



## Report Identification Number: RO-20-001

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

**Issue Date: May 11, 2020**

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:** 3 month(s)

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

**Date of Death:** 01/13/2020  
**Initial Date OCFS Notified:** 01/13/2020

## Presenting Information

On 1/13/20, Monroe County Department of Human Services (MCDHS) received an SCR report alleging that the maternal grandmother was babysitting the 3-month-old male subject child at her home. The maternal grandmother had noticed earlier in the day that the subject child's breathing appeared to be labored. The subject child was asleep in his car seat with a blanket over his legs, and after an unknown amount of time, the grandmother checked on the subject child and found him unresponsive and not breathing. The maternal grandmother called 911 and began Cardiopulmonary Resuscitation. Emergency Medical Services arrived and continued to perform CPR on the subject child and transported him to the hospital. Doctors at the hospital continued attempts to revive the subject child. The subject child was pronounced deceased at 3:07PM. The subject child was an otherwise healthy child and the grandmother had no explanation for the child's death. The role of the mother was unknown.

## Executive Summary

On 1/13/20, MCDHS received two SCR reports concerning the death of the 3-month-old subject child. These reports were subsequent to an open Child Protective Services investigation that began on 10/18/19. It had been reported that on the morning of 1/13/20, the mother left the subject child in the care of the maternal grandmother at 7:30 AM before she left for work. The maternal grandmother had fed the subject child at 12:00 PM and placed the subject child in his car seat to sleep. At 2:30 PM when the maternal grandmother checked on the subject child he was unresponsive; she immediately called 911. EMS arrived and transported the subject child to the hospital where he was pronounced deceased at 3:07 PM.

MCDHS had been involved with the family since 10/18/19, after an SCR report was received with concerns about the mother's mental health and her history of suicide attempts. The report further alleged that the subject child had been admitted to the hospital for failure to thrive and his weight was 4% less than at birth on 10/2/19. The mother admitted to feeling overwhelmed and missing her mental health appointments. The mother fully cooperated with MCDHS and the subject child was gaining weight and the mother was engaged in mental health services and agreed to preventive services. The mother and the subject child moved in with the maternal grandmother and the 13-year-old uncle in November.

MCDHS assessed the safety of the 13-year-old uncle and there were no noted concerns. There were no surviving siblings.

The medical examiner's final autopsy report was pending at the time of this writing. Law enforcement's case remained open pending the final autopsy report.

MCDHS interviewed family members, first responders, law enforcement, school staff regarding the uncle, the medical examiner and multiple medical professionals. MCDHS obtained medical records pertaining to the subject child's death. MCDHS provided referrals for bereavement services to all family members.

MCDHS met all NYS regulations and requirements pertaining to casework contacts, safety assessments, risk assessment and the provision of services in the investigation dated 10/18/19, that was open at the time of the subject child's death. This case has been addressed in the history section of this fatality report.

MCDHS substantiated the allegations of DOA/Fatality and inadequate guardianship against the maternal grandmother for the subject child. The allegations of inadequate guardianship and parent drug/alcohol misuse was substantiated against the mother for the subject child. There was credible evidence to support the allegations against the maternal grandmother and



the mother of the subject child. The maternal grandmother and the mother both stated although they were aware of safe sleep practices, they knowingly placed the subject child in an unsafe sleep environment on a regular basis despite having a crib and a bassinet for the subject child. The car seat positioned the subject child in a way in which his air way was restricted. The maternal grandmother had wrapped the subject in a thick blanket and then placed the subject child on top of another blanket in his car seat to sleep. The maternal grandmother then placed a third blanket over the top of the car seat.

The mother admitted although she had been doing much better, she had been overwhelmed with the care of the subject child on the evening of 1/12/20, and was huffing on an aerosol can. The maternal grandmother found the mother vomiting and she had urinated on herself. The mother and the maternal grandmother had failed to provide the subject child with a minimum degree of care thereby placing him at imminent risk of harm. The case was indicated and closed. The mother had moved into her own apartment and was attending therapy. MCDHS offered the maternal grandmother services and she declined.

## 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 gathered sufficient information to make a determination in this case.

**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 notes a consultation took place, but no details noted.

### Explain:

MCDHS obtained sufficient information to close their case.



## 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: 01/13/2020

Time of Death: 03:07 PM

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? 30 Minutes

At time of incident supervisor was: Not impaired.

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	Aunt/Uncle	No Role	Male	13 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	3 Month(s)
Deceased Child's Household	Grandparent	Alleged Perpetrator	Female	34 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	20 Year(s)
Deceased Child's Household	Unrelated Home Member	No Role	Male	44 Year(s)
Other Household 1	Father	No Role	Male	22 Year(s)

### LDSS Response

MCDHS received two SCR reports concerning the death of the 3-month-old subject child on 1/13/20. MCDHS obtained information from hospital staff, the source of the report, and completed a CPS history check. MCDHS notified the district



attorney’s office and the medical examiner’s office about the death of the subject child.

MCDHS interviewed the maternal grandmother about the events leading up to the subject child’s death. The maternal grandmother and the mother both told MCDHS that the mother had left the subject child in her care at 7:30 AM, before the mother left for work. The mother said she had placed the car seat with the subject child in it, by the maternal grandmother's bed in her bedroom. The maternal grandmother said she fed the subject child at 12:00 PM and then placed the subject child back into his car seat to sleep. The maternal grandmother said she wrapped the subject child in a blanket and placed him on top of another blanket in the car seat. The maternal grandmother said she then placed another blanket over the car seat. The maternal grandmother said she checked on the subject child at approximately 2:30 PM and found the subject child unresponsive. The maternal grandmother said she called 911 and was instructed to start CPR. The maternal grandmother attempted to administer CPR. The maternal grandmother said she then went down downstairs and placed the subject child on the living room couch until EMS arrived. EMS started CPR and transported the subject child to the hospital where the subject child was pronounced deceased.

MCDHS interviewed the 13-year-old uncle as he was home at the time of the fatal incident. He said he had been in his room playing video games and did not know something had happened until he heard the ambulance. The uncle told MCDHS that the maternal grandmother called the other adult who was residing in the home at time and told him to come home. The other adult told the uncle what happened and the maternal grandmother went to the hospital. The uncle denied having any concerns about the subject child’s care.

MCDHS interviewed the other adult in the home and he said he works from 7:00 AM to 5:00 PM everyday and was not home at the time but confirmed that the maternal grandmother had called him to come home. He said he stayed with the uncle while the maternal grandmother went to the hospital. The other adult in the home had no concerns about the care the mother or the maternal grandmother provided the subject child.

MCDHS spoke with the subject child’s pediatrician and the subject child’s most recent visit was on 12/11/20 and the subject child was gaining weight and the mother was doing much better and was observed to be appropriate with the subject child. The pediatrician had no recent concerns for the care of the subject child.

MCDHS obtained information and records from, the medical examiner, pediatrician, service providers, family members, law enforcement and there were no noted concerns for the subject child’s recent care by the mother and the maternal grandmother.

MCDHS conducted follow up visits to the home and there were no concerns for the uncle’s care by the maternal grandmother. The mother had moved into her own apartment and had no other children.

### Official Manner and Cause of Death

**Official Manner:** Pending

**Primary Cause of Death:** Unknown

**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?**No

**Comments:** Monroe County Department of Human Services does not have an OCFS approved CFRT.



Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052843 - Deceased Child, Male, 3 Mons	052844 - Grandparent, Female, 34 Year(s)	DOA / Fatality	Substantiated
052843 - Deceased Child, Male, 3 Mons	052844 - Grandparent, Female, 34 Year(s)	Inadequate Guardianship	Substantiated
052843 - Deceased Child, Male, 3 Mons	053881 - Mother, Female, 20 Year(s)	Inadequate Guardianship	Substantiated
052843 - Deceased Child, Male, 3 Mons	053881 - Mother, Female, 20 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>



<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"/>
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<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:**  
 There were no surviving siblings and the 13-year-old uncle continued to reside with the maternal grandmother. The mother continued to engage in therapy with her mental health provided. The maternal grandmother was offered appropriate services but declined.

**Placement Activities in Response to the Fatality Investigation**

	Yes	No	N/A	Unable to Determine
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explain as necessary:**  
 The 13-year-old uncle of the subject child remained in the care of the maternal grandmother. There were no surviving siblings.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 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? N/A
- Was the child acutely ill during the two weeks before death? No

### Infants Under One Year Old

#### During pregnancy, mother:

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



**Infant was born:**

Drug exposed

With fetal alcohol effects or syndrome

With neither of the issues listed noted in case record

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
10/18/2019	Deceased Child, Male, 16 Days	Mother, Female, 20 Years	Inadequate Food / Clothing / Shelter	Substantiated	No
	Deceased Child, Male, 16 Days	Mother, Female, 20 Years	Inadequate Guardianship	Substantiated	
	Deceased Child, Male, 16 Days	Mother, Female, 20 Years	Malnutrition / Failure to Thrive	Substantiated	

**Report Summary:**

The report alleged that the mother had mental health issues and a history of attempted suicide. The mother attempted to harm herself while pregnant with the subject child. The mother was not taking her prescribed medication and missing her mental health appointments and her mental health was deteriorating. The mother was overwhelmed with the care of the subject child. The 16-day-old subject was admitted to the hospital for failure to thrive and his weight was down 4% since birth.

**Report Determination:** Indicated

**Date of Determination:** 04/02/2019

**Basis for Determination:**

MCDHS conducted interviews with the paternal grandparents, the father, the mother, medical professionals, the mother's therapist and service providers. The mother admitted to being overwhelmed and not taking her medication as prescribed and missed mental health appointments. Mother was compliant and engaged with mental health services. Her therapist reported she was doing well and had done a complete turnaround. The mother continued to work with a program to assist mother with caring for her infant. The mother was in agreement to preventive services and was due to meet with the caseworker the week of the subject child's passing. The case was indicated and closed; there were no SS.

**OCFS Review Results:**

MCDHS accurately determined the allegations after conducting a thorough investigation. The safety and risk assessments were fitting to the case circumstances.

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

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

There was no CPS history more than three years prior to the fatality in regard to the subject child. The maternal grandmother had extensive history in regard to her adult children that had been freed for adoption.

#### Known CPS History Outside of NYS

There was no known history outside of NYS.

### Preventive Services History



The maternal grandmother had a preventive services case that was opened on 3/2/17, for her now 13-year-old son (the uncle to the subject child). A Preventive case was opened with the Family Trauma Intervention Program to assist the maternal mother with the care of the uncle. The uncle had recently moved in with his mother and was struggling in school. The uncle was engaged in therapy and his last session was 3/4/19. The preventive case was closed with no further services needed.

### 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