



## Report Identification Number: RO-24-003

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

Issue Date: Jun 24, 2024

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:** Monroe  
**Gender:** Male

**Date of Death:** 02/17/2024  
**Initial Date OCFS Notified:** 02/17/2024

## Presenting Information

An SCR report received on 2/17/24 alleged that at 3:00AM, the mother was feeding the subject child. The child was lying face-down on the mother's chest, and the mother was in bed. While the child was still on her chest, the mother fell asleep. When the mother woke up around 9:50AM, she found the child unresponsive. The mother called 911 and began to perform cardiopulmonary resuscitation (CPR). Emergency medical services arrived at the home around 9:53AM and performed CPR, but could not revive the child. The medical examiner arrived at the home around 12:00PM and pronounced the child deceased at 12:20PM. The child was an otherwise healthy child and the mother did not have an explanation for his death.

## Executive Summary

This report concerns the death of the 2-month-old subject child. Monroe County Department of Human Services (MCDHS) received an SCR report regarding the child's death on 2/17/24. At the time of the child's death, he resided with his mother and 2-year-old surviving maternal half-sibling. The subject child's father resided in a separate residence with his 12-year-old child.

On 2/16/24, the mother brought both children to their pediatrician for well-child visits, and all was reportedly normal. The mother described the subject child as a "happy healthy baby." That evening, the 12-year-old paternal half-sibling was visiting the home and left around 11:00PM. The mother worked remotely on schoolwork until around midnight, at which point she fed the subject child and changed his diaper. The mother stayed up talking on the phone with a friend until 1:00AM, while the sibling was lying in the mother's bed, watching television. The sibling fell asleep around 2-3:00AM and the mother ate some food and pumped breast milk for the subject child. The mother had been holding the subject child on her chest when she accidentally fell asleep. When the mother woke up, she found the subject child face-down on the bed, between her and the sibling. The mother called 911 and was advised how to perform CPR. Emergency medical services arrived and took over life-saving efforts; however, the child was unable to be resuscitated. The medical examiner responded to the home and declared the child deceased at 12:20PM on 2/17/24.

An autopsy was performed on the child; however, the cause and manner of death were pending at the time the CPS investigation was closed. Law enforcement reported the medical examiner found no signs of trauma and no palpable skull fractures. Law enforcement investigated and their investigation remained pending the autopsy results.

MCDHS made several home visits and interviewed relevant family members. The maternal and paternal half-siblings were assessed safe in the care of their respective parents.

The allegation of Inadequate Guardianship was substantiated against the mother regarding the subject child. The Investigation Conclusion Narrative stated the autopsy was pending; however, preliminary findings were that the child's death was the result of "non-criminal unsafe sleep." That statement was obtained from law enforcement records and did not reflect medical opinion regarding the unsafe sleep environment. The allegation of DOA/Fatality was unsubstantiated as the results of the autopsy remained pending and the medical examiner was unable to provide a causal link between the sleep environment and the death at the time the CPS investigation was closed.

The mother accepted bereavement services offered by MCDHS for herself and the 2-year-old sibling and continued to utilize her previously established clinician as well. The father and the 12-year-old sibling were offered services and



declined.

## 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:**  
The medical examiner would not offer a preliminary opinion on the cause or manner of the child's death, therefore, MCDHS was unable to conclude with a fair preponderance of evidence the unsafe sleep environment caused the child's death.

## 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: 02/17/2024

Time of Death: 12:20 PM

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

Unknown



County where fatality incident occurred: Monroe

Was 911 or local emergency number called? Yes

Time of Call: Unknown

Did EMS respond to the scene? Yes

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

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	Mother	Alleged Perpetrator	Female	29 Year(s)
Deceased Child's Household	Sibling	No Role	Female	2 Year(s)
Other Household 1	Father	No Role	Male	42 Year(s)
Other Household 2	Other Adult - 2yo Sibling's Father	No Role	Male	30 Year(s)

**LDSS Response**

On 2/17/24, MCDHS received a report regarding the death of the subject child. MCDHS initiated their investigation within 24 hours and coordinated their efforts with law enforcement. Records received from the source confirmed the report, a CPS history check was completed, and the DA was informed of the fatality. MCDHS assessed the safety of the 2yo sibling residing in the home and conducted an initial home visit the day the report was received.

MCDHS interviewed the mother regarding the events leading up to the child's death. The day before the death, 2/16/24, the mother brought the subject child and 2yo sibling to their pediatrician for well-child visits. They spent the remainder of the day at the home and the father brought the 12yo sibling over to visit, but the father did not stay. The mother and father got into an argument once the mother learned information from the 12yo sibling that upset her, and the sibling was picked up and left the home around 11:00PM. The mother proceeded to work on schoolwork late that evening. Around 11:00PM-midnight, the mother fed the child and changed his diaper. At that time, the 2yo sibling was in the mother's bed, watching TV, and fell asleep around 2-3:00AM. At 3:00AM, the mother ate, pumped, and was holding the subject child on her chest when she accidentally fell asleep. The mother woke at 9:50AM in a panic and found the subject child face-down on the bed, between herself and the 2yo sibling.

MCDHS interviewed the father, who denied any concerns for the mother's care of the child, or that the child had any health concerns prior to his death. MCDHS learned the father had additional children; however, the 12yo sibling was the only one who visited with the subject child. The 12yo sibling was interviewed and confirmed the child was "definitely fine" when she left the mother's home the evening of 2/16/24. The 2yo sibling's father was interviewed and denied concerns for the home.



Upon learning of the mother’s status in recovery, MCDHS reached out to the mother’s medical providers, none of whom expressed any concerns for the mother. The pediatrician’s office confirmed seeing the subject child on 2/16/24 and denied any medical conditions that would have contributed to his death. Safe sleep was discussed with the mother when it was learned she had propped the child on his side. No concerns were expressed by the pediatrician for either the subject child or 2yo sibling.

MCDHS requested preliminary autopsy findings and the final autopsy report from the medical examiner's office. The death confirmation was received, stating the cause and manner of death as pending. The final autopsy would be sent upon completion. MCDHS informed OCFS that if the final cause of death was found to be a result of abuse by the mother, a new SCR report would be generated.

### 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

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
067069 - Deceased Child, Male, 2 Month(s)	067070 - Mother, Female, 29 Year(s)	DOA / Fatality	Unsubstantiated
067069 - Deceased Child, Male, 2 Month(s)	067070 - Mother, Female, 29 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
All children observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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comments in case notes)?				
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 type="checkbox"/>	<input checked="" 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 Risk Assessment Profile (RAP) was scored inaccurately in that it should not have included the mother's substance use history due to the history being outside of the evaluated timeframe; however, the corrected score would not have affected the overall risk rating.



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## 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 at the Time of and/or in Response to the Fatality

Services	Received	Offered, but Refused	Offered, Unknown if Used	Not Offered	Needed but Unavailable	N/A
Bereavement counseling	<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"/>
Funeral arrangements	<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"/>
Mental health services	<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"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Preventive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>





## 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:

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

#### Infant was born:

- |   |   |
|---|---|
| <input type="checkbox"/> With a positive toxicology     | <input type="checkbox"/> With fetal alcohol effects or syndrome                         |
| <input type="checkbox"/> Exhibiting withdrawal symptoms | <input checked="" type="checkbox"/> 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

There was no CPS investigative history more than three years prior to the fatality.

## 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