



**Report Identification Number: SV-20-046**

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

**Issue Date: May 10, 2021**

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

<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		
<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	
<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	ASTO-Allowing Sex Abuse to Occur	



## Case Information

**Report Type:** Child Deceased  
**Age:** 10 month(s)

**Jurisdiction:** Dutchess  
**Gender:** Female

**Date of Death:** 11/09/2020  
**Initial Date OCFS Notified:** 11/09/2020

## Presenting Information

An SCR report alleged the father was a drug user and was on Methadone. On 11/9/2020, the grandmother helped babysit the 10-month-old child and the 14-year-old sibling while the mother was at work. After work, the mother drove the grandmother home and did not go inside of the house to see the children. When the grandmother left, the children were awake and healthy. The father was the sole caretaker of the children for 15 minutes. The father placed the child down for a nap. The mother returned home while the child was taking a nap. The parents allowed the child to sleep for another hour and then the mother picked the child up. The child was very sick and vomited. The mother took the child to a neighbor’s house for medical assistance and 911 was called. The child was transported to the hospital where she was pronounced deceased at 6:22 PM. The father did not have an explanation for the child’s condition or death. The autopsy revealed the cause of death was Acute Fentanyl Intoxication.

## Executive Summary

This fatality report concerns the death of the 10-month-old female subject child that occurred on 11/9/2020. An SCR report was made the same day regarding concerns the child unexpectedly died while in the care of her father and a subsequent report was made to the SCR on 11/12/2020 regarding concerns both parents were caring for the child when she was found unresponsive. The investigations did not reveal credible evidence to support the allegations; however, on 1/19/2021, an SCR report was made stating the child died due to Acute Fentanyl Intoxication. At the time of her death, the child resided with her parents and 14-year-old sibling. The sibling was assessed to be safe in the care of her mother.

Dutchess County Department of Community and Family Services (DCDCFS) coordinated investigative efforts with law enforcement immediately upon receipt of the initial SCR report and continued to work alongside law enforcement during the investigation that began on 1/19/2021. The family had no relevant criminal history. An autopsy was performed, and the medical examiner listed the manner of death homicide and the cause of death was Acute Fentanyl Intoxication. The criminal investigation remained open at the time the CPS investigation was determined.

During the initial investigation, the parents reported the child was placed down for a nap on an adult sized bed with pillows around her head and a blanket. The parents found the child unresponsive and not breathing. They picked her up and were unable to wake her. The parents sought out assistance from a neighbor who they believed was a nurse; however, the neighbor was not a nurse and was unable to assist in resuscitating the child. The father called 911 while the mother performed CPR. First responders arrived and the child was transported to the hospital where she was pronounced deceased at 6:22 PM.

On 1/20/2021, the parents were interviewed again and denied that the child was exposed to Fentanyl. The parents reported they believed they were being “set up” by law enforcement due to unrelated charges against the father. Although the father had a history of drug use, he denied using drugs on the day of the child’s death. After being questioned on several occasions, the father told law enforcement that illicit drugs were in the home on the day prior to the child’s death, and the child may have come in contact with a cotton ball with drug residue on it.

DCDCFS made collateral contacts including medical professionals, first responders, and family members. The family members and pediatrician did not have concerns for the care the parents provided to their children.

DCDCFS conducted home visits and documented thorough interviews with the family which reflected best casework



practice. The Safety Assessments, Risk Assessment Profile and required reports were completed timely and accurately. DCDCFS met with their Legal Department and filed an Article 10 Neglect Petition against the parents regarding the sibling. The family began participating in Preventive Services. Although a Neglect Petition was filed, DCDCFS did not add allegations against the parents on behalf of the sibling.

DCDCFS substantiated the allegations of DOA/Fatality, Inadequate Guardianship and Parent Drug/Alcohol Misuse against the father as the investigation revealed the father was using illegal substances which resulted in the child coming in contact with Fentanyl, which resulted in her death. The mother was substantiated for Inadequate Guardianship with regard to the child as she was aware the father used drugs and allowed the father to be the sole caretaker of the child. At the time of case closure, the family was engaged in bereavement services and the father was engaged in addiction services.

### PIP Requirement

DCDCFS will submit a PIP to the Westchester Regional Office within 30 days of the receipt of this report. The PIP will identify action(s) the DCDCFS has taken, or will take, to address the cited issue(s). For issues where a PIP is currently implemented, DCDCFS will review the plan and revise as needed to address ongoing concerns.

## 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:

Casework activity reflected that of best casework practice.

**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:

The case remained open for preventive services.



### Required Actions Related to the Fatality

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

<b>Issue:</b>	Appropriate Application of Legal Standards (Abuse/Maltreatment)
<b>Summary:</b>	Although DCDCFS appropriately filed an Article 10 Neglect Petition against the parents on behalf of the sibling, allegations were not added to the investigation reflecting the sibling was neglected.
<b>Legal Reference:</b>	SSL 412(1) and 412(2)
<b>Action:</b>	DCDCFS will appropriately apply the definitions of abuse or maltreatment while conducting an investigation. DCDCFS will make an SCR report or add allegations regarding maltreatment revealed during an investigation. DCDCFS will contact the Westchester Regional Office for guidance if needed.

### Fatality-Related Information and Investigative Activities

#### Incident Information

Date of Death: 11/09/2020

Time of Death: 06:22 PM

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

Unknown

County where fatality incident occurred:

Dutchess

Was 911 or local emergency number called?

Yes

Time of Call:

05:34 PM

Did EMS respond to the scene?

Yes

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

No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant

Playing

Eating

Unknown

Other

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

How long before incident was the child last seen by caretaker? 1 Hours

At time of incident was supervisor impaired? Not impaired.

At time of incident supervisor was:

Distracted

Absent

Asleep

Other: **With the child**

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	10 Month(s)
Deceased Child's Household	Father	Alleged Perpetrator	Male	36 Year(s)
Deceased Child's Household	Mother	Alleged Perpetrator	Female	35 Year(s)
Deceased Child's Household	Sibling	No Role	Female	14 Year(s)
Other Household 1	Grandparent	No Role	Female	57 Year(s)

#### LDSS Response

On 1/19/2021, DCDCFS received the fatality report from the SCR. DCDCFS was aware of the fatality as it was investigated immediately following the death. Within the first 24 hours of the investigation that began on 1/19/2021, DCDCFS coordinated their investigation with LE, documented a CPS history check, conducted a home visit, and contacted the source of the report. The district attorney and medical examiner's offices were previously made aware of the death. The sibling (SS) was assessed to be safe in the care of her mother.

DCDCFS met with LE at the hospital on the evening of the death. According to LE, the mother (SM) reported she followed the father (SF) into the bedroom around 5:30 PM to wake the SC when the parents realized the SC was unresponsive. The SF attempted to wake the SC by touching her feet before he picked her up and realized she was limp. The SF told LE he placed the SC down for a nap around 4:30 PM and the SC was "acting off"; no further details were provided. The SF shook the SC and the SM ran to the neighbor's home as the SF called 911.

DCDCFS reviewed interviews conducted by LE. The SM told the SF to wake the SC so she would not sleep too long. The parents went into the room and the SF tried to wake the SC to no avail. The SC did not seem right, and the SM picked the SC up and the SC vomited. The SM told the SF to call 911. The SM gave the SC rescue breaths before going to the neighbor's home where the SM performed CPR until first responders arrived. The SF's interview with LE noted prior to 4:30 PM, the SC was giggling and crawled around normally. The SF laid the SC down and put a blanket over her. When the SC fell asleep, the SF left the room. After making dinner, the parents went to wake the SC and she was unresponsive, and in the same position the SF placed her to nap in. After receiving the autopsy report, LE reinterviewed the SF. The SF told LE that the SC may have come in contact with a cotton ball which had Fentanyl residue on it. The SF was unsure how the SC could have gotten ahold of the cotton ball. The SM was adamant the SF did not use Fentanyl but was aware of his use of other drugs.

Information gathered from the 11/9/2020 investigation included interviews with the parents and SS in their home. The parents' recollection of the events remained consistent with what was reported to LE. The SS reported feeling safe at home and had no concerns with the care her parents provided to her or the SC. On the evening of the fatal incident, the SS was in her bedroom doing homework when she heard screaming. The SS had no additional information. The SS was interviewed at the Child Advocacy Center on 1/22/2021 and reported she was aware of the SF's drug use but felt safe at home.

The paternal grandmother was interviewed. She had no concerns for the care of the children. The maternal grandmother was interviewed over the phone. She saw the SC several times weekly and did not have concerns for the care of the children. The maternal grandmother saw the SC on the day of her death and reported the SC was fine. The SC was getting tired around 4:00 PM, when the SF said he would give the SC a bottle and lay her down. At 4:30 PM, the SM came home from work and drove the maternal grandmother home. The maternal grandmother had no additional information.

The family was offered services in response to the death which they were open to and utilizing at the time the 1/19/2021 investigation was determined. Additionally, DCDCFS opened a Preventive Services Case for the family on 2/5/2021 after



a Neglect Petition was filed in Family Court against both parents with regard to the SS. The Petition was pending at the time this report was written. Furthermore, the parents separated, and the SM was the sole caretaker of the SS.

### Official Manner and Cause of Death

**Official Manner:** Homicide

**Primary Cause of Death:** From an injury - external cause

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

### Multidisciplinary Investigation/Review

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

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

**Comments:** DCDCFS does not have an OCFS-approved Child Fatality Review Team.

### SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
055633 - Deceased Child, Female, 10 Mons	055636 - Father, Male, 36 Year(s)	DOA / Fatality	Substantiated
055633 - Deceased Child, Female, 10 Mons	055636 - Father, Male, 36 Year(s)	Inadequate Guardianship	Substantiated
055633 - Deceased Child, Female, 10 Mons	055636 - Father, Male, 36 Year(s)	Parents Drug / Alcohol Misuse	Substantiated
055633 - Deceased Child, Female, 10 Mons	055635 - Mother, Female, 35 Year(s)	Inadequate Guardianship	Substantiated

### CPS Fatality Casework/Investigative Activities

	Yes	No	N/A	Unable to Determine
<b>All children observed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>When appropriate, children were interviewed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alleged subject(s) interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All 'other persons named' interviewed face-to-face?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contact with source?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>All appropriate Collaterals contacted?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was a death-scene investigation performed?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coordination of investigation with law enforcement?</b>	<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"/>
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### 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 checked="" type="checkbox"/>	<input 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 family was engaged in bereavement services at the time the investigation was determined. The father was enrolled in addiction services.

### Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
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# Child Fatality Report

<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Explain as necessary:</b> The sibling did not need to be removed.				

### Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation?

Family Court

Criminal Court

Order of Protection

### Family Court Petition Type: FCA Article 10 - CPS

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/29/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	055635 Mother Female 35 Year(s)	
<b>Comments:</b>	A Neglect Petition was filed on behalf of the sibling against the mother. The Petition was pending at the time this report was written.	

### Family Court Petition Type: FCA Article 10 - CPS

<b>Date Filed:</b>	<b>Fact Finding Description:</b>	<b>Disposition Description:</b>
01/29/2021	There was not a fact finding	There was not a disposition
<b>Respondent:</b>	055636 Father Male 36 Year(s)	
<b>Comments:</b>	An Article 10 Neglect Petition was filed against the father with regard to the sibling. The Petition was pending at the time this report was written.	

Have any Orders of Protection been issued? No

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



<b>Mental health services</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foster care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Health care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Legal services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Homemaking Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Parenting Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence Services</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol/Substance abuse</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Intensive case management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Family or others as safety resources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional information, if necessary:**  
 DCDCFS created a safety plan with the mother to not allow the father to have unsupervised contact with the sibling. The mother and sibling resided with relatives during that time.

**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? Yes**

**Explain:**  
 The sibling was offered bereavement services in response to the fatality and received services through the Child Advocacy Center. The mother and sibling resided with relatives following the death.

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

**Explain:**  
 The family was engaged in bereavement counseling and the father was participating in substance abuse treatment at the time the investigation was determined.

## History Prior to the Fatality

### Child Information

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

### Infants Under One Year Old

**During pregnancy, mother:**



- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- 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)
11/09/2020	Deceased Child, Female, 10 Months	Mother, Female, 35 Years	DOA / Fatality	Unsubstantiated	No
	Deceased Child, Female, 10 Months	Mother, Female, 35 Years	Inadequate Guardianship	Unsubstantiated	
	Deceased Child, Female, 10 Months	Father, Male, 36 Years	DOA / Fatality	Unsubstantiated	
	Deceased Child, Female, 10 Months	Father, Male, 36 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged on 11/9/2020, the SC was in the care of the SF. The SF fed the SC and put her down for a nap. The SF later went to wake the SC so she would not sleep too long and found the SC unresponsive. He called 911 and LE and EMS arrived and performed CPR and transported the SC to the hospital. The SC was pronounced deceased at the hospital at 6:22 PM. At that time, no marks or injuries were observed on the SC. The SC was otherwise healthy, and the SF had no reasonable explanation for the SC's death. The SM was at work at the time of the incident. A subsequent report received alleged both parents were caring for the SC when she was discovered unresponsive and limp.

**Report Determination:** Unfounded

**Date of Determination:** 12/24/2020

**Basis for Determination:**

The allegations of DOA/Fatality and Inadequate Guardianship against the parents were unsubstantiated. Although the investigation revealed the parents were aware of safe sleep guidelines and did not follow them, there was no credible evidence to support the unsafe sleep environment caused the child's death. The preliminary autopsy report did not reveal any abuse or trauma to the child's body.

**OCFS Review Results:**

The investigation was initiated timely and was coordinated with law enforcement. The source of the report was contacted, and the Safety Assessments and Risk Assessment Profile were completed with accuracy. The interviews with the family and collateral contacts contained relevant information and were documented timely. Services were offered to the family and the sibling was in counseling at the time of case closure.

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

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome	Compliance Issue(s)
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# Child Fatality Report

09/11/2019	Sibling, Female, 13 Years	Father, Male, 35 Years	Inadequate Guardianship	Substantiated	Yes
	Sibling, Female, 13 Years	Father, Male, 35 Years	Parents Drug / Alcohol Misuse	Substantiated	
	Sibling, Female, 13 Years	Mother, Female, 34 Years	Inadequate Guardianship	Unsubstantiated	

**Report Summary:**

An SCR report alleged on more than one occasion, the father used heroin and other drugs to impairment while being the sole caretaker of the sibling. While impaired, the father fell asleep and slurred his words. The mother was aware of the father's drug abuse and continued to allow the father to be the sole caretaker of the sibling.

**Report Determination:** Indicated**Date of Determination:** 11/07/2019**Basis for Determination:**

The allegations of Inadequate Guardianship and Parent Drug/Alcohol Misuse were substantiated against the father. The record reflected the father used illicit substances. The allegation of Inadequate Guardianship was unsubstantiated against the mother. The record reflected the mother utilized familial resources to care for the sibling in lieu of using the father as a sole caregiver in the event he was under the influence of illicit substances.

**OCFS Review Results:**

The investigation included thorough interviews. DCDCFS followed up on drug abuse concerns regarding the SF, which reflected best casework practice; however, the recorded Safety Decision did not fully encompass the case notes. The casework was fitting to case circumstances yet the documentation did not completely reflect case circumstances. The record did not reflect safe sleep literature was provided to the parents. The allegations against the SF were substantiated; however, the basis for determination did not note a negative impact on the sibling.

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

**Issue:**

Failure to provide safe sleep education/information

**Summary:**

Although the case record reflected the mother was pregnant, the record did not reflect safe sleep information was provided to the parents.

**Legal Reference:**

13-OCFS-ADM-02 & CPS Program Manual, Chapter 6, J-1

**Action:**

DCDSS will provide information on sleep safety to the parents and caretakers of infants and parents-to-be whom they encounter and see that parents and caretakers take the steps necessary to provide safe sleeping conditions for the children in their care.

**Issue:**

Adequacy of Documentation of Safety Assessments

**Summary:**

Although completed timely, the 7-day Safety Assessment should have resulted in Safety Decision #3 as a Safety Plan was created and implemented.

**Legal Reference:**

18 NYCRR432.2(b)(3)(ii)(c)&(iii)(b)

**Action:**

The results of each Safety Assessment must be accurately documented in the case record to reflect case circumstances with regard to safety.



## 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 New York.

## 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