



## Report Identification Number: NY-23-013

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

**Issue Date: Jun 27, 2023**

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 had an open investigation or a CPS monitored services 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

<b>Relationships</b>		
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	
<b>Contacts</b>		
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	DA-District Attorney	
<b>Allegations</b>		
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	SXTF-Sex Trafficking
<b>Miscellaneous</b>		
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		



## Case Information

**Report Type:** Child Deceased  
**Age:** 2 month(s)

**Jurisdiction:** New York  
**Gender:** Female

**Date of Death:** 01/24/2023  
**Initial Date OCFS Notified:** 01/24/2023

## Presenting Information

On 1/24/2023, The New York City Administration for Children’s Services (ACS) received an SCR report regarding the death of the 2-month-old subject child. A subsequent SCR report was received on 1/25/2023. The reports alleged that on 1/24/2023, at an unknown time, the mother found the subject child unresponsive with blood in her nose and mouth. The mother contacted emergency services. Emergency services responded to the home and transported the subject child to the hospital where she was pronounced deceased. The subject child was otherwise healthy, and the mother did not have an explanation for the child’s death. There was a 1-year-old surviving sibling residing in the home.

## Executive Summary

This is a report regarding the death of the 2-month-old subject child which occurred on 1/24/2023. At the time of her death, the subject child resided in a family shelter with her mother and 1-year-old surviving sibling. The children had no contact with the father who resided out of the country for much of the fatality investigation and could not be contacted or located by ACS upon his return.

On 1/23/2023, the mother brought the subject child to a pediatric well visit. During the visit, the subject child was bleeding from his nose and the pediatrician observed such. The pediatrician instructed the mother to wipe the blood away and explained it was not a medical concern. The subject child was assessed to be medically well, and the mother was provided a prescription for children’s Tylenol. On 1/24/2023, the mother fed the subject child 2oz of formula in the morning, which she ate without issue. The mother brought the subject child and surviving sibling to the pharmacy to retrieve the subject child’s prescription; however, the prescription was not available. The family returned home, and the mother placed both children in their respective cribs sometime in the afternoon. The mother left the children in their cribs for about one hour and returned to check on them. The mother observed a whiteish substance with a red tinge in the subject child’s nose and mouth. When the mother wiped the substance away, she found that the subject child was not breathing. The mother took the subject child and ran from the room to the shelter lobby to request help from shelter staff. The mother left the surviving sibling in her crib at that time.

Shelter security staff contacted 911 and began to perform CPR on the subject child while other shelter staff responded to the family’s room to supervise the surviving sibling. First responders arrived at the shelter, took over resuscitative efforts, and transported the subject child and mother to the hospital where the subject child was pronounced deceased upon arrival at 5:06 PM. The hospital physician reported the death was the result of cardiac arrest and stated there was no sign of abuse or trauma related to the death.

ACS gathered information from the medical examiner and learned an autopsy was completed on 1/25/2023. The medical examiner noted their preliminary findings showed no sign of trauma or abuse related to the death of the subject child. The final autopsy report and death certificate remained pending at the time this report was written. Law enforcement reported there was no apparent criminality suspected and there were no arrests related to the fatality; however, their investigation remained open pending the final autopsy report and death certificate.

The allegations of DOA/Fatality, Inadequate Guardianship, and Internal Injuries were unsubstantiated against the mother regarding the subject child. The investigation conclusion narrative noted the medical examiner’s office provided a preliminary assessment that there were no signs of trauma or abuse observed on the subject child. The investigations were



closed 3/25/2023.

A voluntary preventive services case was opened 1/27/2023 to provide services to the mother and surviving sibling. ACS made services referrals for bereavement counseling, funeral and burial expenses, Early Intervention, daycare, and housing services; however, the mother declined all services and explained she planned to take the surviving sibling and return to her home county. The preventive services case was closed 3/27/2023.

## 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:**  
ACS conducted an investigation which met all regulatory requirements. The case was closed upon completion of all required investigative efforts.

## 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:** 01/24/2023

**Time of Death:** 05:06 PM

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

Unknown

**County where fatality incident occurred:**

New York

**Was 911 or local emergency number called?**

Yes

**Time of Call:**

03:56 PM

**Did EMS respond to the scene?**

Yes

**At time of incident leading to death, had child used and/or ingested alcohol or drugs?**

No

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

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

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	Female	2 Month(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Other Household 1	Father	No Role	Male	54 Year(s)

### LDSS Response

Upon receipt of the 1/24/2023 and 1/25/2023 SCR reports, ACS initiated an investigation, coordinated with law enforcement, interviewed the mother, conducted a search of CPS history, and gathered information from pertinent collateral sources.

The mother was interviewed alone and reported the subject child was brought to a pediatric well visit on 1/23/2023. The mother had noticed blood coming from the subject child's nose during the appointment and brought it to the attention of the pediatrician who instructed the mother to wipe the blood away and told the mother it was not an issue. The pediatrician prescribed children's Tylenol and another unknown medication for the subject child and reported the subject child was well and without medical concerns. The mother and both children returned home from the pediatric appointment and spent the evening at the shelter. On the morning of 1/24/2023, the mother fed the subject child 2oz of formula and took both children to the pharmacy to pick up the subject child's prescriptions. The prescriptions were not available, and the family returned home. Sometime after 12:00 PM the mother placed the subject child and surviving sibling into their respective cribs. The mother reported both children appeared well at that time. About 1 hour later, the mother returned to check on the children and observed a whiteish substance with a red tinge in the subject child's nose and mouth. The mother retrieved a cotton swab to clean the substance from the subject child's face and observed the subject child was not breathing and unresponsive. The mother panicked and brought the subject child to the shelter security desk. Security staff contacted 911, began to perform CPR on the subject child, and sent other shelter staff to the family's room to watch the



surviving sibling who remained in her crib. The mother reported she rode in the ambulance with the subject child and was informed the subject child was deceased upon their arrival at the hospital. The mother reported she followed safe sleep procedures and both of her children were regularly placed to sleep in a crib, alone, and on their backs.

ACS was unable to gain access to the family’s shelter unit as law enforcement would not allow access while their investigation remained ongoing. ACS was informed by law enforcement and shelter staff that the family’s unit was clean and appropriate for the children and there were proper sleeping arrangements for both children. The mother and surviving sibling left the shelter and stayed with an acquaintance and that home was assessed by ACS to be appropriate.

ACS conducted interviews with shelter security and support staff, all of whom reported no concerns for the subject child or surviving sibling in the care of the mother. Shelter staff denied any concerns for the mother's care or supervision of the children. Shelter staff stated regular room inspections were conducted and the mother kept the home clean and appropriate and appeared to follow proper safe sleep procedures for both children.

ACS spoke to the pediatrician for the subject child who reported the subject child was seen for a well visit on 1/23/2023 and there were no immediate concerns for the subject child noted during the examination. The pediatrician verified the subject child had a nosebleed during the examination; however, that was not deemed to be medically concerning. The subject child was administered vaccines and a prescription was ordered for Tylenol and a topical ointment. The pediatrician reported no concerns for the subject child in the care of the mother.

ACS interviewed family friends who reported no concerns for the mother’s ability to care for the subject child or surviving sibling.

ACS documented significant efforts to contact, notify, and interview the biological father of both children; however, the father remained out of the county until March 2023 at which time efforts to locate and contact him were unsuccessful.

**Official Manner and Cause of Death**

**Official Manner:** Pending  
**Primary Cause of Death:** Pending  
**Person Declaring Official Manner and Cause of Death:** Unknown

**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?**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
062685 - Deceased Child, Female, 2 Mons	064113 - Mother, Female, 35 Year(s)	DOA / Fatality	Unsubstantiated
062685 - Deceased Child, Female, 2 Mons	064113 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Unsubstantiated
062685 - Deceased Child, Female, 2 Mons	064113 - Mother, Female, 35 Year(s)	Internal Injuries	Unsubstantiated



## 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Additional information:**

Efforts were made to locate, contact, and interview the biological father but were unsuccessful.

## Fatality Safety Assessment Activities

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

## 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"/>
<b>Explain:</b> ACS offered appropriate fatality related services; however, those services were declined by the mother.				

### 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 as a result of information uncovered during the fatality investigation?	<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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: Preventive Services							

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:  
ACS opened a preventive services case and provided referrals for services including bereavement, housing, Early Intervention, burial assistance, and daycare; however, the mother declined all services on behalf of the surviving sibling.

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

Explain:  
ACS opened a preventive services case and provided referrals for services including bereavement, housing, Early Intervention, burial assistance, and daycare; however, the mother declined all services.

## History Prior to the Fatality

### Child Information

Did the child have a history of alleged child abuse/maltreatment? 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 a positive toxicology at the time of delivery
- Used marijuana
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs
- Used prescription drugs
- Was not noted in the case record to have any of the issues listed

**Infant was born:**

- With a positive toxicology
- Exhibiting withdrawal symptoms
- With fetal alcohol effects or syndrome
- With none 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)
01/24/2023	Sibling, Female, 1 Years	Mother, Female, 35 Years	Lack of Supervision	Unsubstantiated	No

**Report Summary:**

An SCR report alleged the mother brought the unresponsive subject child to the lobby of the family's shelter building to request medical assistance. While in the lobby with the subject child, the mother left the 1-year-old surviving sibling alone and unsupervised in the family's shelter unit.

**Report Determination:** Unfounded**Date of Determination:** 03/25/2023**Basis for Determination:**

The investigation conclusion narrative noted the allegation of Lack of Supervision was unsubstantiated against the mother regarding the surviving sibling. The sibling was left unsupervised in a crib for a matter of minutes before shelter staff responded to the apartment and provided supervision while the mother and subject child were transported to the hospital via ambulance. Shelter staff was interviewed and reported no previous issues or concerns for the mother's supervision of the children.

**OCFS Review Results:**

The case was investigated concurrently with the two subsequent fatality investigations and the case records contained substantively similar documentation. The investigation began immediately upon receipt of the SCR report. The surviving sibling was assessed to be safe in the care of the mother. Family and collateral contacts were made as appropriate and the allegations were discussed with all pertinent persons. Services were offered but declined by the mother. The case was closed upon completion of all required investigative activities.

**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 investigative history more than three years prior to the fatality.

## 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