



Report Identification Number: RO-22-008

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

Issue Date: Aug 16, 2022

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: 1 month(s)

Jurisdiction: Monroe
Gender: Male

Date of Death: 04/17/2022
Initial Date OCFS Notified: 04/17/2022

Presenting Information

On 4/17/22, Monroe County Department of Human Services (MCDHS) received three reports which alleged that on 4/17/22, the subject mother (SM) placed the subject child (SC) in a car seat unsecured on the top of her bed to fall asleep. The SM checked on the SC about an hour later and the SC was found to be unresponsive, and he was not breathing. The SM called 911, police arrived at the home and administered CPR until the ambulance arrived. Emergency Medical Services (EMS) took over resuscitative measures and transported the SC to the hospital, where he was pronounced deceased following his arrival. There were four surviving siblings (SSs) in the home, ages 7, 6, 5 years and a 1-month-old twin.

Executive Summary

This report concerns the death of a 1-month-old subject child which occurred while in the care of his mother. MCDHS received the initial report and two duplicate reports on 4/17/2022 and coordinated their investigation with law enforcement.

MCDHS conducted familial interviews with the mother and surviving siblings. On the night of the subject child's death, the mother said she had fed and changed the subject child then put him in his car seat unsecured on top of her bed. The subject mother reported she laid down on the bed next to the subject child and woke up around 8:20AM. The mother discovered the subject child was unresponsive and immediately picked him up and called 911. The subject child was transported by EMS to the hospital where he was pronounced dead at 9:20AM.

The father of the subject child and the twin surviving sibling was interviewed and had no knowledge of what happened to the subject child and had no concerns for the subject mother. MCDHS contacted the biological fathers of the other surviving siblings; they reported they were unaware of what went on in the subject mother's home, had no concerns for the subject mother, and expressed no knowledge of the fatal incident.

Hospital staff was interviewed and reported the subject child had no signs of trauma at the time of his death. The subject child's twin surviving sibling was admitted to the hospital for a full evaluation as a precaution due to the subject child's cause of death being unknown. Additionally, the subject mother previously lost her fourteen-day-old infant in 2020 after finding him unresponsive in the home while in her care. The case record noted that the autopsy for the previous fatality was received by MCDHS on 6/1/22. The ME determined the cause of death to be positional asphyxiation and the manner of death accident.

MCDHS conducted the investigation in accordance with regulatory requirements. The final autopsy report was pending at the time the investigation was closed and there was no information provided by the ME that the child's death was due to an unsafe sleep environment. There were no criminal charges pending at the time this report was written against the subject mother.

The allegation DOA/Fatality against the subject mother regarding the subject child was unsubstantiated; the cause of death was still pending at the time this report was written. The allegation of IG against the subject mother regarding the subject child was substantiated. The subject mother knowingly placed the subject child in a car seat, unstrapped on top of her bed alongside his twin surviving sibling in another car seat and slept next to them in their car seats unsecured on top of the bed, despite having access to a portable crib. The portable crib was filled with clothing and other items and was not being



used. The allegations of IG and IF/C/S were substantiated against the subject mother regarding the surviving siblings. The night of the fatality MCDHS found the home in deplorable conditions and hazardous to the children; a safety plan was put in place for the surviving siblings to stay with the maternal grandmother until the home met minimal standards. An Abuse Petition was filed against the subject mother in family court and the surviving siblings were removed and placed with the maternal grandmother under the supervision of MCDHS. The subject mother was court ordered to participate in mental health services and parenting classes. The subject mother received grief services for the death of her previous child that ended in April 2021. The CPS investigation was closed and transferred for ongoing CPS foster care services and monitoring.

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

Was the decision to close the case appropriate? Yes

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

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

Explain:

MCDHS made a determination of the allegations in accordance with evidence gathered.

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: 04/17/2022

Time of Death: 09:20 AM

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

08:20 AM

County where fatality incident occurred:

Monroe

Was 911 or local emergency number called?

Yes

Time of Call:

08:35 AM

Did EMS respond to the scene?

Yes

At time of incident leading to death, had child used alcohol or drugs?

N/A

Child's activity at time of incident:

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

Did child have supervision at time of incident leading to death? Yes

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Distracted | <input type="checkbox"/> Absent |
| <input checked="" type="checkbox"/> Asleep | <input type="checkbox"/> 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	1 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	1 Month(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	5 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	6 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	7 Year(s)
Other Household 1	Other - Father of 7-year-old SS	No Role	Male	42 Year(s)
Other Household 2	Other - Father of 1-month-old SC and twin SS	No Role	Male	33 Year(s)
Other Household 3	Other - Father of 5 & 6 year SSs	No Role	Male	27 Year(s)

LDSS Response

MCDHS received the SCR reports, coordinated their response with LE and notified the district attorney. LE and MCDHS conducted initial interviews at the hospital and later observed the SM's home. Upon EMS arrival to the hospital the SC was not breathing and had no pulse. Resuscitative measures continued until the child was pronounced deceased at 9:20AM. Medical providers identified there was blood in the SC's mouth, which could have been attributed to lifesaving interventions. There were no signs of trauma to the SC.



The SM was interviewed and reported that the SC and the twin SS had woken up around 4:15AM and were crying. The SM stated she tried putting them in their swings and gave each of them a bottle and changed them. The SM then put the SC and the twin SS in their car seats, unsecured and placed the car seats on her bed. The SM reported the SC loved the car seat and she had “never seen children love their car seats so much.” The SM reported she fell asleep on the bed with the children on the bed in their car seats. When she woke up, the SC appeared to be sleeping, so the SM tugged on the SC’s feet to wake him up. The SC did not respond, and the SM saw he was not breathing. The SM picked up the SC and called 911.

A home visit was conducted the night of the SC’s death with LE. The home was observed to have food, dirty dishes, garbage, dirty diapers, toys and other debris strewn all over the floor throughout the home, there was no running water in the second-floor bathroom and there were various rooms without clear egress. The home posed a safety hazard to the SSs. There was a portable crib observed in the home that was filled with miscellaneous items and was not being used for safe sleep for the SC and twin SS. There was a car seat observed on the floor in the home. There were no beds observed for the SSs in the home. After the death of the SC and the discovery of hazardous conditions of the home, MCDHS put a safety plan in place for the SSs. The 3 oldest SSs went to the MGM’s home and the twin SS was admitted to the hospital for a full evaluation due to the unknown cause of the SC’s death.

The SSs were interviewed while in the care of the MGM. The SSs reported that the SC slept in the car seat, in the portable crib or with the SM in the bed. The SSs were aware that the SC had died, and they were woken up by the SM screaming the SC was not breathing. The SSs reported they had a sibling who died previously.

Pediatric records were obtained, and no concerns were noted for the SC. The SC was seen for a one-month checkup and the SM told the pediatrician the SC’s breathing was abnormal. The pediatrician did not find any concerns regarding the SC’s breathing. Two of the SSs were not up to date with well child visits.

MCDHS contacted the biological fathers of the SSs, and they reported they were unaware of what went on in the SM’s home, but had no concerns for the SM and expressed no knowledge of the fatal incident.

An Abuse Petition was filed against the SM and the SSs were removed from the SM’s care and placed with the MGM under an Order of Supervision. The SM was given supervised visits with the SSs until the next court date. Additionally, the SM was ordered to engage with mental health services and attend parenting classes.

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 referred to an OCFS approved Child Fatality Review Team? Yes

Comments: MCDHS referred the fatality to the OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
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Child Fatality Report

060981 - Deceased Child, Male, 1 Mons	060982 - Mother, Female, 27 Year(s)	DOA / Fatality	Unsubstantiated
060981 - Deceased Child, Male, 1 Mons	060982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
060983 - Sibling, Male, 1 Month(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
060983 - Sibling, Male, 1 Month(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
060984 - Sibling, Male, 5 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
060984 - Sibling, Male, 5 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
060985 - Sibling, Female, 6 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
060985 - Sibling, Female, 6 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Substantiated
060986 - Sibling, Male, 7 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Food / Clothing / Shelter	Substantiated
060986 - Sibling, Male, 7 Year(s)	060982 - Mother, Female, 27 Year(s)	Inadequate Guardianship	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
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Child Fatality Report

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"/>

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"/>
If Yes, court ordered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain as necessary:

MCDHS originally put a safety plan in place for the SSs to stay with the MGM due to the condition of the home.



MCDHS filed an Article 10 Abuse Petition against the SM. The judge removed all the SSs from the SM 's care and placed them with the MGM under supervision of MCDHS.

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:
04/22/2022	There was not a fact finding	There was not a disposition
Respondent:	060982 Mother Female 27 Year(s)	
Comments:	The SSs were removed by the family court judge from the SM's care and placed in the custody of the MGM with supervision by MCDHS. The SM was court ordered to have a mental health evaluation and participate in parenting classes. The SM was to have only supervised visits with the children.	

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>



Child Fatality Report

Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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History Prior to the Fatality

Child Information

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

Infants Under One Year Old

During pregnancy, mother:

- | | |
|---|--|
| <input type="checkbox"/> Had medical complications / infections | <input type="checkbox"/> Had heavy alcohol use |
| <input type="checkbox"/> Misused over-the-counter or prescription drugs | <input type="checkbox"/> Smoked tobacco |
| <input type="checkbox"/> Experienced domestic violence | <input type="checkbox"/> Used illicit drugs |
| <input checked="" type="checkbox"/> Was not noted in the case record to have any of the issues listed | |

Infant was born:

- | | |
|--|---|
| <input type="checkbox"/> Drug exposed | <input type="checkbox"/> With fetal alcohol effects or syndrome |
| <input checked="" type="checkbox"/> 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)
12/08/2020	Other - Deceased Sibling, Male, 14 Days	Mother, Female, 26 Years	DOA / Fatality	Unsubstantiated	No
	Other - Deceased Sibling, Male, 14 Days	Mother, Female, 26 Years	Inadequate Guardianship	Unsubstantiated	
	Other - Deceased Sibling, Male, 14 Days	Mother, Female, 26 Years	Lacerations / Bruises / Welts	Unsubstantiated	

Report Summary:

Monroe County Department of Human Services (MCDHS) received an SCR report on 12/8/20, which alleged that the SM found the 14-day-old deceased sibling unresponsive in his bassinet. The mother called 911 and EMS arrived and administered CPR at the scene. The deceased sibling was transported to the hospital and pronounced dead following the arrival. There were three surviving siblings in the home at the time of the report, then ages 6, 5, and 3-years-old. A subsequent report was made which alleged the deceased sibling had bruising to the face at the time of his death.

Report Determination: Unfounded

Date of Determination: 02/01/2021

Basis for Determination:

MCDHS interviewed all family members and made a home visit. The deceased sibling was born full term but after birth was kept in the pediatric unit due to breathing complications and being hypoglycemic. The bassinet was observed in the home with a few items at the foot of the bassinet. The preliminary Autopsy results showed no trauma to the deceased



sibling; however, the autopsy report was still pending at the close of the investigation. There were no concerns for the surviving siblings in the SM's care. The allegations DOA/Fatality, IG and L/B/W against the SM were unsubstantiated and the CPS investigation was closed. The family accepted a referral for preventive services.

OCFS Review Results:

MCDHS received the SCR reports, coordinated their investigation with LE and notified the DA. The SM and the SSs were seen and assessed within 24 hours. History was checked within 24 hours and Notice of Existence letters were mailed in the required time frame. Progress notes were entered contemporaneously with their event dates.

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

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

The SM had one CPS case more than three years prior to the fatality. The case was in the beginning of 2019, and was unfounded against the SM with allegations of IG for the 3 oldest surviving siblings.

Known CPS History Outside of NYS

The was no known CPS History outside of NYS.

Preventive Services History

The family had an open Preventive Services Case in December of 2020. The services case was opened to provide the SM and SSs with grief counseling following the death of the deceased sibling. The case was closed on 4/19/21, due to the family's lack of engagement with services and the SM's lack of cooperation.

Legal History Within Three Years Prior to the Fatality

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

Additional Local District Comments

Monroe County has reviewed and is in agreement with the fatality report and has no further comments.

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