



Report Identification Number: RO-23-005

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

Issue Date: Aug 10, 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

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	DA-District Attorney	
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	SXTF-Sex Trafficking
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		



Case Information

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

Jurisdiction: Monroe
Gender: Male

Date of Death: 03/04/2023
Initial Date OCFS Notified: 03/04/2023

Presenting Information

Monroe County Department of Human Services (MCDHS) received an SCR report on 2/28/2023, which alleged the mother (SM) fell asleep in the same bed as the 2-month-old child (SC). The mother awoke and found the child unresponsive. The 15-year-old sibling (SS) called 911 and the mother began CPR. EMS arrived at the home and transported the child to the hospital where he was revived and placed on life support. On 3/4/2023, a subsequent SCR report was received which stated the child was declared brain dead, removed from life support, and his death was imminent. The father (SF) was alleged to have known the mother and child were co-sleeping at the time of the fatal incident. Another subsequent report was received on 3/5/2023, which stated the child had passed away and the mother may have been under the influence of illicit substances at the time of the child's death and while caring for the 16 and 15-year-old siblings. The roles of the 13, 8, 4, 2, and 1-year-old siblings was unknown.

Executive Summary

This report concerns the death of a 2-month-old child which occurred while in the care of his mother. MCDHS received an initial SCR report on 2/28/2023, which alleged the mother placed the child in an unsafe sleep environment and found him unresponsive approximately 3 hours later. The child was transported to the hospital and placed on life support until his death on 3/5/2023.

MCDHS conducted their investigation jointly with law enforcement. The mother stated she placed the child in a caterpillar-shaped tummy time pillow on top of an adult bed to sleep. The mother then fell asleep in the bed with the child and awoke approximately 3 hours later. The father checked on the child and mother at approximately 7:30 PM before leaving for work and confirmed the sleeping arrangements. The mother checked on the child, found him unresponsive, and yelled for help. The 15-year-old sibling called 911, the mother began CPR, and called the father to return home. The child was transported to the hospital where he was placed on life support until 3/5/2023. The child was removed from life support and died shortly after.

The elder surviving siblings were interviewed and expressed no additional knowledge of the fatal incident. All siblings were assessed as safe in the care of the parents throughout the investigation.

MCDHS interviewed hospital staff who treated the child and worked with the family throughout the child's treatment in the hospital. The child's body displayed no signs of abuse or trauma. The hospital doctors treating the child believed the unsafe sleep environment contributed to the child's death. An autopsy was performed, and the results were pending at the time the investigation was closed. The medical examiner would not comment on the circumstances of the child's death until the autopsy report was finalized.

The allegation of DOA/Fatality against the mother regarding the child was unsubstantiated. The allegation of Inadequate Guardianship against the mother regarding the child was substantiated. MCDHS determined the mother endangered the child by leaving him in an unsafe sleep environment, though a definitive cause of death had not been determined at the time their investigation was closed. All other allegations were unsubstantiated. MCDHS offered services in relation to the child's death which the parents initially accepted, though wanted a different provider, and the investigation was closed.

Findings Related to the CPS Investigation of the Fatality



Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

MCDHS conducted an investigation which met regulatory requirements and a determination of the allegations was made in congruence with the evidence gathered.

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:

There was detailed documentation in the case record of supervisory consult and the decision to close the case was made commensurate with the case circumstances.

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: 03/04/2023

Time of Death: Unknown

Date of fatal incident, if different than date of death:

02/28/2023

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

07:40 PM



County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: 07:43 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	Male	2 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	33 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	33 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Male	15 Year(s)
Deceased Child's Household	Sibling	Alleged Victim	Female	16 Year(s)
Deceased Child's Household	Sibling	No Role	Female	8 Year(s)
Deceased Child's Household	Sibling	No Role	Male	13 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Deceased Child's Household	Sibling	No Role	Female	1 Year(s)
Deceased Child's Household	Sibling	No Role	Male	4 Year(s)

LDSS Response

MCDHS received the initial report regarding the SM co-sleeping with the SC and coordinated their response with LE. Joint interviews of the SM and SF were conducted with LE in both the hospital and home.

The SM stated she placed the child in a sit up pillow which looked like a caterpillar at approximately 4:45 PM. The pillow was marketed to utilize during supervised tummy time for infants and not recommended for sleeping. The SM stated the pillow was on top of the adult bed. The SM stated she also fell asleep while the SC was napping. The SM awoke at approximately 7:40 PM and found the SC unresponsive. The SM yelled for help and the 15-year-old SS called 911 while she began CPR. The SC was transported to the hospital where he was placed on life support. The SF stated he was home and checked on the SM and SC at approximately 7:30 PM, then left the home for work. The SF confirmed the sleeping arrangements as the SM reported. The SF returned home after the SM called him to say the SC was unresponsive. Following the death of the SC, the SM and SF were interviewed again. The SM and SF denied substance use in the home and the SM denied being under the influence of any illicit substances the night of the fatal incident.



The 16, 15, 13, and 8-year-old SSs were interviewed in the home and schools. The SSs confirmed the events as reported by the SM and added no additional details. Upon receipt of the subsequent reports, MCDHS interviewed the SSs again. The SSs disclosed no knowledge of illicit substances used in the home and denied the SM or SF being impaired while caring for the children. The 4, 2, and 1-year-old SSs were assessed as safe in the care of the parents throughout the investigation.

MCDHS interviewed hospital staff, including the clinical staff working with the family and medical providers. The clinical staff members stated the medical professionals believed the unsafe sleep conditions contributed to the child's condition and death. MCDHS attempted to interview the ME and obtain the autopsy report. The ME did not comment on the cause of death and the final autopsy report was pending at the time the investigation was closed.

The allegation of Inadequate Guardianship against the SM regarding the death of the SC was substantiated due to the unsafe sleep environment the SM placed the SC in. All other allegations were unsubstantiated as there was no definitive connection made at the time the investigation closed that the unsafe sleep conditions contributed to the death of the child and the SM was not under the influence of any illicit substances at the time of the fatal incident. Services were offered in relation to the death of the SC and the investigation was closed.

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: Monroe County has an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
064397 - Deceased Child, Male, 2 Mons	064398 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
064397 - Deceased Child, Male, 2 Mons	064398 - Mother, Female, 33 Year(s)	DOA / Fatality	Unsubstantiated
064397 - Deceased Child, Male, 2 Mons	064398 - Mother, Female, 33 Year(s)	Inadequate Guardianship	Substantiated
064397 - Deceased Child, Male, 2 Mons	064398 - Mother, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
064397 - Deceased Child, Male, 2 Mons	064399 - Father, Male, 33 Year(s)	Lack of Supervision	Unsubstantiated
064405 - Sibling, Male, 15 Year(s)	064398 - Mother, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
064405 - Sibling, Male, 15 Year(s)	064398 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated



Child Fatality Report

064405 - Sibling, Male, 15 Year(s)	064399 - Father, Male, 33 Year(s)	Lack of Supervision	Unsubstantiated
064406 - Sibling, Female, 16 Year(s)	064398 - Mother, Female, 33 Year(s)	Lack of Supervision	Unsubstantiated
064406 - Sibling, Female, 16 Year(s)	064398 - Mother, Female, 33 Year(s)	Parents Drug / Alcohol Misuse	Unsubstantiated
064406 - Sibling, Female, 16 Year(s)	064399 - Father, Male, 33 Year(s)	Lack of Supervision	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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	-------------------------------------	--------------------------



children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
---	--	--	--	--

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

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? Unable to Determine

Explain:

Bereavement services were initially accepted by the parents for the SSs and ended after one session. A list of additional providers was provided to the parents and it was unclear from the case record if the services were utilized at the time the investigation closed.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Unable to Determine

Explain:

Bereavement services were initially accepted and discontinued. A list of additional providers was provided to the parents and it was unclear from the case record if the services were utilized at the time the investigation closed.

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

There is no CPS investigative history in NYS within three years prior to the fatality.

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

The SM and SF were involved in one unsubstantiated investigation in June 2019 which alleged the then 10-year-old SS had punched the then 6-year-old SS, and the SM and SF failed to intervene to protect the 6-year-old SS. All denied the allegations and when interviewed, the SSs claimed to have been playing when the 10-year-old SS accidentally hit the 6-year-old SS. The SM was involved in one additional unsubstantiated investigation in July 2014, which alleged she was leaving the SSs home alone and using inappropriate forms of physical discipline. All denied the allegations and MCDHS assisted the SM in dealing with her landlord to have a screen in a window replaced.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.

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