



Report Identification Number: RO-22-001

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

Issue Date: Jun 13, 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: 2 month(s)

Jurisdiction: Livingston
Gender: Male

Date of Death: 01/04/2022
Initial Date OCFS Notified: 01/04/2022

Presenting Information

An SCR report alleged that on 1/4/22 at 9:00AM, the mother and father co-slept in their bed with the 2-month-old male subject child. At approximately 1:00PM, the mother woke and found the child unresponsive with mucus and blood discharging from his nose. Emergency medical services were contacted immediately and the child was taken to a medical facility for further treatment. At 1:50PM, the child was pronounced deceased. The mother and father provided no explanation for the child's death. The roles of the aunt and siblings were unknown.

Executive Summary

On 1/4/22, the Livingston County Department of Social Services (LCDSS) received an SCR report regarding the death of the 2-month-old male child that occurred on the same day. At the time of the death the child resided with the mother, maternal grandparents, maternal aunt, and three siblings, ages 8, 5 and 2-years-old. The father resided in the home part-time. The father had a 2-year-old child who resided with her mother and visited the home. The siblings were assessed to be safe in the care of their parents.

LCDSS conducted a joint investigation with law enforcement to gather information regarding the fatality. It was learned that on 1/4/22, the mother woke up with the 8 and 5-year-old siblings and sent them to school. The mother then laid down for a nap in her bed with the father, 2-year-old sibling and subject child. The mother woke several hours later and found the child unresponsive in the bed. The aunt was alerted by the mother screaming and called 911. The family began cardiopulmonary resuscitation and the aunt drove the parents and child to the hospital where the child was pronounced deceased.

An autopsy was performed and the preliminary results did not show any indicators of physical abuse or maltreatment. The official cause and manner of death were pending the results of the toxicology. At the time this report was written, there had been no criminal charges filed related to the child's death.

The allegations had not yet been determined at the time this report was written. The family was offered grief counseling services and mental health counseling. The parents enrolled in a parent support group and the 8 and 5-year-old siblings were engaged in school-based counseling.

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 written.
- Was the determination made by the district to unfound or indicate appropriate? N/A

Explain:

The CPS investigation had not yet been determined at the time this report was written.

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:

LCDSS assessed the safety of the surviving children, completed all required face-to-face interviews, attempted to locate absent parents, completed home visits, contacted collateral sources and requested out of state CPS history.

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: 01/04/2022

Time of Death: 01:50 PM

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

County where fatality incident occurred: Livingston

Was 911 or local emergency number called? Yes

Time of Call: 12:52 PM

Did EMS respond to the scene? Yes

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

Child's activity at time of incident:

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

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



How long before incident was the child last seen by caretaker? 4 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Asleep

Absent

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	Aunt/Uncle	No Role	Female	21 Year(s)
Deceased Child's Household	Deceased Child	Alleged Victim	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	28 Year(s)
Deceased Child's Household	Grandparent	No Role	Male	46 Year(s)
Deceased Child's Household	Grandparent	No Role	Female	44 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	27 Year(s)
Deceased Child's Household	Sibling	No Role	Male	5 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	2 Year(s)
Other Household 1	Other Adult - Mother of 2-year-old female sibling	No Role	Female	25 Year(s)
Other Household 1	Sibling	No Role	Female	2 Year(s)

LDSS Response

Upon receipt of the SCR report on 1/4/22, LCDSS initiated their investigation and coordinated efforts with law enforcement, conducted a CPS history check, interviewed the family, and offered services regarding the fatality.

LCDSS and law enforcement interviewed the parents together at the home. The night prior to the death, the child was home with the parents, maternal grandparents, maternal aunt, and siblings. The 8yo and 5yo siblings slept in the living room, and the parents, subject child and 2yo male sibling were in the parents' bed. The father reported he fell asleep around 1:00AM and that the mother was up throughout the night with the child and 2yo sibling. The father woke to the mother screaming that the child was not breathing at approximately 1:00PM. The aunt called 911 and the father began CPR. The aunt then drove the parents and child to the hospital.

LCDSS inquired with the parents about drug and alcohol use. The father stated he had 2 to 3 alcohol beverages and the parents both denied any drug use. Law enforcement requested the mother complete a voluntary drug screen, which she declined. When asked about the child's health, the parents reported the child had no major illnesses; however, had cold-like symptoms that began two days prior to the death and the mother was administering cough syrup. The mother reported she had a Pack-N-Play for the child; however, she regularly co-slept with the child and stated that she had done so with the siblings as well.

LCDSS interviewed the aunt and maternal grandparents. The aunt and grandparents confirmed they were home when the child was found unresponsive. The aunt last saw the child alive at 2:00AM when she returned home. The child was in his



bouncer chair in the living room. The aunt spoke with the parents and went to sleep. The grandmother stated it was typical of the mother to get up with the siblings in the mornings, get them ready for school, then nap with the subject child. When the grandmother woke around 10:15AM, the home was quiet and it was believed the mother and child were napping. Around 12:50PM, the mother was heard yelling that the child was dead. The aunt called 911 and assisted with CPR. The aunt and grandparents had no concerns for the child or siblings. They reported the parents co-slept with the child and siblings regularly.

The mother refused access to the parents' bedroom. LCDSS gathered information regarding the sleeping arrangements from law enforcement and the family. On the day of the death, the mother, father, child and 2yo sibling shared a bed and slept horizontally across it. The child was near the headboard, then the sibling, mother and father. Law enforcement reported the bed was full-sized and there was a blanket on it. Due to lividity, the medical examiner believed the child was laying on his side.

LCDSS attempted to obtain contact information for the biological fathers of the siblings; however, the mother reported the father of the 8 and 5-year-old siblings was unknown and refused to provide contact information for the 2-year-old sibling's father. LCDSS attempted to obtain contact information via their Child Support Collection Unit, which yielded no results. The 8 and 5-year-old siblings were at school when the child was discovered deceased and were not able to provide any information regarding the death. They reported no safety concerns to CPS.

LCDSS contacted collateral sources throughout the investigation, including the school and the pediatrician. The pediatrician reported having provided safe sleep information to the parents and it was noted in the children's files they slept in a Pack-N-Play, on their backs without any pillows or blankets. There were no concerns identified for the family. The school reported the siblings had been habitually late to school, which LCDSS discussed with the family. Other than the tardiness, the school reported no concerns for the children's care.

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?No

Comments: Livingston County does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
060274 - Deceased Child, Male, 2 Mons	060286 - Mother, Female, 27 Year(s)	DOA / Fatality	Pending
060274 - Deceased Child, Male, 2 Mons	060286 - Mother, Female, 27 Year(s)	Inadequate Guardianship	Pending
060274 - Deceased Child, Male, 2 Mons	060287 - Father, Male, 28 Year(s)	DOA / Fatality	Pending



060274 - Deceased Child, Male, 2 Mons	060287 - Father, Male, 28 Year(s)	Inadequate Guardianship	Pending
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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
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"/>
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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"/>

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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Child Fatality Report

Homemaking Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Parenting Skills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Domestic Violence Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Early Intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alcohol/Substance abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Child Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Intensive case management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Family or others as safety resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Additional information, if necessary:
 It was not documented that funeral assistance was offered to the family or family planning was discussed with the mother.

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? Yes
- Was the child acutely ill during the two weeks before death? Yes

Infants Under One Year Old

During pregnancy, mother:

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

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
04/09/2019	Other Child - Unrelated , Female, 1 Years	Father, Male, 25 Years	Inadequate Guardianship	Substantiated	No

**Report Summary:**

Wayne County Department of Social Services (WCDSS) received an SCR report that stated on 4/9/19, the father got into a verbal altercation with his significant other that escalated to the parent substitute hitting and pushing the significant other while she was holding her 1-year-old child.

Report Determination: Indicated**Date of Determination:** 04/24/2019**Basis for Determination:**

The allegation of inadequate guardianship against the father was substantiated. WCDSS interviewed the father and his significant other and they admitted to the incident as described in the SCR report. The father was arrested and a no contact Order of Protection was put in place. The father's significant other was offered domestic violence services and she declined. An Early Intervention referral was made on behalf of the 1-year-old due to the report being indicated. Mental health counseling was discussed with the father and his significant other.

OCFS Review Results:

WCDSS contacted the source, completed home visits and interviewed the family. A history check was documented and written notices of the SCR report and determination were sent. WCDSS learned the father's significant other was pregnant with the now 2yo female SS and provided safe sleep literature. WCDSS offered services to the family, including domestic violence, mental health counseling and parenting. All required face-to-face interviews were completed and thorough. The father of the unrelated 1yo child did not have contact with her. WCDSS interviewed him via telephone and notified him of the investigation in writing.

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

In 2015, the mother had an unfounded CPS investigation in Monroe County. The SCR report alleged that while intoxicated, the mother slapped the 8-year-old sibling across the face and left a bruise.

The mother had 7-year-old twin children who were placed in foster care in Florida. Prior to moving to Florida, in 2015, the mother and the father of the 7-year-old twin siblings had an unfounded CPS investigation in Wayne County. The SCR report alleged that the twins were not well cared for, as they always had soiled diapers, diaper rash and were dirty.

Known CPS History Outside of NYS

The mother had CPS and foster care involvement with social services in Florida. LCDSS obtained records from social services in Florida to obtain information regarding the mother's history. The documentation revealed five prior investigations dating back to 2017. The mother had substantiated findings of inadequate supervision and failure to thrive in 2017 and for physical injury and household violence in 2017, resulting in her children being removed and placed in foster care.

Preventive Services History

In January 2021, Monroe County Department of Human Services opened a preventive services case for the mother. The case was opened for the purpose of completing an Interstate Compact on the Placement of Children (ICPC) request on behalf of the state of Florida, where the then 7-year-old twins were placed in foster care. The mother had requested one of the twins be returned to her custody. The mother refused to complete the requirements of the ICPC process and the preventive case was closed in April 2021.

Foster Care Placement History



In 2018, the 8, 5, and then 7-year-old twin siblings were placed in foster care in Florida due to the mother's alcohol misuse, concerns for supervision of the siblings and the mother's erratic behavior. The mother was arrested for child abuse and was on probation. The mother's probation was transferred when she relocated to New York. The mother completed the conditions set forth by social services in Florida for reunification and the 8 and 5-year-old siblings were returned to the mother in 12/2019. It was not clear why the twin siblings were not returned to the mother at that time. In 2020, the mother was residing in New York and requested the return of one of the twin siblings. The other twin had a medical diagnosis that the mother did not believe she could care for. The mother refused to participate with the CPS visits that were required to complete the ICPC and the request was denied. The mother reported the twins had since been adopted by their respective foster parents.

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