	Male	24 Year(s)

### LDSS Response

MCDHS initiated the fatality investigation within 24 hours after the report was received and coordinated their efforts with their multidisciplinary team. MCDHS began gathering information about the family and the events leading up to the subject child's death. The siblings were observed, and an immediate safety plan was implemented due to the hazardous conditions of the home. The siblings went to the maternal grandmother's home, where they remained until the parents' home was deemed safe. MCDHS assessed the maternal grandmother's home and found no safety concerns.

On 12/26/20, MCDHS and LE met with the parents at the home. The parents reported that they had celebrated Christmas with family and returned to their home late on 12/25/20. The parents placed the four children in their king-sized bed to sleep while they slept on the couch. The father reported the subject child was acting normally the day leading up to his death and nothing was amiss. The child ate normally and did not appear fussy or sick. The child was placed to sleep in a onesie. The mother corroborated the information provided by the father. Both parents reported previous education on safe sleep practice but reported they often co-slept with all the children, including the subject child. The mother reported she woke in the morning to check on the children. She laid down in the bed with them to comfort the 2-year-old sibling who



had been crying. The subject child was lying on his back between the siblings. The mother looked over to see a white substance coming out of his nose and found he was not breathing. The mother reported she became hysterical and the father came in the room to check what the commotion was about. The father immediately called 911 and first responders arrived and found the subject child deceased with rigor mortis set in. The subject child was transported directly to the morgue by the ME.

MCDHS conducted forensic interviews with the siblings at the CAC. The siblings expressed knowledge that the subject child had passed away but did not understand what happened and did not have further information regarding the death.

During the investigation, MCDHS learned of concerns related to the parents' history of substance abuse. Specifically, both parents were regular marijuana users. At the time of the subject child's birth, the mother had tested positive for marijuana. The parents were not receptive to substance abuse services but agreed to not use drugs in the presence of the siblings. The record did not note the parents were found to be under the influence of any substances at the time of the fatality.

Throughout the investigation, MCDHS assessed the safety of the siblings and spoke with numerous collateral sources, including the biological father of the eldest sibling, medical staff, the pediatrician, and the case manager of the community-based preventive program. There were no criminal charges brought against the parents regarding the child's death. Appropriate services were offered in response to the fatality.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Pending

**Person Declaring Official Manner and Cause of Death:** Medical Examiner

### Multidisciplinary Investigation/Review

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

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

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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
056033 - Deceased Child, Male, 11 Month(s)	057262 - Father, Male, 25 Year(s)	DOA / Fatality	Unsubstantiated
056033 - Deceased Child, Male, 11 Month(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
056033 - Deceased Child, Male, 11 Month(s)	057262 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
056033 - Deceased Child, Male, 11 Month(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
056033 - Deceased Child, Male, 11 Month(s)	057261 - Mother, Female, 24 Year(s)	DOA / Fatality	Unsubstantiated



056033 - Deceased Child, Male, 11 Month(s)	057262 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057264 - Sibling, Male, 4 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057264 - Sibling, Male, 4 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
057264 - Sibling, Male, 4 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057264 - Sibling, Male, 4 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057265 - Sibling, Male, 7 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
057265 - Sibling, Male, 7 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057265 - Sibling, Male, 7 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057265 - Sibling, Male, 7 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057266 - Sibling, Female, 2 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Guardianship	Substantiated
057266 - Sibling, Female, 2 Year(s)	057261 - Mother, Female, 24 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
057266 - Sibling, Female, 2 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Guardianship	Substantiated
057266 - Sibling, Female, 2 Year(s)	057262 - Father, Male, 25 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Was there timely entry of progress notes and other required documentation?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Additional information:**

The case record reflected MCDHS contacted relevant collateral sources.

**Fatality Safety Assessment Activities**

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

<b>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?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Fatality Risk Assessment / Risk Assessment Profile**

	Yes	No	N/A	Unable to Determine
<b>Was the risk assessment/RAP adequate in this case?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was there an adequate assessment of the family's need for services?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Were appropriate/needed services offered in this case</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain:**  
MCDHS offered services to the family following the death and the family was receptive and engaged in services immediately.

**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:**

Though the siblings were not removed from the home, a safety plan was made for them to stay in the care of the maternal grandmother due to the physical condition of the home posing a risk to the siblings' health and well-being.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Trauma Services and Preventive Services

**Additional information, if necessary:**

MCDHS offered bereavement and mental health referrals to the family. The family began working with community-based trauma services during the investigation. Community-based service providers assisted the family in their search for safe and suitable housing. The maternal grandmother became a resource and safety plan for the family.

**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:**  
MCDHS provided the family with referrals to a trauma-based preventive program and the family was receptive and began engaging with services immediately.

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

**Explain:**  
MCDHS provided the family with referrals to a trauma-based preventive program and the family was receptive and began engaging with services immediately.

### History Prior to the Fatality

#### Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was the child ever placed outside of the home prior to the death? No
- Were there any siblings ever placed outside of the home prior to this child's death? No
- Was the child acutely ill during the two weeks before death? No

#### Infants Under One Year Old

**During pregnancy, mother:**

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

**Infant was born:**

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

### CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
01/28/2020	Deceased Child, Male, 2 Days	Mother, Female, 24 Years	Inadequate Guardianship	Unsubstantiated	No



Deceased Child, Male, 2 Days	Mother, Female, 24 Years	Parents Drug / Alcohol Misuse	Unsubstantiated
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**Report Summary:**

MCDHS received a report from the SCR which alleged the mother gave birth to the subject child on 1/26/20 and tested positive for marijuana at the time of delivery. The subject child was negative for all illicit substances.

**Report Determination:** Unfounded**Date of Determination:** 02/25/2020**Basis for Determination:**

MCDHS determined there was no credible evidence to support the allegations. There was no negative impact on the subject child from the mother's marijuana use during pregnancy. The subject child did not test positive for marijuana or any other illicit substances at birth.

**OCFS Review Results:**

MCDHS completed a Plan of Safe Care and assessed the subject child and siblings within 24 hours of receipt of the report. MCDHS completed case objectives appropriately and within the required time frames. MCDHS assessed and educated the family on safe sleep practice.

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)
04/27/2019	Sibling, Male, 6 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 6 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 3 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - other child in the home, Female, 10 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - other child in the home, Female, 10 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Female, 6 Months	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Female, 6 Months	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - other child in the home, Male, 7 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - other child in the home, Male, 7 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	
	Other Child - other child in the home, Male, 4 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Other Child - other child in the home, Male, 4 Years	Mother, Female, 23 Years	Inadequate Guardianship	Unsubstantiated	



Sibling, Male, 6 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 6 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 3 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Female, 10 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - other child in the home, Female, 10 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Months	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 6 Months	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Male, 7 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - other child in the home, Male, 7 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Male, 4 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - other child in the home, Male, 4 Years	Other Adult - Other adult living in the home, Female, 33 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 6 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 6 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Male, 3 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Male, 3 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Female, 10 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - other child in the home, Female, 10 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Sibling, Female, 6 Months	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Sibling, Female, 6 Months	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Male, 7 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated



# Child Fatality Report

Other Child - other child in the home, Male, 7 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated
Other Child - other child in the home, Male, 4 Years	Father, Male, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated
Other Child - other child in the home, Male, 4 Years	Father, Male, 23 Years	Inadequate Guardianship	Unsubstantiated

**Report Summary:**

MCDHS received a report from the SCR alleging the home the siblings resided in was deplorable. There was garbage throughout the apartment, food and dirty dishes left out, and no furniture. The then 4-month-old sibling slept in a bassinet, but there were no beds for the other siblings. There was a history of domestic violence in the presence of the siblings.

**Report Determination:** Unfounded

**Date of Determination:** 01/21/2020

**Basis for Determination:**

MCDHS determined there was no credible evidence to support the allegations. The home was observed to be free from health and safety hazards and collateral sources revealed no child welfare concerns.

**OCFS Review Results:**

MCDHS completed the 7-day safety assessment within the required timeframe. MCDHS contacted relevant collateral sources and made a determination once all case objectives were met. Letters of notification were sent out 143 days after receipt of the report.

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

**Issue:**

Failure to provide notice of report

**Summary:**

MCDHS did not send out notification letters to the subjects and parents within the first 7 days. The record reflected notification letters were sent 143 days after receipt of the report.

**Legal Reference:**

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

**Action:**

MCDHS 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)
01/29/2018	Sibling, Male, 4 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	Yes
	Sibling, Male, 2 Years	Father, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 4 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 2 Years	Mother, Female, 23 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	

**Report Summary:**

MCDHS received a report from the SCR which alleged the home was in deplorable conditions with dog feces all over the



floor and beds where the siblings slept. The home was roach infested and there was garbage strewn throughout. The home had been without heat and hot water for a week.

**Report Determination:** Unfounded

**Date of Determination:** 06/26/2018

**Basis for Determination:**

MCDHS did not find credible evidence to support the allegations. The home was observed to be free from safety hazards and there was hot water and heat. The family reported the home was without hot water for a few days and the landlord had fixed it prior to child welfare intervention.

**OCFS Review Results:**

MCDHS entered two of the 29 notes five months after their event dates. The record reflected there was no casework completed from 2/1/18 until 5/10/2018, despite concerns learned during the initial home visit on 1/29/18 regarding the conditions of the home. The record does not reflect the father of the sibling was notified nor does the record reflect attempts to interview the sibling's father. MCDHS completed the 7-day safety assessment within the required time frame.

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

**Issue:**

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

**Summary:**

The father of the sibling was added to the report as a parent to the sibling, but was not notified of the investigation nor does the record reflect efforts were made to interview him.

**Legal Reference:**

18 NYCRR 432.1 (o)

**Action:**

MCDHS will make efforts to make face-to-face contact with a child and/or a child's parents or guardians and document efforts that were unsuccessful.

**Issue:**

Overall Completeness and Adequacy of Investigations

**Summary:**

MCDHS did not complete casework between 1/30/18 and 5/10/18. MCDHS had no contact with the family from 1/29/18 to 5/31/18 despite concerns alleged during the initial contact.

**Legal Reference:**

SSL 424.6 and 18 NYCRR 432.2(b)(3)

**Action:**

MCDHS must continue to gather information to reassess safety of the child(ren), throughout the time child welfare staff are involved with the family and until the case is closed (CPS Manual Chapter 6 section D page D-1 and D page D3).

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

There was no CPS investigative history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

There was no known history outside of New York State.



## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

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

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