



**Report Identification Number: NY-20-001**

**Prepared by: New York City Regional Office**

**Issue Date: Jun 18, 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:** 8 month(s)

**Jurisdiction:** New York  
**Gender:** Male

**Date of Death:** 01/02/2020  
**Initial Date OCFS Notified:** 01/02/2020

## Presenting Information

The narrative of the SCR report alleged that the last time the BM and her partner saw the SC alive was at 11:30PM on 1/1/2020. The SC was pronounced dead at 12:28AM on 1/2/2020. The report alleged the BM went to get a bottle for the SC and when she returned to the bedroom at approximately 11:57PM, the SC was not breathing, his lips were blue, and he had a pale complexion. The BM immediately called 911. The SC was a healthy child and neither the BM, her partner, or the parent substitute could provide a plausible explanation how the SC died.

## Executive Summary

At 11:57PM on 1/1/2020, the BM found the SC unresponsive in his crib in the family’s home. The SC did not have any preexisting medical condition that would have caused his death. At the time of writing this report, the SC’s cause and manner of death were pending.

According to ACS’ case documentation, the BM last saw the SC alive in his crib at about 11:30PM. At 11:57PM, the BM returned to the room and saw that the SC was not breathing, and his lips were blue. The family immediately called 911 and LE arrived within two minutes. LE performed CPR on the SC until EMS arrived and continued CPR. EMS then transported the SC to the hospital where additional attempts were made to resuscitate him until hospital medical staff pronounced him deceased at 12:28AM on 1/2/2020.

At the time of the fatality, the BM and her two children resided with her partner and her partner's other girlfriend, the (parent substitute). The BF resided outside of New York City and was not involved with the family.

On 1/2/2020, ACS initiated the CPS investigation in a timely manner. During the investigation, ACS obtained information from relevant collaterals including the ER Dr., and LE. The Dr. did not report any signs of injury to the SC. LE did not deem the SC’s death suspicious and no arrest was made. The pediatrician, the family’s previous ACS worker, the DC provider, and the babysitter did not have concerns about the care the children received from their caretakers. Additionally, ACS interviewed the family. The statements they provided were consistent. Following the incident, the family made a temporary arrangement with the MGGM to care for the SS while the BM grieved. ACS assessed the SS and deemed him safe in the MGGM’s home.

ACS held a child safety conference (CSC) and determined there was no need for judicial intervention for the family; however, the CSC recommended the parents participate in trauma-based therapy, parenting skills training, and complete a CASAC assessment. In addition, the CSC also recommended enhanced PPRS for the family and ACS provided a bed for the SS.

At the time of writing this report, ACS had not yet determined the CPS investigation. ACS continued to maintain ongoing casework visual contact via Skype with the family due to the COVID-19 pandemic. There were no safety concerns for the SS. He was not attending DC, but the BM stated she was home-schooling him. The BM and other caretakers were not enrolled in, nor interested in, any services and declined ACS' offer of services.

## Findings Related to the CPS Investigation of the Fatality



### Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
  - Approved Initial Safety Assessment? Yes
  - Safety assessment due at the time of determination? N/A
- 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? The CPS report had not yet been determined at the time this Fatality report was issued.
- Was the determination made by the district to unfound or indicate appropriate? N/A

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:

ACS has not yet determined this investigation.

### 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: 01/02/2020

Time of Death: 12:28 AM

County where fatality incident occurred:

Queens

Was 911 or local emergency number called?

Yes

Time of Call:

11:57 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

- Sleeping
- Working
- Driving / Vehicle occupant
- Playing
- Eating
- Unknown



Other

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

**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	Deceased Child	Alleged Victim	Male	8 Month(s)
Deceased Child's Household	Grandparent	No Role	Female	64 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	22 Year(s)
Deceased Child's Household	Mother's Partner	Alleged Perpetrator	Male	22 Year(s)
Deceased Child's Household	Other - Parent Substitute	Alleged Perpetrator	Female	21 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)

### LDSS Response

On 1/2/2020, LE told ACS that based on the information obtained from the caretakers, LE did not suspect any criminality about the SC's death and no arrests were made. LE described the condition in the family's home as dirty and cluttered; however, the home was not deemed to be hazardous.

On the same date, ACS assessed the SS in the MGGM's home and deemed him to be safe. The MGGM reported the SS was adjusting well and did not exhibit any behavioral concerns. She said she was willing to care for the SS as needed. ACS conducted a DIR clearance and determined the MGGM was a suitable resource for the SS.

ACS then visited the family at the case address. The three caretakers gave the same account of the incident which was consistent with the information that was already known. The BM denied the SC had a heart condition at the time of his death. She stated in September 2019, the SC was seen at the hospital because he appeared to have difficulty breathing. He was treated and medically cleared. The SC appeared well since then and was not required to follow-up with a specialist. The BM further stated that the SS would be staying with the MGGM until she was ready to care for him.

On 1/3/2020, the babysitter described the caretakers as good and focused parents who gave the SC a lot of attention. The babysitter stated that the children were well cared for.

On 1/3/2020, ACS held a child safety conference (CSC). The CSC recommended trauma-based therapy, parenting, CASAC assessment for the family. An enhanced PPRS was also recommended for the family. The caretakers would later decline all of the services offered by ACS. Additionally, the family would obtain a toddler bed for the SS.

On 1/6/2020, ACS received the children's medical records from the pediatrician. The children were last seen on 9/19/19 for a well-child visit. There were no concerns reported.

On 1/16/2020, the DC provider did not report any concerns about the care the children received. The provider denied ever observing the parents to be under the influence.



On 1/21/2020, ACS visited the MGGM's home. The SS appeared well groomed and free of marks and bruises. ACS assessed the home to be neat and clean.

On 1/25/2020, the ER doctor stated there was no suspicion or sign of injury to the SC.

On 1/29/2020, LE reported that the items taken from the SC's crib were given to the ME.

On 1/29/2020, the BM stated at the time of the incident, the SS was sleeping on the parents' bed and did not share the crib with the SC. ACS provided the BM with the information for services.

On 2/13/2020, ACS visited the family. ACS provided the BM with referrals for bereavement counseling and individual counseling. The SS did not have any marks or bruises on his body. ACS observed food and provisions in the home.

On 2/24/2020, the ME stated there were no trauma to the SC. The SC's cause and manner of death were pending;

On 3/31/2020, ACS contacted the family via Skype. The SS was not in DC at the time of the contact due to the Corona virus. ACS assessed the SS and deemed him safe. The BM stated she planned on home-schooling the SS. The BM was not enrolled in services and was not interested in any services. In addition, the BM did not feel the SS needed services. ACS conducted a visual tour of the home and observed ample amount of food in the home. ACS observed, window guards and the SS' toddler bed.

Between 4/16/2020 to 4/27/2020, ACS documented several unsuccessful casework contacts with the family

On 4/27/2020, ACS contacted the family. The BM did not report any concerns and stated the family had their needs met.

On 5/11/2020, the ME stated the autopsy report for the SC remained pending.

**Official Manner and Cause of Death**

**Official Manner:** Pending

**Primary Cause of Death:** Undetermined if injury or medical cause

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

**Multidisciplinary Investigation/Review**

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

**Was the fatality reviewed by an OCFS approved Child Fatality Review Team?**No

**Comments:** New York City does not have an OCFS approved Child Fatality Review Team.

**SCR Fatality Report Summary**

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
052681 - Deceased Child, Male, 8 Mons	052682 - Mother, Female, 22 Year(s)	DOA / Fatality	Pending
052681 - Deceased Child, Male, 8 Mons	052682 - Mother, Female, 22 Year(s)	Inadequate Guardianship	Pending



052681 - Deceased Child, Male, 8 Mons	053911 - Other - Parent Substitute, Female, 21 Year(s)	DOA / Fatality	Pending
052681 - Deceased Child, Male, 8 Mons	053907 - Mother's Partner, Male, 22 Year(s)	DOA / Fatality	Pending
052681 - Deceased Child, Male, 8 Mons	053907 - Mother's Partner, Male, 22 Year(s)	Inadequate Guardianship	Pending
052681 - Deceased Child, Male, 8 Mons	053911 - Other - Parent Substitute, Female, 21 Year(s)	Inadequate Guardianship	Pending

### 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input 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"/>
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"/>



# Child Fatality Report

When safety factors were present that placed the surviving siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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### 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 type="checkbox"/>	<input checked="" 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:**

The BM initially agreed to accept services then declined the services offered by ACS for her and the SS.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving children in the household that were removed either as a result of this fatality report / investigation or for reasons unrelated to this fatality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? No

Explain:

The family declined services.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? No

Explain:

The parents declined all of the services offered by ACS.

### History Prior to the Fatality

#### Child Information

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

#### Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs



Was not noted in the case record to have any of the issues listed

**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)
08/30/2019	Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	No
	Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 3 Months	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Lack of Supervision	Unsubstantiated	
	Sibling, Male, 1 Years	Mother, Female, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Deceased Child, Male, 3 Months	Other - Parent Substitute, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Deceased Child, Male, 3 Months	Other - Parent Substitute, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Male, 3 Months	Other - Parent Substitute, Male, 22 Years	Lack of Supervision	Unsubstantiated	
	Deceased Child, Male, 3 Months	Other - Parent Substitute, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated	
	Sibling, Male, 1 Years	Other - Parent Substitute, Male, 22 Years	Inadequate Food / Clothing / Shelter	Unsubstantiated	
	Sibling, Male, 1 Years	Other - Parent Substitute, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	
	Sibling, Male, 1 Years	Other - Parent Substitute, Male, 22 Years	Lack of Supervision	Unsubstantiated	
Sibling, Male, 1 Years	Other - Parent Substitute, Male, 22 Years	Parents Drug / Alcohol Misuse	Unsubstantiated		

**Report Summary:**

The BM left the home in deplorable condition, inundated with old food left on the kitchen stove, roaches, filth, garbage, cat urine, cat feces, and cat litter. The condition of the home was unlivable for the one-year-old and the four-month-old children. The BM did not have a job or any source of income, there was no food in the home and the children went



hungry. The BM and her partner left the children alone and unattended and failed to attend to the children's needs. In addition, the BM and her partner also left the children with strangers for days at a time.

**Report Determination:** Unfounded

**Date of Determination:** 10/29/2019

**Basis for Determination:**

During home visits, ACS observed adequate provision and appropriate clothing for the season for the children. The BM was always at home with both children. The mother's partner admitted to marijuana use but denied he used marijuana around the children. The BM and her partner did not submit to a drug screening test and their levels of drug use were never documented.

ACS provided the BM with a pack and play for the four-month-old child. ACS observed the child utilized the pack and play during subsequent visits. Additionally, ACS requested a cradle and a toddler bed for the children, and it was delivered to the home. The BM was provided with a DC voucher and the children were placed in DC.

**OCFS Review Results:**

Based on the information documented in the case records, ACS's decision to substantiate the allegations of the report was appropriate.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
08/09/2018	Sibling, Male, 9 Months	Father, Male, 22 Years	Inadequate Guardianship	Unsubstantiated	No

**Report Summary:**

At an unspecified time in the morning of 8/9/18, the BF was involved in a physical altercation with another individual in the home. The BF was subsequently shot by the individual with the one-year-old child present and in the home at the time of the incident. There were no injuries to the child.

**Report Determination:** Unfounded

**Date of Determination:** 01/14/2019

**Basis for Determination:**

Broome County CPS investigated the report and did not find credible evidence to substantiate the allegation of IG against the BF. The child was upstairs in an apartment while the incident occurred in the common hallway of the apartment building downstairs. The child was being supervised by "another woman" at the time of the incident. Broome County CPS determined there was no negative impact to the child.

**OCFS Review Results:**

Although the investigation determination was appropriate, Broome County CPS should have added and substantiated the allegation IG of the child by the BM. During the investigation, the BM admitted she was involved in the physical altercation prior to the BF being shot and was in the middle of the incident with the child present.

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

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

The family did not have any CPS history more than three years prior to the fatality.

**Known CPS History Outside of NYS**

The family did not have any known CPS history outside of New York State.



## Legal History Within Three Years Prior to the Fatality

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

## Recommended Action(s)

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

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