



Report Identification Number: RO-21-010

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

Issue Date: Sep 17, 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: 6 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 03/25/2021
Initial Date OCFS Notified: 03/25/2021

Presenting Information

An SCR report alleged that on 3/24/21, the father put the 6-month-old infant to bed at an unknown time. On 3/24/21, the mother was out drinking and it was unknown what time she arrived home. The mother went to bed and did not check on the infant. On 3/25/21 at approximately 7:35 AM, the father was getting a bottle for the 1-year-old sibling and the mother checked on the infant, finding the infant cold to the touch and not breathing. The mother called 911 and emergency medical services and law enforcement arrived a short time later. The infant was pronounced deceased at the home at 9:22 AM. The infant was otherwise healthy and the parents had no explanation for his death. The infant had visible injuries that included: a bite mark to the right cheek, a small cut to the bridge of his nose, a fingernail missing from the left ring finger, bruises in various stages of healing about his body, and a deformed leg, that appeared broken. It was unknown how the infant sustained the injuries.

Executive Summary

On 3/25/21, the Monroe County Department of Human Services (MCDHS) received an SCR report regarding the death of the 6-month-old male infant that occurred on that date. At the time of the infant's death, he resided with his mother, father, and 1-year-old sibling. The sibling's father resided out of state. The mother reported that the sibling had no contact with his father since birth and his father's address was unknown. The mother had a 14-year-old child that was in the custody of the maternal grandmother since he was an infant and the mother did not visit with the child regularly.

Through a joint investigation with law enforcement, it was learned that on the evening of 3/24/21 the mother was out with friends and the father was watching the children. The father stated that he gave the infant a bottle around 2:00 AM and the infant seemed fine at that time. The mother arrived home between 2:00-3:00 AM and she went straight to bed. At approximately 7:35 AM the mother checked on the infant, finding him to be cold to the touch and not breathing. The mother called 911 and EMS and law enforcement responded to the home. Attempts to resuscitate the infant were unsuccessful and he was pronounced deceased at the home at 9:22 AM. The infant was found to have visible injuries of a bite mark to his right cheek, a small cut to the bridge of his nose, a fingernail missing from the left ring finger, bruises in various stages of healing about his body and a deformed leg that appeared to be broken.

An autopsy was performed, and the infant was found to have a skull fracture to the right orbital bone and a second older skull fracture in addition to the visible injuries. The ME reported that the preliminary cause of death was the recent skull fracture. The final autopsy report was pending and the law enforcement investigation remained open at the time this report was written.

The parents did not have an explanation for the infant's injuries and there were concerns for the mother's history of alcohol abuse, therefore an Article 10 Neglect Petition was filed, and the 1-year-old sibling was placed with the mother's cousin under Article 1017. The mother received supervised visitation and the father was barred from contact with the sibling. The maternal grandmother agreed not to allow the mother to have contact with the 14-year-old sibling.

MCDHS substantiated the allegations of DOA/Fatality, Inadequate Guardianship, Lacerations/Bruises/Welts and Fracture against the parents and the case was opened for ongoing CPS services. The 1-year-old sibling received a medical examination and he was found to be healthy and free from injury. He was referred for Early Intervention services. The parents were referred for mental health and substance abuse services. The mother completed a substance abuse and mental



health intake, and she was planning to engage in services. At the time this report was written, the father was not cooperating with MCDHS and he had not engaged in services.

PIP Requirement

For citations identified in a historical case, MCDHS will submit a PIP to the Rochester Regional Office within 30 days of receipt of this report. The PIP will identify action(s) the MCDHS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, MCDHS will review the plan and revise as needed to address ongoing concerns.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - 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:

MCDHS substantiated the allegations based on the evidence gathered and the case was opened for ongoing CPS 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 case circumstances.

Required Actions Related to the Fatality

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



Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 03/25/2021

Time of Death: 09:22 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?

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? Yes

How long before incident was the child last seen by caretaker? 5 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	6 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	30 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	37 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Year(s)
Other Household 1	Other Adult - Sibling's Father	No Role	Male	57 Year(s)

LDSS Response

MCDHS initiated their investigation upon receipt of the SCR report on 3/25/21. They reviewed SCR history and spoke to the source of the report. They conducted a home visit and spoke to law enforcement, the medical examiner's investigator, the parents, and several family members.



The mother was slurring her words while speaking to law enforcement and MCDHS and she appeared to be intoxicated. The father appeared to be alert, and he denied that he had used drugs or alcohol. The parents stated that the infant was healthy and developmentally on target. The home was observed to be cluttered. There were two portable cribs in the home that were full of items and two infant bouncy seats on the parents' bed. The parents stated that the 1-year-old sibling slept in a car seat on the parents' bedroom floor and the infant slept in one of the bouncy seats.

The parents reported that on the night of 3/24/21, the mother was out drinking alcohol with friends and the father was watching the two children. The father said the infant appeared fine when he fed the infant a bottle at 2:00 AM and placed him back to sleep in one of the bouncy seats. The mother arrived home between 2:00-3:00 AM, and she went right to bed and did not check on the children. When the parents woke up between 6:00-7:00 AM the father made bottles for the children and the mother took a shower. The father placed the infant's bottle on the bed since he was still sleeping in the bouncy seat, and he gave the 1-year-old sibling his bottle. When the mother got out of the shower, she kissed the infant on the cheek, and she noticed scratches on his face, and he was cold. She asked the father why the infant was cold, and he said because she turned the heater off. She then realized the infant was limp and she called 911. The parents denied having prior knowledge of the infant's injuries and they denied causing the injuries. The father stated that the infant had recently fallen off the bed and cried, but he appeared to be fine when the father picked him up and comforted him.

The sibling was examined and found to have no marks, bruises, or injuries. A safety plan was initiated on 3/25/21 for the 1-year-old sibling to stay with the mother's cousin, and he was assessed to be safe in the cousin's care. At the first court appearance on 4/22/21, he was placed in the cousin's custody. Attempts to locate the sibling's father were unsuccessful. MCDHS conducted a home visit at the maternal grandmother's home and assessed the 14-year-old sibling to be safe in her care.

The 911 call was reviewed, and the mother was unable to focus or receive direction from the 911 operator. The mother was heard blaming the father for the infant's injuries and telling him he was going to jail. Law enforcement reported that the parents were involved in a physical altercation when they arrived at the home, and the parents had to be separated and handcuffed until they calmed down. Law enforcement reported that the parents were asked about the previous skull fracture that was found during the autopsy examination and they disclosed that there had been a previous incident in January where the infant had fallen off the bed but he appeared to be fine. Law enforcement said they measured the parents' bed to be 27 inches from the floor and they were investigating whether falling off the bed on two separate occasions could cause the infant's skull fractures.

Pediatrician records showed that the infant was not up to date with well visits and immunizations and he was last seen in November 2020. It was noted that the infant was born at 35 weeks via emergency C-section and the mother tested positive for alcohol and THC at the time of the infant's birth.

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

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
058094 - Deceased Child, Male, 6 Mons	058095 - Mother, Female, 37 Year(s)	DOA / Fatality	Substantiated
058094 - Deceased Child, Male, 6 Mons	058095 - Mother, Female, 37 Year(s)	Fractures	Substantiated
058094 - Deceased Child, Male, 6 Mons	058095 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
058094 - Deceased Child, Male, 6 Mons	058095 - Mother, Female, 37 Year(s)	Lacerations / Bruises / Welts	Substantiated
058094 - Deceased Child, Male, 6 Mons	058096 - Father, Male, 30 Year(s)	DOA / Fatality	Substantiated
058094 - Deceased Child, Male, 6 Mons	058096 - Father, Male, 30 Year(s)	Fractures	Substantiated
058094 - Deceased Child, Male, 6 Mons	058096 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
058094 - Deceased Child, Male, 6 Mons	058096 - Father, Male, 30 Year(s)	Lacerations / Bruises / Welts	Substantiated
058097 - Sibling, Male, 1 Year(s)	058095 - Mother, Female, 37 Year(s)	Inadequate Guardianship	Substantiated
058097 - Sibling, Male, 1 Year(s)	058096 - Father, Male, 30 Year(s)	Inadequate Guardianship	Substantiated
058097 - Sibling, Male, 1 Year(s)	058095 - Mother, Female, 37 Year(s)	Parents Drug / Alcohol Misuse	Substantiated

CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>

Additional information:

Attempts to locate and speak to the 1-year-old sibling's father were unsuccessful.



Fatality Safety Assessment Activities

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

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input 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
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input checked="" type="checkbox"/>	<input 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"/>

Explain:

Risk was adequately assessed and an Article 10 Neglect Petition was filed to obtain court ordered services.

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Explain as necessary:
 The 1-year-old sibling was placed in the custody of the mother's cousin under article 1017. The 14-year-old sibling remained in the custody of the maternal grandmother.

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/21/2021	There was not a fact finding	There was not a disposition
Respondent:	058095 Mother Female 37 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and father. At the initial appearance on 4/22/21, the 1-year-old sibling was placed in the custody of the mother's cousin under Article 1017.	

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
04/21/2021	There was not a fact finding	There was not a disposition
Respondent:	058096 Father Male 30 Year(s)	
Comments:	An Article 10 Neglect Petition was filed against the mother and father. At the initial appearance on 4/22/21, the 1-year-old sibling was placed in the custody of the mother's cousin under Article 1017.	

Have any Orders of Protection been issued? Yes	
From: 04/22/2021	To: Unknown
Explain: At the initial court appearance on 4/22/21, an order of protection was issued barring the mother from unsupervised contact and the father from all contact with the 1-year-old sibling.	

Services Provided to the Family in Response to the Fatality

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



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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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:
Following the infant's death, the 1-year-old sibling received a medical examination and he was placed in the custody of the mother's cousin with an order of protection barring the mother from unsupervised contact and the father from any contact.

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

Explain:
Following the infant's death, the mother received a substance abuse and mental health evaluation. The father did not cooperate with 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? Yes
- 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)
08/31/2020	Deceased Child, Male, 1 Days	Mother, Female, 36 Years	Inadequate Guardianship	Substantiated	Yes
	Deceased Child, Male, 1 Days	Mother, Female, 36 Years	Parents Drug / Alcohol Misuse	Substantiated	

Report Summary:

An SCR report alleged that on 8/30/20, the mother gave birth to the infant. At the time of delivery the mother tested positive for marijuana and alcohol. The mother's blood alcohol level was .13. It was unknown if the mother was abusing alcohol and marijuana in the presence of the 1-year-old and 14-year-old siblings.

Report Determination: Indicated**Date of Determination:** 12/04/2020**Basis for Determination:**

The mother had a history of alcohol abuse and she admitted to drinking wine before giving birth. The infant was born at 35 weeks gestation via emergency C-section because the mother had a condition in which the placenta was covering the cervix and the mother did not follow doctor's orders. A safety plan was developed for the infant and 1-year-old sibling to stay with an aunt and the mother was referred for substance abuse services. The mother reported being sober and the parents obtained stable housing. On 10/27/20, the children returned to the parents' care with a safety plan that the parents would utilize a sober caretaker for the children and a Preventive Services case was opened.

OCFS Review Results:

Home visits were conducted and the Safety Assessments and RAP were completed timely and accurately. The parents, 14-year-old sibling, aunt and grandmother were interviewed. Safe sleep information was not provided to the parents or the aunt. A Plan of Safe Care was developed and the mother was advised to complete a substance abuse evaluation. The mother said she completed an evaluation that resulted in no treatment recommendations. Attempts to contact the treatment provider and obtain the treatment recommendations were not documented. The 1-year-old sibling's father was not provided with Notice of Existence of the report and attempts to contact him were not documented.

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

Failure to provide safe sleep education/information

Summary:

Safe sleep information was provided to the aunt's brother; however, safe sleep information was not provided to or discussed with the parents or the aunt, who were the caretakers of the infant.

Legal Reference:

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

**Action:**

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

Issue:

Contact/Information From Reporting/Collateral Source

Summary:

The mother said she completed a substance abuse evaluation that resulted in no treatment recommendations. Attempts to contact the treatment provider and obtain the treatment recommendations were not documented.

Legal Reference:

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

Action:

MCDHS will make diligent efforts to contact collaterals to attempt to gather relevant information as it pertains to safety, risk, and a determination of the allegations.

Issue:

Failure to provide notice of report

Summary:

The 1-year-old sibling's father was not provided with Notice of Existence of the report and attempts to contact him were not documented.

Legal Reference:

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

Action:

MCDHS will mail or deliver notification letters to subject(s), parent(s) and other adults named in the report within the first seven days following the receipt of the report.

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/31/2019	Sibling, Male, 2 Days	Mother, Female, 35 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	No

Report Summary:

An SCR report alleged that the mother gave birth to the now 1-year-old sibling on 8/29/19. The mother tested positive for marijuana at the time of labor and delivery and the mother admitted to drug use during pregnancy.

Report Determination: Unfounded

Date of Determination: 09/19/2019

Basis for Determination:

Although the mother tested positive for marijuana, the sibling did not have a positive toxicology. The mother admitted to marijuana use during pregnancy to increase her appetite and she denied that she was going to continue to use drugs. The mother and now 1-year-old sibling moved in with the now 14-year-old sibling and the grandmother for support. The siblings were determined to be healthy and well cared for. The mother planned to move out of state to reside with the father of the now 1-year-old sibling.

OCFS Review Results:

MCDHS conducted home visits and assessed the home to be safe. The mother, now 14-year-old sibling and grandmother were interviewed and the now 1-year-old sibling was observed. Safe sleep guidelines were discussed and a Plan of Safe Care was completed. Safety Assessments and the RAP were completed timely and accurately. Relevant collaterals were contacted and the family was referred to community based services.

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



Child Fatality Report

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/22/2018	Sibling, Male, 11 Years	Other Adult - Sibling's Aunt , Female, 30 Years	Excessive Corporal Punishment	Unsubstantiated	No
	Sibling, Male, 11 Years	Other Adult - Sibling's Aunt , Female, 30 Years	Inadequate Guardianship	Unsubstantiated	

Report Summary:

An SCR report alleged that the now 14-year-old sibling's aunt punched him in the face and beat him with a wooden broom because he stole money from the grandmother.

Report Determination: Unfounded**Date of Determination:** 01/09/2019**Basis for Determination:**

The sibling reported that his aunt physically disciplined him, but he did not sustain any marks or bruises and he denied being fearful of his aunt. The aunt did not reside in the home and had limited contact with the sibling, therefore she was not considered a person legally responsible for the sibling. The grandmother agreed to supervise the sibling's contact with his aunt.

OCFS Review Results:

MCDHS conducted home visits at the now 14-year-old sibling's home and interviewed the sibling and the grandmother. Safety Assessments and the RAP were completed timely and accurately. The sibling's aunt and father were interviewed and relevant collaterals were contacted. Notice of Existence was provided to the required adults. MCDHS referred the family to a community resource that could assist the sibling's grandmother in managing the sibling's behavior.

Are there Required Actions related to the compliance issue(s)? Yes No**CPS - Investigative History More Than Three Years Prior to the Fatality**

An SCR report dated 7/25/01 was substantiated against the mother for the allegations of Inadequate Guardianship and Lack of Supervision regarding the now adult sibling.

An SCR report dated 5/21/07 was substantiated against the mother for the allegations of Inadequate Guardianship, Lack of Supervision and Parent's Drug/Alcohol Misuse regarding the now 14-year-old sibling. The maternal grandmother filed for and obtained custody of him due to the mother's untreated substance abuse and mental health concerns.

Known CPS History Outside of NYS

There is no known CPS history outside of New York State.

Services Open at the Time of the Fatality**Was the deceased child(ren) involved in an open preventive services case at the time of the fatality? Yes****Date the preventive services case was opened:** 11/24/2020**Was the deceased child(ren) involved in an open Child Protective Services case at the time of the fatality? Yes****Date the Child Protective Services case was opened:** 11/24/2020**Evaluative Review of Services that were Open at the Time of the Fatality**

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

Did the service provider(s) comply with the timeliness and content requirements for progress notes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the services provided meet the service needs as outlined in the case record?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all service providers comply with mandated reporter requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there information in the case record that indicated the existence of behaviors or conditions that placed the children in the case in danger or increased their risk of harm?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Did the service provider comply with case work contacts, including face-to-face contact as required by regulations pertaining to the program choice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services Provided

	Yes	No	N/A	Unable to Determine
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were services provided to parents as necessary to achieve safety, permanency, and well-being?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the FASP consistent with the case circumstances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing

	Yes	No	N/A	Unable to Determine
Was the decision to close the Services case appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Provider



	Yes	No	N/A	Unable to Determine
Were Services provided by a provider other than the Local Department of Social Services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information, if necessary:
 A community agency provided Preventive Services to the family.

Preventive Services History

On 11/24/20, a Preventive Services case was opened by a community agency following a referral by MCDHS. There were concerns for the mother's history of drug and alcohol abuse, which resulted in the mother losing custody of the 14-year-old sibling and two additional children that are now adults. The mother and father met with the preventive worker on 11/10/20 and 12/3/20. The mother admitted to marijuana and alcohol use but said she always had a sober caretaker for the children. The parents appeared sober at these contacts. The children were seen, and appeared to be safe and free marks and bruises. The mother declined the need for substance abuse services and said she did not want Preventive Services to remain open past Christmas. Attempts to meet with the family on 12/18/20, 1/12/21 and 1/28/21 were unsuccessful. The community agency ended their involvement with the family on 1/28/21 with goals not achieved due to loss of contact. MCDHS was in the process of closing the Preventive Services case when the infant died. Following the infant's death, an Article 10 Neglect Petition was filed and the 1-year-old sibling was placed in the custody of the mother's cousin. At the time this report was written the petition was pending in Family Court and the Preventive Services case remained open.

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